

THE
GIRL
GENERATION

TOGETHER TO END FGM



FGM IN NIGERIA
COUNTRY BRIEFING

www.thegirlgeneration.org

ABOUT THIS BRIEFING

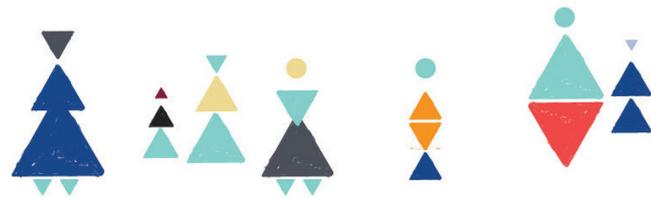
This country briefing provides up-to-date and easy-to-use facts and figures about FGM in Nigeria.

It aims to support activists, campaigners and grassroots organisations with their advocacy, education and awareness-raising work, as well as giving a quick overview of the facts for journalists and international organisations. It complements existing information about FGM in Nigeria.

This briefing is an outcome of The Girl Generation's desk review and consultation with experts and stakeholders in Nigeria. Analysis and recommendations reflect the views of stakeholders in Nigeria, not of The Girl Generation alone.

WHAT IS FGM?

Female Genital Mutilation (FGM) comprises 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. FGM is a form of violence against women and girls. In 2012, the UN passed a resolution calling for a global ban on FGM.



IN THIS BRIEFING

- ▶ Nigeria at a glance
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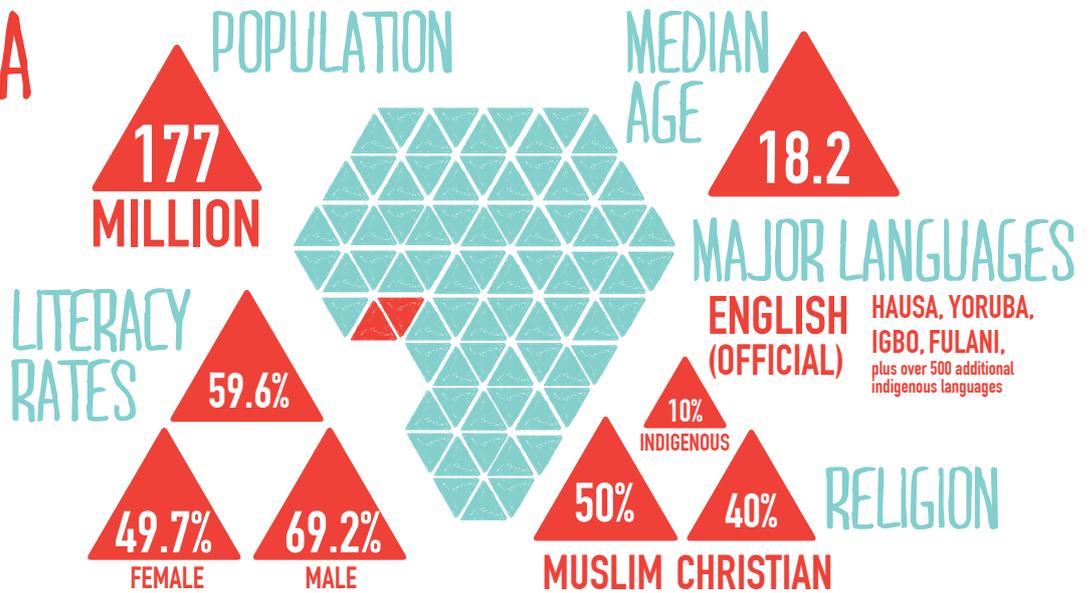
ABOUT THE GIRL GENERATION: TOGETHER TO END FGM

We are a social change communications initiative, providing a global platform for galvanising, catalysing and amplifying the Africa-led movement to end FGM, building on what has already been achieved. We seek to inspire organisations and individuals, including youth, across the most affected countries in Africa and beyond, to end FGM in one generation.

