COUNTRY FACT-SHEET

ENDING FEMALE GENITAL MUTILATION

Female Genital Mutilation in Nigeria

COUNTRY INFORMATION ■ The Federal Republic of Nigeria in West Africa is the continent's most populous country. Its inhabitants belong to more than 400 different ethnic groups. The three largest ethnic groups are the Hausa-Fulani, who account for 32 per cent of the total population, the Yoruba with 21 per cent and the Igbo with 18 per cent. Although the constitution guarantees equal rights for men and women, traditional legal interpretations and social structures disadvantage women. The Shari'a is also in use in some states.

NIGERIA:

Population: 155 million

Population growth: 2,4 %

Religious affiliation: 50 % Muslims, 40 % Christians, 10 % traditional religions

Literacy rate: women: 64 %, men: 80 %

Percentage of women aged 20-24 who were married before the age of 18: 39 %

Maternal mortality: 8,4 %

PREVALENCE OF FEMALE GENITAL MUTILATION ■ Female genital mutilation (FGM) refers to all practices involving partial or complete removal of or injury to the external sexual organs of women and girls for non-medical reasons. The World Health Organisation (WHO) distinguishes among four types of FGM based on the invasiveness of the intervention.

30 per cent of all Nigerian women have been subjected to FGM according to the 2008 Demographic and Health Survey (DHS). If one compares the latest data with the results of the two previous surveys, it is difficult to identify a trend. In 1999, a prevalence of 25 per cent was recorded and in 2003 a rate of 19 per cent. This would mean that the prevalence today is significantly higher than it was ten years ago, while the 2003 data seemed to point to a significant drop.

All surveys indicate that the prevalence is higher the older women are, but age group comparisons provide no clear picture from one survey to another. The age group that was 15 to 19 in 1999 was part of the 20 to 24 age group in 2003 and of the 25 to 29 age group in 2008. The prevalence recorded in these groups should then be largely similar. In fact, if one compares the data from each of the three surveys one finds major differences. In 1999, nine per cent of the 15 to 19 age group had been subjected to FGM. In 2003, the figure had risen to 17 per cent of the 20 to 24 age group and in 2008 the figure was 29 per cent for the 25 to 29 age group. Comparisons of other age groups yield equally unclear results.

In addition to errors in random sampling and the possibility that a number of women have not admitted to the fact that they have been cut, the report on the 2008 DHS provides another possible explanation – the definition of FGM. In some parts of Nigeria, the vagina walls are cut in new born girls or curettage is performed on the vagina. In the state of Kano in the Northwest of the country, traditional practices like these are known as *angurya* and *gishiri* cuts. They were incorporated in the definition of FGM for the purposes of the 2008 DHS, because they fall under the WHO Type IV classification ('All other harmful procedures to the female genitalia for non-medical purposes, for example: pricking, piercing, incising, scraping and cauterization.'). As a result, a prevalence of 74 per cent was recorded in this state. In neighbouring states in the Northwest of Nigeria the prevalence among mothers is only about two per cent, whereas some four per cent of daughters have been cut. Women were not, however, asked about *angurya* or *gishiri* cuts in these states.

According to both the 2008 DHS and other research reports, excision (Type II according to the WHO classification) is the most widespread form of FGM practiced in Nigeria. This involves the partial or total removal of the clitoris and the labia minora. Infibulation (Type III according to the WHO classification, i.e., narrowing of the vagina with (partial) removal of the labia minora and/or majora, and/or the clitoris) had been practised on about five per cent of girls and women. Since many girls and women are unable to precisely define the form of FGM they have suffered it is difficult to evaluate the statements made.

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Federal Ministry
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According to the 2008 DHS, FGM is most prevalent in the Southwest (53 per cent) and Southeast (53 per cent) of the country, since these areas are home to ethnic groups that traditionally practice female genital cutting: 58 per cent of Yoruba women, for instance, have been cut and 51 per cent of Igbo women. The rate is significantly lower among other ethnic groups: 20 per cent of Hausa women and nine per cent of Fulani women have been subjected to FGM.

More women are cut in urban areas than in rural parts of the country (37 per cent and 26 per cent respectively) and wealthier women are significantly more likely to be cut than disadvantaged women (39 per cent as compared to 13 per cent). These differences can be explained by the fact that FGM is more widespread in the more urban and economically stronger southern part of Nigeria. The level of education too has an impact on prevalence. Roughly one woman in three who has enjoyed some schooling is cut as compared to only one in six of those women who have had no schooling at all.

More than 80 per cent of all FGM interventions are performed on infants under one year of age. The Igbo, Yoruba and Hausa in particular have at least seven out of every eight girls cut while they are still babies. Three quarters of them are cut by traditional circumcisers or midwives. There is however a trend towards medicalisation of the practice, with the intervention performed under comparatively hygienic conditions by medically trained personnel. While nine per cent of women claim to have been cut themselves by medical personnel, 20 per cent of them have had their own daughters cut by medically trained staff. This trend is particularly marked in urban areas and among comparatively well educated and wealthy women. Medicalisation, however, does not change the fact that FGM is harmful and that it violates women's human rights. GIZ rejects medicalisation in accord with WHO and other international organisations.

Of mothers aged 15 to 49, 30 per cent have already had at least one daughter cut, and another five per cent intend to do so. One thus cannot assume any significant decline in the practice. By contrast, 62 per cent of women and 64 per cent of men believe that FGM ought to be abandoned. About one woman in five advocates retaining FGM, and 15 per cent are undecided. Almost one quarter of men are in favour of retaining FGM, with eleven per cent undecided. Both women and men consider the main reason for FGM to be ensuring that girls retain their virginity. Social acceptance, better marriage prospects and greater sexual pleasure on the part of the man were other reasons given. 58 per cent of women and 52 per cent of men are convinced that there are no advantages to FGM.

APPROACHES ■ Nigeria has signed several international conventions condemning FGM. As long ago as 1985 the Nigerian Government ratified the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW). In March 2008 a bill to implement CEDAW was, however, rejected by the Nigerian parliament. A draft bill for the implementation of CEDAW from 2005 was already rejected several times in parliament. The CEDAW Committee repeatedly urged the government to implement CEDAW on the national level.

Nigeria has also ratified the UN Convention on the Rights of the Child (CRC) and the Maputo Protocol (to the African Charter on Human and Peoples' Rights) on the Rights of Women in Africa, which explicitly rejects FGM and other harmful traditional practices. At national level there is as yet no legal ban on FGM. The 1999 constitution states that no person shall be subject to torture or inhumane treatment. Eight of the country's 36 states have passed pertinent laws.

The Nigerian National Committee on Traditional Practices was founded in 1985. It is a national committee of the Inter-African Committee (IAC) and operates subcommittees in 26 states of Nigeria. Activities to date have been sporadic. In recent years, studies have been conducted and microloans have been extended to circumcisers to allow them to establish new livelihoods. Young people and midwives have been made aware of the dangers of FGM and given further training.

Sources

CEDAW (2008): Nigeria.
Demographic and Health Survey (DHS) Nigeria 1999.
Demographic and Health Survey (DHS) Nigeria 2003.
Demographic and Health Survey (DHS) Nigeria 2008.
UNDP (2009): Human Development Report 2009.
UNICEF: http://www.childinfo.org. (Access 15.6.2011).
UNICEF (2010): State of the World's Children 2010.
WHO (2011): World Health Statistics 2011.
German Federal Foreign Office: http://www.auswaertiges-amt.de/ (Access 15.6.2011).
For further information about the work of GIZ on FGM: www.giz.de/fgm.

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