



Community & Youth Development Initiatives (CYDI)

Overview of Female Genital Mutilation (FGM) in Nigeria

Presentation Outline

1. Overview of FGM

2. Why it has been difficult to stop FGM

3. FGM Situation in Nigeria:

- **Multiple Indicator Cluster Survey (MICS 2021)**
- **National Response to FGM**
 - Policies
 - Legislation
 - Programmes



Overview of FGM

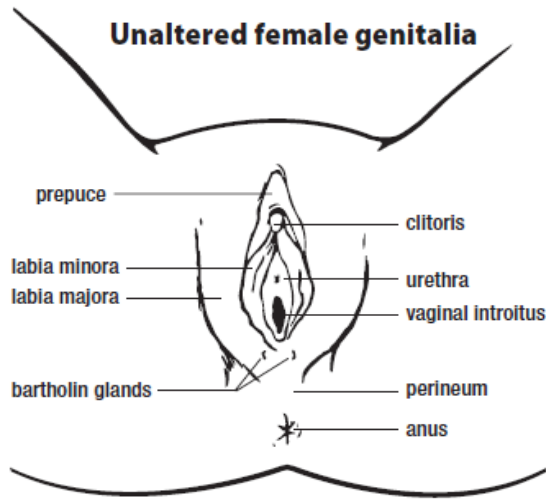
Introduction

- In many cultures, Female Genital Mutilation is a recognised and accepted practice that is considered important for the *socialisation of women, curbing their sexual appetites and preparing them for marriage*. It is considered part of a *ritual initiation into womanhood* that includes a period of seclusion and education about the rights and duties of a wife.
- Despite its *cultural importance*, FGM has drawn considerable criticism because of the potential for both short- and long-term *medical complications*, as well as *harm to reproductive health* and *infringement on women's rights* (Toubia, 1995).
 - *National Demographic Health Survey (NDHS) 2013*

Overview of Female Genital Mutilation (FGM)

- Female Genital Mutilation (FGM) is *"all procedures that involve the partial or total removal of external genitalia or other injury to the female genital organs for non-medical reasons.."*
The World Health Organization (WHO) 1997.
 - *FGM is also known as... Female Genital Cutting (FGC) or Female Circumcision , Ibi Nwanyi Ugwu*
- **FGM**
 - describes the different types of mutilation performed on the female organ genital organ.
 - is an act of violence against the female body and a human rights violation.

Structure and functions of the normal female external genitalia.