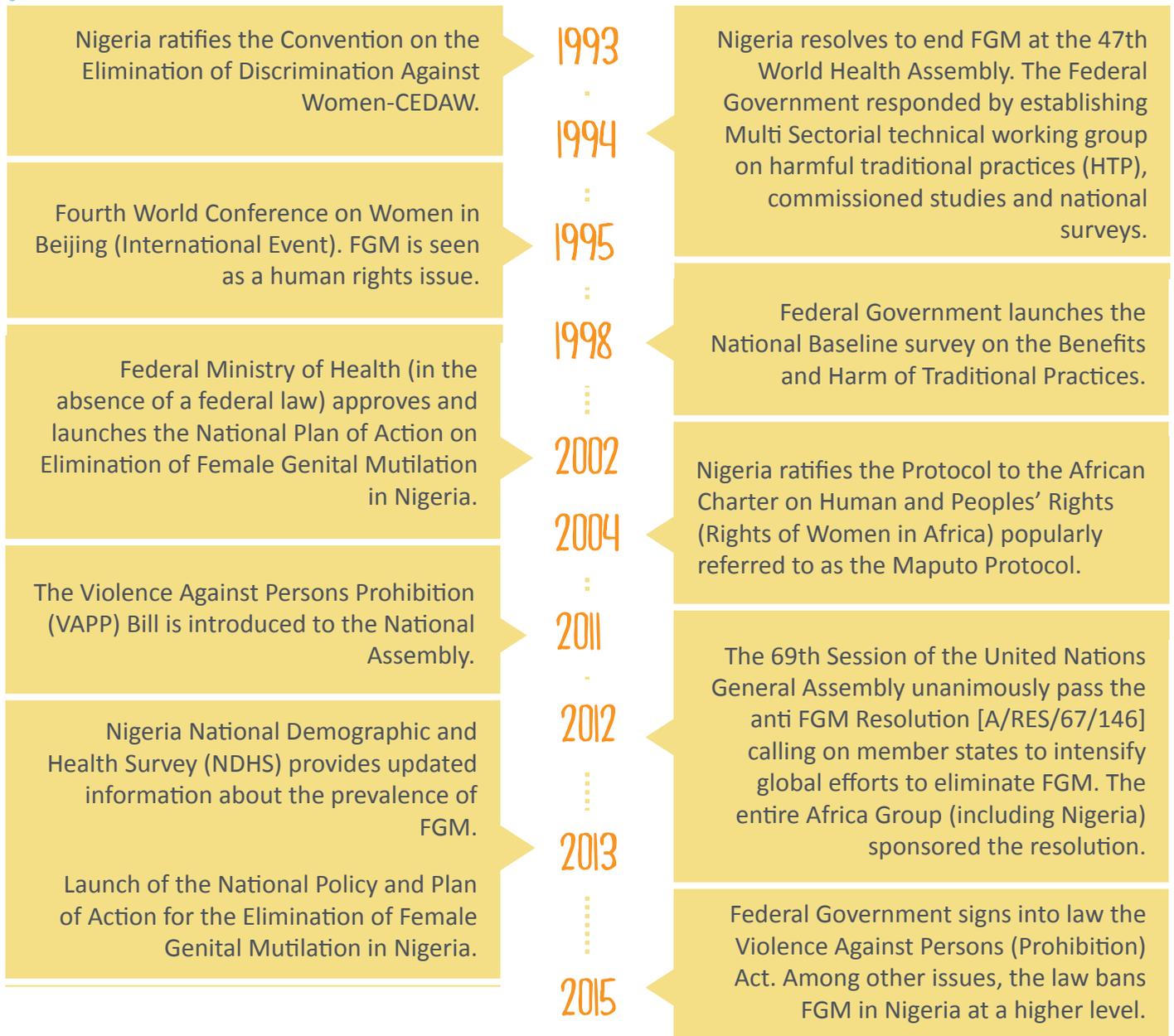


TOGETHER TO END FGM

NIGERIA AT A GLANCE

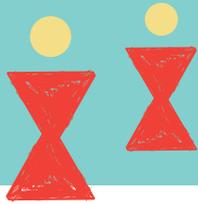


KEY EVENTS IN THE MOVEMENT TO END FGM

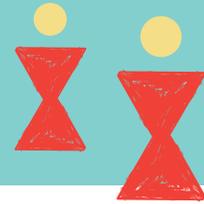


FGM IN NIGERIA THE NUMBERS

1 IN 4 OF THE ESTIMATED 125 MILLION WORLDWIDE
HIGHEST ABSOLUTE NUMBER OF CASES OF FGM IN THE WORLD



25% OF WOMEN & GIRLS

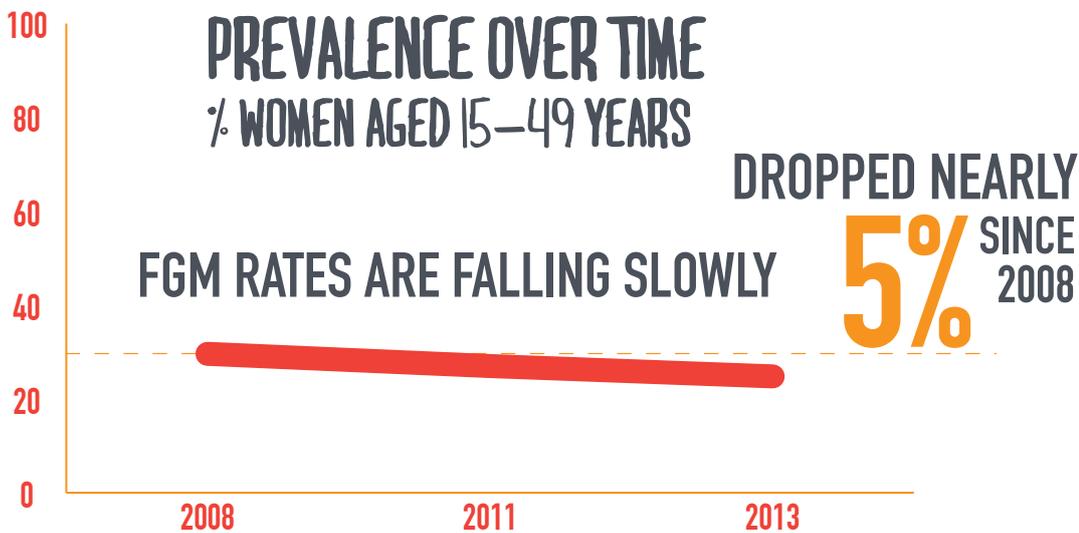


HAVE UNDERGONE FGM



82%

UNDERWENT
FGM BEFORE
THE AGE OF 5



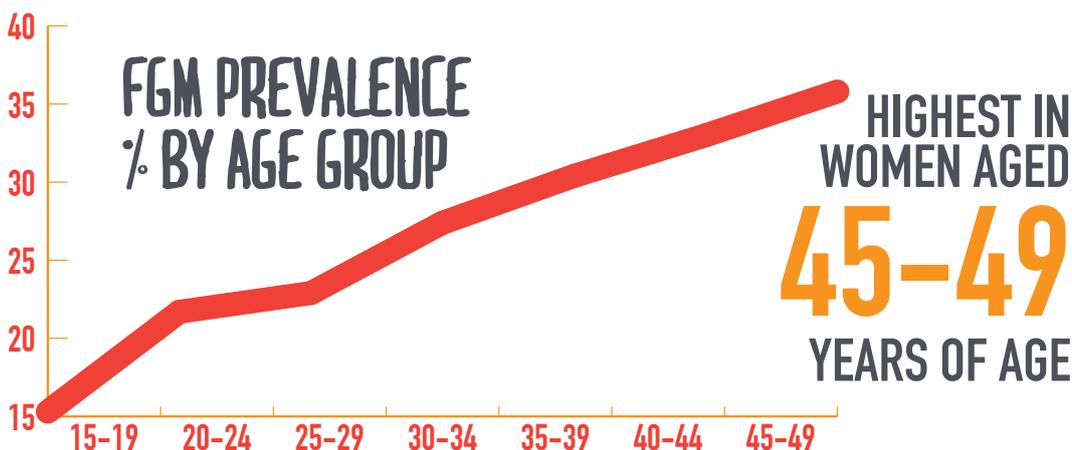
64%

OF WOMEN

62%

OF MEN

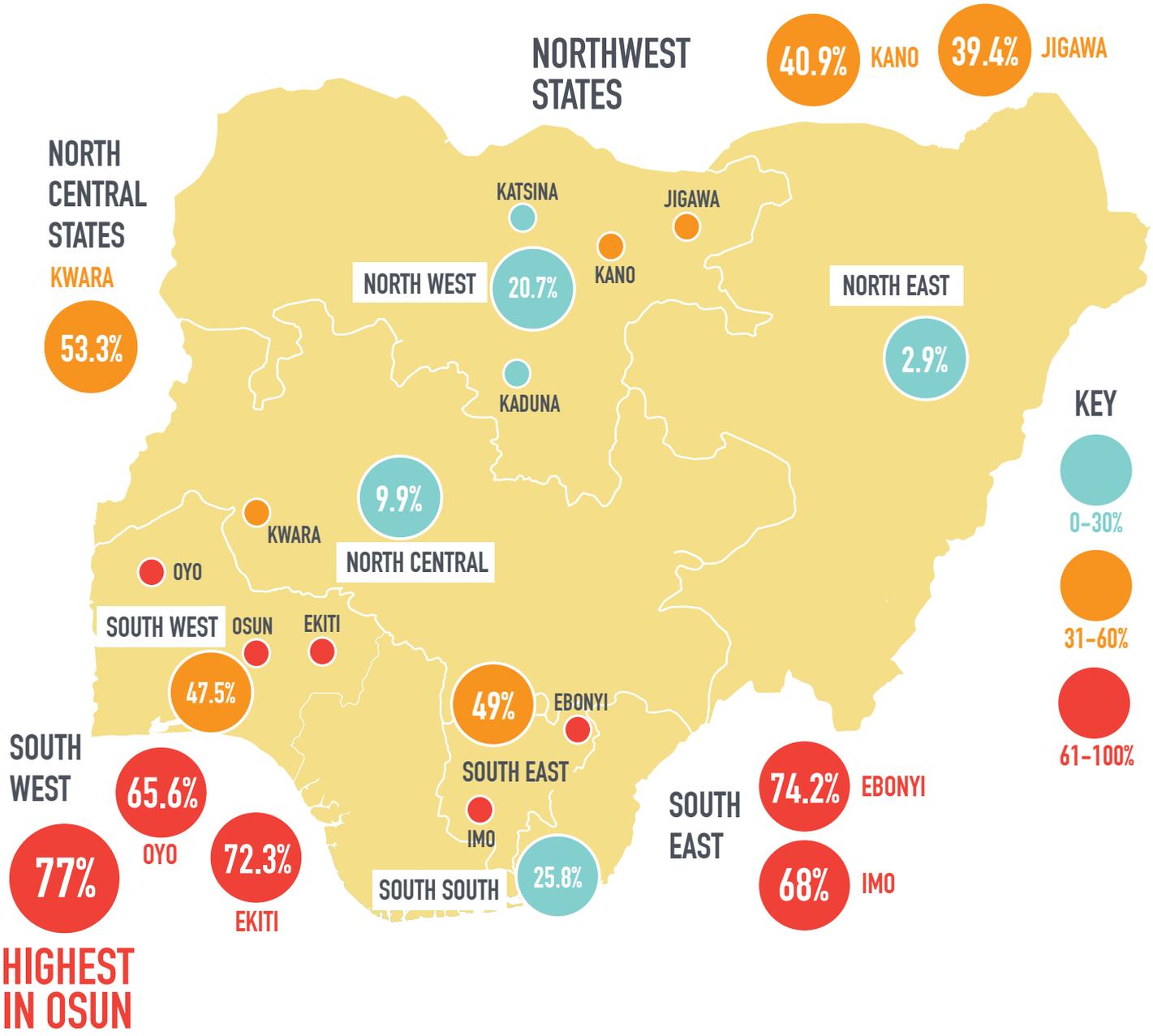
THINK FGM
SHOULD NOT
CONTINUE



PREVALENCE BY LOCATION

HIGHEST IN THE SOUTHERN STATES

0.1% LOWEST IN KATSINA



32.6%
URBAN

FGM IS PRACTICED
IN BOTH RURAL
AND URBAN
AREAS.

23.8%
RURAL

Prevalence by Geographic Area
