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Nigeria: Report on Female Genital Mutilation (FGM) or Female Genital Cutting (FGC)

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Practice:
Type I (commonly referred to as clitoridectomy), Type II (commonly referred to as excision) and Type III (commonly referred to as infibulation) are the most common forms of female genital mutilation (FGM) or female genital cutting (FGC) practiced in Nigeria. Type IV is practiced to a much lesser extent.

The form practiced varies by ethnic group and geographical location. It crosses the numerous population groups and is a part of the many cultures, traditions and customs that exist in Nigeria. It crosses the lines of various religious groups. It is found among Christians, Muslims and Animists alike.

Incidence:
With over 250 ethnic groups and an estimated population of 120 million, a national estimate of this practice is very difficult. The most recent survey is a 1999 Demographic and Health Survey of 8,205 women nationally. This survey estimates that 25.1 percent of the women of Nigeria have undergone one of these procedures.

According to a 1997 World Health Organization (WHO) study, an estimated 30,625 million women and girls, or about 60 percent of the nation's total female population, have undergone one of these forms. A 1996 United Nations Development Systems study reported a similar number of 32.7 million Nigerian women affected. According to a Nigerian Non-Governmental Organization (NGO) Coalition study, 33 percent of all households practice one of these forms.

However, according to some Nigerian experts in the field, the actual incidence may be much higher than these figures. Leaders of the Nigerian National Committee (also the Inter-African Committee of Nigeria on Harmful Traditional Practices Affecting the Health of Women and Children [IAC]) have been conducting a state by state study of the practice.

This 1997 study by the Center for Gender and Social Policy Studies of Obafemi Awolowo University in Ile-Ife, was contracted in 1996 by a number of organizations including WHO, the United Nations Children's Fund (UNICEF), the United Nations Development Program (UNDP), the United Nations Population Fund (UNFPA), the Nigerian Federal Ministry of Women's Affairs and the Nigerian Federal Health Ministry. The study covered 148,000 women and girls from 31 community samples nationwide.

The results from fragmented data, according to IAC/Nigeria, show the following prevalence and type in the following states in Nigeria. Abia (no study); Adamawa (60-70 percent, Type IV); Akwa Ibom (65-75 percent, Type II); Anambra (40-60 percent, Type II); Bauchi (50-60 percent, Type IV); Benue (90-100 percent, Type II); Borno (10-90 percent, Types I, III and IV); Cross River (no study); Delta (80-90 percent, Type II); Edo (30-40 percent, Type II); Enugu (no study); Imo (40-50 percent, Type II); Jigawa (60-70 percent, Type IV); Kaduna (50-70 percent, Type IV); Katsina (no study); Kano (no study); Kebbi (90-100 percent, Type IV); Kogi (one percent, Type IV); Kwara (60-70 percent, Types I and II); Lagos (20-30 percent, Type I); Niger (no study); Ogun (35-45 percent, Types I and II); Ondo (90-98 percent, Type II); Osun (80-90 percent, Type I); Oyo (60-70 percent, Type I); Plateau (30-90 percent, Types I and IV); Rivers (60-70 percent, Types I and II); Sokoto (no study); Taraba (no study); Yobe (0-1 percent, Type IV); Fct Abuja (no study).

While all three forms occur throughout the country, Type III, the most severe form, has a higher incidence in the northern states. Type II and Type I are more predominant in the south. Of the six largest ethnic groups, the Yoruba, Hausa, Fulani, Ibo, Ijaw and Kanuri, only the Fulani do not practice any form. The Yoruba practice mainly Type II and Type I. The Hausa and Kanuri practice Type III. The Ibo and Ijaw, depending upon the local community, practice any one of the three forms.

Attitudes and Beliefs:
The Women's Centre for Peace and Development (WOPED) has concluded that Nigerians continue this practice out of adherence to a cultural dictate that uncircumcised women are promiscuous, unclean, unmarriageable, physically undesirable and/or potential health risks to themselves and their children, especially during childbirth. One traditional belief is that if a male child's head touches the clitoris during childbirth, the child will die.

Type I:
Type I is the excision (removal) of the clitoral hood with or without removal of all or part of the clitoris.

Type II:
Type II is the excision (removal) of the clitoris together with part or all of the labia minora (the inner vaginal lips).

Type III:
Type III is the excision (removal) of part or all of the external genitalia (clitoris, labia minora and labia majora) and stitching or narrowing of the vaginal opening, leaving a very small opening, about the size of a matchstick, to allow for the flow of urine and menstrual blood. The girl or woman's legs are generally bound together from the hip to the ankle so she remains immobile for approximately 40 days to allow for the formation of scar tissue.

Type IV:
Type IV includes the introduction of corrosive substances into the vagina. This form is practiced to a much lesser extent than the other forms in Nigeria.

These procedures can take place anytime from a few days after birth to a few days after death. In Edo State, for example, the procedure is performed within a few days after birth. In some very traditional communities, if a deceased woman is discovered to have never had the procedure, it may be performed on her before burial. In some communities it is performed on pregnant women during the birthing process and accounts for much of the high morbidity and mortality rates. It varies among ethnic groups.