STRUCTURE

FUNCTION

Skene's and Bartholin's glands

Lubrication of the vagina

Vaginal orifice

Allows escape of the menstrual flow, sexual intercourse and delivery of the baby

Urethral meatus

Allows emptying of the bladder within a few minutes

Clitoris

Assists women to achieve sexual satisfaction

Perineum

Supports the pelvic organs and separates vagina from anus

Labia minora

Protects structures and orifices

Labia majora

Protects the inner structures and orifices

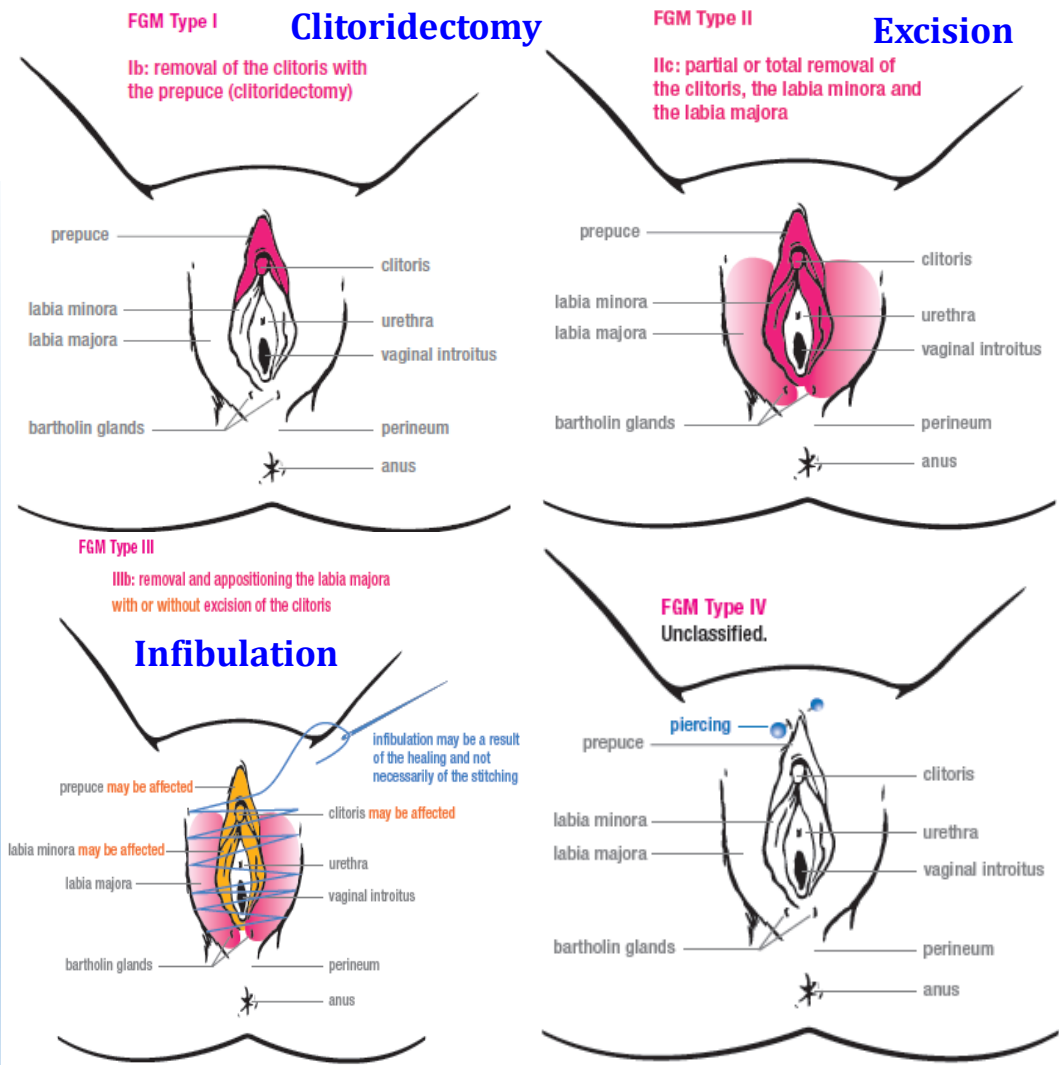
Types of FGM?

Type IV: Unclassified: includes
All other harmful procedures to the female genitalia for non-medical purposes, e.g. piercing the clitoris, cauterisation, cutting the vagina, inserting corrosive substances

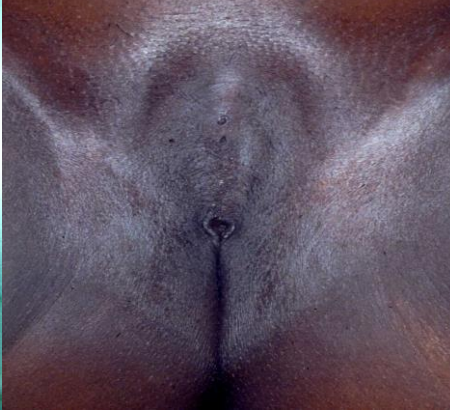
- **“Massage”:** applying petroleum jelly / herbal / concoctions / Mentholatum / or hot water to the clitoris and pushing it back into the body or making it fall off.

Some people use roasted palm-fruits to burn the Clitoris

- Aim is to curb sexual appetites by preventing “itching”
- Seen as an alternative to FGM, since cutting is not involved



Types of FGM (Type III Images)



When is FGM done?

Who is at Risk of FGM?

- 8 days after birth
- Childhood
- Rite of passage from childhood to womanhood

- Before marriage
- First pregnancy
- First childbirth
- After death



Who performs FGM in Nigeria?

1. **Traditional agents** (*traditional circumciser, Trad. birth attendant & others*)
2. **Health professionals** (*Nurse/midwife, Doctor, and others*).

• **Source: NDHS 2018**

- **Traditional agents.**
 - 92.8% of girls (0–14yrs)
 - 85.4% of women (15–49yrs)
- **Health professionals** (*mostly nurse / midwives*)
 - 7.0% of girls (0–14yrs)
 - 8.6% of women (15–49yrs)

Note: *Any Health professionals who performs FGM, can be prosecuted for Professional Misconduct.*



Why Do Communities Practice FGM?