(%)MicS 2011

Nigeria Map Image credit: Uwe Dederig at German Wikipedia. CC Attribution 3.0. Unported License. Modified for use by The Girl Generation

PREVALENCE BY ETHNICITY

FGM CROSSES CULTURAL, ETHNIC, AND RELIGIOUS LINES IN NIGERIA

18% OF MUSLIMS AND **34%** OF CHRISTIANS
AGED 15–49 YEARS HAVE UNDERGONE FGM ⁽¹⁾

20.7% OF WOMEN & GIRLS HAVE UNDERGONE FGM IN NW

Hausa & Kanuri
Type III

FULANI & NUPE
DO NOT PRACTICE FGM

NORTHWEST STATES

Kano
Katsina
Jigawa

NORTH WEST

NORTH EAST

NORTH CENTRAL

NORTH CENTRAL STATES

Kanuri
practice
Type III

SOUTH WEST

SOUTH EAST

SOUTH EAST
Fulani
Igbo

SOUTH WEST
Yoruba

55%

Mainly Type II and Type I

SOUTH SOUTH

37%

OF IJAW & IZON WOMEN WERE CIRCUMCISED AT AGE 15 OR OLDER.

45%

TYPES OF FGM

Type I – Nicked, No Flesh Removed	8.1%	Type III – Sewn Closed	4.4%