Highly respected women in the community, including traditional birth attendants (TBAs), local barbers and medical doctors and health workers usually perform the procedure. Unless performed in medical facilities, it is generally performed without the use of anesthesia.

Outreach:
Much is being done to combat this practice. The campaign against FGM/FGC has long been waged, for the most part, by international, national and non-governmental organizations. IAC/Nigeria holds meetings and programs in both urban and rural communities throughout the country to inform the public about this subject. It uses videos, booklets and the mass media to reach school age children.

In 1997, outreach programs on the dangers of this practice were intensified. In the states of Osun and Bayelsa, nurses and midwives were trained about the harmful health effects and how to select, train and supervise TBAs. There was extensive community outreach to men, women, school children and health workers. Anatomical models, films and posters were used. Posters were distributed in villages.

Also actively campaigning against this practice are the National Association of Nigerian Nurses and Midwives, the Nigerian Medical Women's Association and the Nigerian Medical Association. These three groups in particular are against the legitimization of this practice as a medical necessity for females and are working to inform all Nigerian health practitioners about the harmful effects of the practice. The National Association of Nigerian Nurses and Midwives created a national information package about the harmful effects of the various procedures.

WHO, UNDP, DFID of Great Britain and Daneco of Sweden are actively funding Nigerian NGOs in addressing this practice. International organizations have adopted plans of action to eradicate these practices in Nigeria. WHO has a three-year short-term plan (1996-1998); an eight-year medium-term plan (1999-2006); and a nine-year long-term plan to eventually eliminate this practice from Nigeria and the rest of Africa.

Nurses and pediatricians have long campaigned against this practice. They have campaigned nationwide starting with national workshops in Lagos. Trainers were trained who in turn conducted informational activities about this practice at the state and local community levels. A variety of methods were used to get the message across as to the harmful effects. These included dramas, community mobilizations, national television talk shows, radio broadcasts, articles in newspapers, etc. The once taboo subject is now discussed in the open.

The government has publicly opposed this practice. Government officials have voiced their support for the

campaign against FGM/FGC. Both the Federal Health Ministry and the Federal Ministry of Women's Affairs support the nationwide study on this issue.

In conjunction with a number of House State Assembly members, medical workers, attorneys and NGO representatives, WOPED organized a national policy symposium on FGM/FGC in May 2000. The symposium revealed that over the past decade both government ministries and NGOs have been active and mutually collaborative in studying how to end this practice. However, little has been accomplished beyond the recommendation stage.

Nigeria was one of five countries that sponsored a resolution at the forty-sixth World Health Assembly calling for eradication of harmful traditional practices, including FGM/FGC.

Most NGOs working on this issue claim that helping traditional communities change their cultural folklore is necessary to end this practice. Proverbs, songs, theatrical and dance performances and other cultural activities have reinforced this practice for centuries. The NGOs also point out that efforts to end the practice will fail unless Nigerian men learn that uncircumcised women are marriageable, will not be promiscuous and are not poor risks as mothers.

DFID of Great Britain is working with IAC/Nigeria on a pilot project with ten excisors. The excisors were educated about the criminalization of FGM/FGC in their state. DFID then purchased deep freezers and ice cream makers for each excisor to start her own business in her community. In each case, the excisor has been earning enough to replace her former practice of FGM/FGC as her source of income. When families have brought their daughters to them to be circumcised, they are refusing to refer them to others still practicing and have even threatened to bring in the authorities if the families try to pursue the operation.

The United States Agency for International Development (USAID) is working with members of the Women's Caucus of the National Assembly in addressing women's health issues, including this problem. The Calvary Foundation based in Enugu State was awarded a grant of US$20,000 from the U.S. Embassy's Democracy and Human Rights Fund to continue its campaign to ban this practice in five southeastern states.

Legal Status:
There is no federal laws banning FGM/FGC in Nigeria. Opponents of this practice rely on Section 34(1)(a) of the 1999 Constitution of the Federal Republic of Nigeria that states, "no person shall be subjected to torture or inhuman or degrading treatment," as the basis for banning the practice nationwide.

A member of the House of Representatives has drafted a bill, not yet in committee, banning this practice.

Edo State banned this practice in October 1999. Persons convicted under the law are subject to a 1000 Naira (US$10) fine and imprisonment of six months. While opponents of the practice applaud laws like this one as a step in the right direction, they have criticized the small fine and lack of enforcement thus far.

Ogun, Cross River, Osun, Rivers and Bayelsa states have also banned the practice since 1999.

Most anti-FGM/FGC groups are focusing their energies at the state and local government levels. IAC/Nigeria is pursuing a state by state strategy to criminalize the practice in all 36 states. It first meets with the local government area Chairman about the harmful health effects of the practice. The Chairman is relied on to make contact with Council members, traditional rulers and other opinion leaders to discuss the problems associated with this practice and to work on alternative rites to satisfy cultural concerns. Only after consensus has been reached at this level, are all employed in the statewide campaign to ban the practice. IAC/Nigeria expects the campaign to take at least five years to reach all 36 states.

Protection:
We are unaware of any support groups to protect an unwilling woman or girl against this practice.

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