- Superstition
- Preserve chastity and purification
- Family honor
- Hygiene
- Esthetics
- Protect virginity
- Prevent Promiscuity
- Modification of sociosexual attitudes
- Increase sexual pleasure of husband
- Enhance fertility and
- Increase matrimonial opportunities
- Prevent mother and child from dying during childbirth and for legal reasons (one cannot inherit property if not circumcised).

Complications Following FGM

(1 of 4)

- FGM has serious implications for the sexual and reproductive health of girls and women.
- **Effects of FGM depend on...**
 1. **Type** performed
 2. **Expertise** of the practitioner
 3. **Hygiene conditions** under which it is performed
 4. amount of **resistance**
 5. **general health condition** of the girl/woman undergoing the procedure.
- Complications may occur in all types of FGM, but are most frequent with infibulation.

A girl standing in the pool of her blood after being cut



Complications Following FGM (2 of 4)

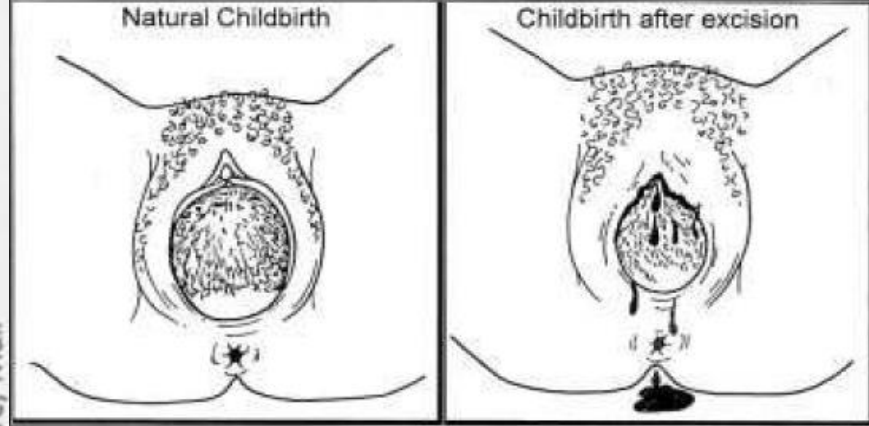
1. **Intense pain** (especially in the absence of a pain reliever)
2. **Excessive bleeding** (which can result in death)
3. **Urinary incontinence or inability to urinate at all** (infection of the genital area, especially the development of fistulas)
4. **Difficulties during menstruation** (infections, blockage of blood discharge)
5. **Clitoral neuroma** (a tumour that arises from cutting or damaging a nerve. It can be painful if touched or give sensations of electric discharge, or cause chronic pain in the surrounding area. With this condition, sitting, sexual intercourse, or even the friction of underpants, can cause pain).
6. **Difficulties during intercourse and childbirth:** delivery complications, fissures due to scars that reduce the elasticity of the skin, fistulas, keloids, and cysts



Complications Following FGM – **Difficult Childbirth** (3 of 4)



Courtesy of Dr. Moustapha Toure, Mali



Complications Following FGM – Sexual and Psychological (4 of 4)

Sexual Functioning Risks	Psychological Risks
<ol style="list-style-type: none">1. Dyspareunia (pain during sexual intercourse)2. Decreased sexual satisfaction3. Reduced sexual desire and arousal4. Decreased lubrication during sexual intercourse5. Reduced frequency of orgasm or anorgasmia	<ol style="list-style-type: none">1. Post-traumatic stress disorder (PTSD)2. Anxiety disorder3. Depression

Human rights violated by the practice of FGM

- a) Right to the highest attainable standard of health
- b) Right to life and physical integrity, including freedom from violence
- c) Right to freedom from torture or cruel, inhuman or degrading treatment
- d) Right to equality and non-discrimination on the basis of sex
- e) Rights of the Child

A group of women are seated in a room, looking towards the right. The women are dressed in various styles of clothing, including a white t-shirt, a green top, and a patterned headscarf. The text "Why has it been difficult to stop FGM?" is overlaid on the image in a white, bold, sans-serif font. The background is slightly blurred, showing an indoor setting with a window.