Type II – Flesh Removed	48.1%	Type – Not Determined	39.6%

Nigeria Map Image credit: Uwe Dederig at German Wikipedia. CC Attribution 3.0. Unported License. Modified for use by The Girl Generation

WHY FGM IS PERFORMED ON GIRLS

Communities in Nigeria cite a number of different reasons for carrying out FGM. In most cases FGM is underpinned by social norms – the invisible rules that govern the behavior which is acceptable within the community.

CHASTITY AND MARRIAGEABILITY:

The practice is considered a means of maintaining chastity and preparing girls for marriage as well as controlling fidelity during marriage. One of the reasons for FGM is to ensure respectability of a woman, enhancing her chances of marriage and getting a better bride price. This is more important in Southern Nigeria where FGM is linked with preservation of virginity.⁽²⁾



PERCEIVED RELIGIOUS AND CULTURAL REQUIREMENT:

Some communities believe that FGM constitutes a religious and cultural obligation. It is for identification with the cultural heritage, initiation into womanhood and maintaining social acceptance.⁽³⁾



FGM IS TO ENSURE RESPECTABILITY OF A WOMAN, ENHANCING CHANCES OF MARRIAGE

MYTHS AND TRADITIONAL BELIEFS AROUND FGM:

Fertility and Child-Survival

Among the Uhrobos and Ketu-Yorubas of Southwestern Nigeria, FGM is done just before marriage as a 'fertility rite'. When done in the first pregnancy by some Yorubas, it is mostly done to prevent contact of the baby's head with the clitoris, which is believed to cause death of the baby during childbirth.⁽⁴⁾

Cleanliness

Among some societies, the external female genitals are considered unclean and unsightly, and so are removed to promote hygiene and provide aesthetic appeal; for example, among the Yorubas of Ekiti and Atakumasi in Osun State, clitoridectomy is performed so that the head of the newborn does not come in contact with the clitoris during delivery. If it does, these people believe it will result in the death of the newborn infant.⁽⁵⁾



SOME SOCIETIES SEE THE EXTERNAL GENITALS AS UNCLEAN

GENDER INEQUALITY:

Inequality between men and women is a systemic problem in Nigeria. Nigeria still has many customary laws that provide institutional support for practices such as early marriage, domestic violence, FGM, and dis-inheritance. Fewer than half of the country's state assemblies have adopted the Child Rights Act, which sets the minimum marriage age.



APPROACHES TO ENDING FGM

Campaigners against FGM in Nigeria are varied and the approaches to ending the practice reflect this.

Many groups have been at the forefront of sustained efforts towards the new anti-FGM legislation which was enacted in May 2015 (the Violence Against Persons (Prohibition) Act 2015), including UNICEF, UNFPA, African Union, Economic Commission for Africa (UNECA), The Inter-African Committee on traditional practices affecting the health of women and children (IAC), Federation of International Obstetrics and Gynecology (FIGO), Civil Society Organizations and INGOs.

The main approaches include community awareness about the side effects of FGM, provision of alternative sources of income to traditional cutters and lobbying for anti FGM legislation.

- ▶ **IAC/Nigeria** have conducted meetings and programmes in both urban and rural communities throughout the country to inform the public about FGM. They use videos, booklets, and the mass media to reach out to school aged children. They piloted a project that provided an alternative source of income to excisors.

NURSES & PAEDIATRICIANS CAMPAIGN & HOLD WORKSHOPS USING DRAMAS, COMMUNITY MOBILISATIONS, TALK SHOWS AND NEWSPAPERS

- ▶ **The National Association of Nigerian Nurses and Midwives, the Nigerian Medical Women's Association, and the Nigerian Medical Association** are actively campaigning and working to inform all Nigerian health practitioners about the harmful effects of FGM. Nurses and paediatricians have long campaigned against this practice and have held national workshops in Lagos and created a national

information package about the harmful effects of the various procedures. A variety of methods were used to get the message across. These included dramas, community mobilisations, national television talk shows, radio broadcasts and articles in newspapers, etc..

- ▶ **Outreach Programmes:** Some local NGOs offer Outreach programs, information dissemination through mass media, workshops, and seminars. They provide training and consultation on women's health and rights and advocacy using a rights-based approaches ⁽⁷⁾
- ▶ **Legal Rights Programmes:** Other NGOs focus on women's legal rights issues under customary, statutory and religious laws in existence in Nigeria as well as international human rights norms. They raise awareness about how these can be integrated into the country's justice administration system. ⁽⁸⁾

NGOS RUN LEGAL RIGHTS & OUTREACH PROGRAMMES

NATIONAL LAWS AND POLICIES PROHIBITING FGM

On May 25, 2015, the outgoing president, Goodluck Jonathan, signed the federal Violence Against Persons (Prohibition) Act into law. Among other issues, the law bans FGM in Nigeria at a higher level.

Previously 11 out of 36 states had enacted laws banning FGM (Edo, Bayelsa, Cross River, Rivers, Ebonyi, Delta, Ogun, Osun, Ondo, Ekiti and Oyo). As a result, cross state border practices of FGM had become common.

The National Policy and Plan of Action for the Elimination of Female Genital Mutilation in Nigeria 2013 – 2017 is coordinated by the Federal Ministry of Health and Federal Ministry of Women’s Affairs, and

implementation is underway in the highest prevalence states.

However, Nigeria still has many customary laws in place that provide institutional support for practices such as FGM, child marriage, and dis-inheritance that limits women’s right to equality. Even where laws exist to outlaw these practices, evidence shows that the enforcement level is negligible. ⁽⁹⁾

NATIONAL FRAMEWORK

The recently established National FGM/C Elimination Programme is the primary mechanism for directing a common coordinated approach to end FGM/C in Nigeria. It is coordinated by a multi-sectoral National Technical Working Group (chaired by the Ministry of Health, Family Health Division) and supported by the UNICEF-UNFPA Joint Programme on FGM/C Abandonment: Accelerating Change.

The legal coordinating institutions are Federal Ministry of Women Affairs and Social Development and Federal Ministry of Health. The National Policy and Plan of Action for the Elimination of Female Genital Mutilation, 2013-2017 is being coordinated by the Federal Ministry of Health.

UNICEF-UNFPA

The UNFPA-UNICEF Joint Programme on Female Genital Mutilation/Cutting and the World Health Organization are actively working in partnership with Federal and state governments on efforts to eliminate FGM in Nigeria.



The Inter-African Committee on traditional practices affecting the health of women and children (IAC) has been active in the coordination of meeting on harmful traditional practices (HTPs) as well as programmes amongst grassroots organisations, NGOs and INGOs.

Nursing and Midwifery Council of Nigeria is a parastatal of the Federal Government of Nigeria mandated with regulating activities of nurses and midwives in the Country. The Council is active in raising awareness among nurses and midwives on the harmful effects of FGM.

COMMUNICATION ON FGM

There was very little media coverage of FGM across Nigeria, as the topic was a taboo subject, and did not yet have wide spread attention.

As a result of the recent enactment of a law banning the practice by the Federal Government, the media are beginning to cover the topic – but there is still no mass awareness of the issue, or wide spread discussion in the public sphere. According to Afro Barometer (2011), there is increasing awareness in the Nigerian media of the need to give women’s issues space on media and a number of specialised programmes that promote women’s empowerment are steadily increasing.

Even though access may be restricted by cost and language barrier, a wide variety of media channels are available to Nigerians. Radio is considered the medium with the widest reach. By 2011, Afro Barometer estimated a

total number of 192 radio stations operating on Nigerian airwaves.

Print media is equally well circulated with a great reach among the literate and elite section of Nigerian population.

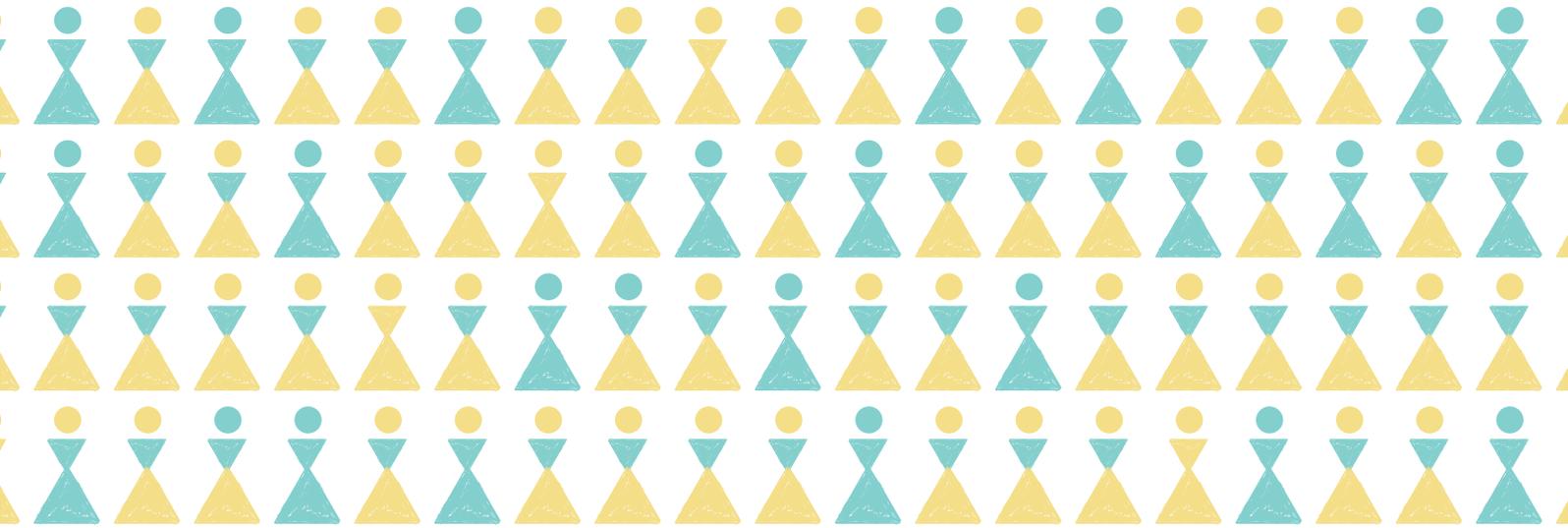
With an impressive mobile phone penetration, new media, especially social media is thriving. Afro Barometer estimates that there are more than 80 million subscribers in the country.

Given the structure of the federal and state government, many state governments own and run their own media outlets - just like the federal government.



RADIO IS CONSIDERED THE MEDIUM WITH THE WIDEST REACH, ESTIMATED 192 RADIO STATIONS ARE OPERATING

PRINT MEDIA IS EQUALLY WELL CIRCULATED WITH A GREAT REACH AMONG THE LITERATE AND ELITE SECTION OF NIGERIAN POPULATION.



EMERGING ISSUES AND TRENDS

MEDICALISATION

Despite being illegal, medicalisation of FGM is happening in Nigeria. UNICEF data cites that 28% of FGM cases are carried out by a health professional. Whilst this may make the practice safer, it does not change the fundamental abuse of a girl's or woman's rights, that FGM involves.

GAPS AND OPPORTUNITIES

FGM IS NOT YET A MAINSTREAM ISSUE

Despite having a wide spectrum of media platforms, with a broad reach across the country, FGM has not gained sufficient media coverage and is not yet a topic discussed widely or openly. The taboo nature of not discussing sexual issues in public may be making it an 'out of bound' subject for the media in Nigeria. However, visibility of the issue is on the increase. There is increased awareness of the reality and prevalence of FGM and personal dialogue is beginning through discussion on social media and on blogs. There is an optimism about the increasing momentum behind the issue described as "a ready ground for tipping point".

RADIO, TV AND CINEMA

Radio is still the key source of information. Local radio in vernacular languages or Pidgin English could relay messaging. Television viewing is mostly concentrated in urban areas and Nigeria has a history of covering taboo subjects in soaps aimed at young people. Nollywood is the third largest film industry in the world and if it could be tapped into would have a global reach.

STRONG GOVERNMENT LEADERSHIP

presents a key opportunity as shown by the Policy and Plan of Action for the Elimination of FGM/C. An initial roll out of various interventions has begun in high prevalence states. However, interventions are fragmented, and not yet linked with close learning and oversight from one context to another. The Technical Working Group structure, which is in place at a national level, now needs to be cascaded at a state and local level to further support co-ordinated action.

THE HUGE SIZE OF NIGERIA

presents a significant challenge, along with the radically different cultures and FGM prevalence rates between states. From a communication perspective, national campaigns will not be effective at influencing at a state or local level. Instead, a nuanced and locally appropriate strategy is needed in each context, which, again, is resource heavy and challenging to conduct strategically. Locally relevant role models and spokespersons need to be supported to speak out on ending FGM, but also for community level engagement on the issue to be made by the right message-giver, those the specific community will listen to. There is also a need to get the right range of voices involved in communicating on FGM – not presenting it as an isolated issue but engaging religious, education, health and creative/entertainment leaders.

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