**Why has it been
difficult to stop
FGM?**

Why has it been difficult to stop FGM?

Interventions focused only on medical & legal issues:

a) **Medicalization of the Practice of FGM**

- Families seek the aid of medical personnel to perform FGM on their daughters to minimize or alleviate the medical issues
 - The medicalization of the practice leads to legitimization which is undesirable in the effort to abandon the practice.

b) **Criminalization of the Practice of FGM**

- Practice of FGM may continue underground.
- Those who abide simply do so in fear of legal consequences not because of attitudinal change.

Why has it been difficult to stop FGM?

Social Dynamics of the Abandonment of FGM

- FGM is a **social norm**:
 - a social rule of behavior that members of a community follow in the belief that others expect them to follow suit.
 - Compliance with a social rule is motivated by expectations of social rewards for adherence to the rule and social sanctions for non-adherence.
- Practice of FGM is **interdependent**:
 - *behaviour of an individual/family is conditioned by an individual's/family's perceptions/expectations of what others do and think, whether or not these are reflected in reality.*
- Interdependent nature of social norms make it **difficult for individuals or families to abandon** the practice on their own.¹⁹

FGM Situation in Nigeria

- **Female Genital Mutilation (FGM)** – Analysis of Multiple Indicator Cluster Survey (MICS 2016-17 **and** MICS 2021)

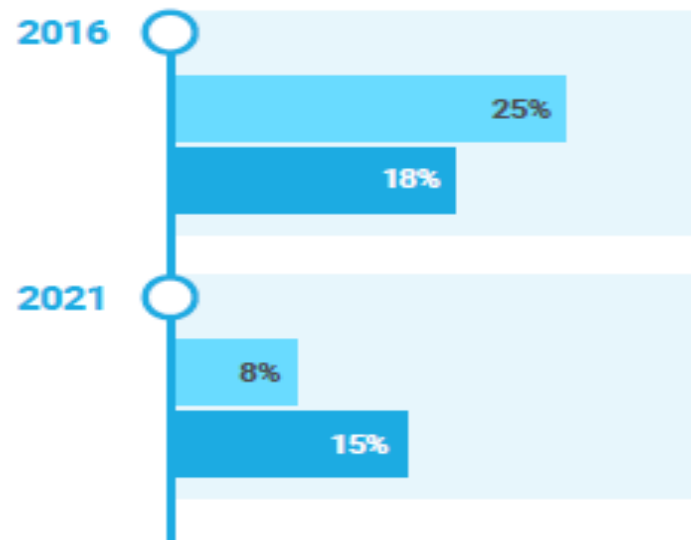


FEMALE GENITAL MUTILATION (FGM)

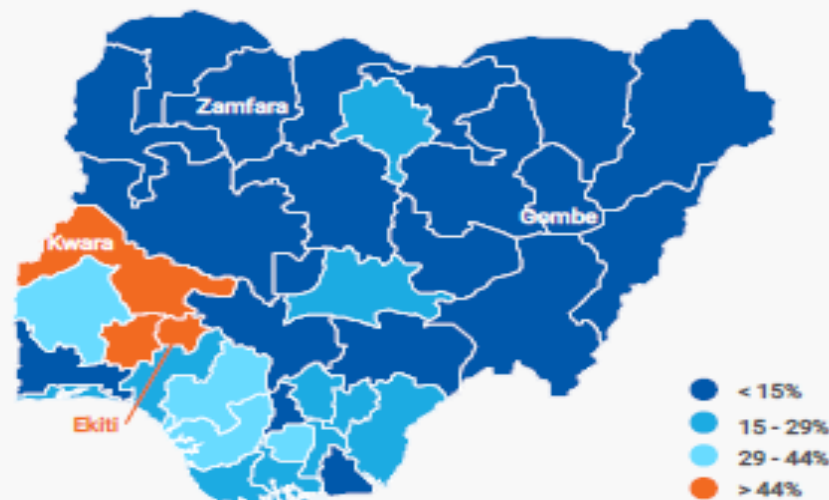
15% of women aged 15-49 years have undergone FGM, down from 18% in 2016.

8% of girls aged 0-14 years have undergone FGM, down from 25% in 2016.

- Percentage of girls aged 0-14 years who have undergone FGM
- Percentage of women aged 15-49 years who have undergone FGM



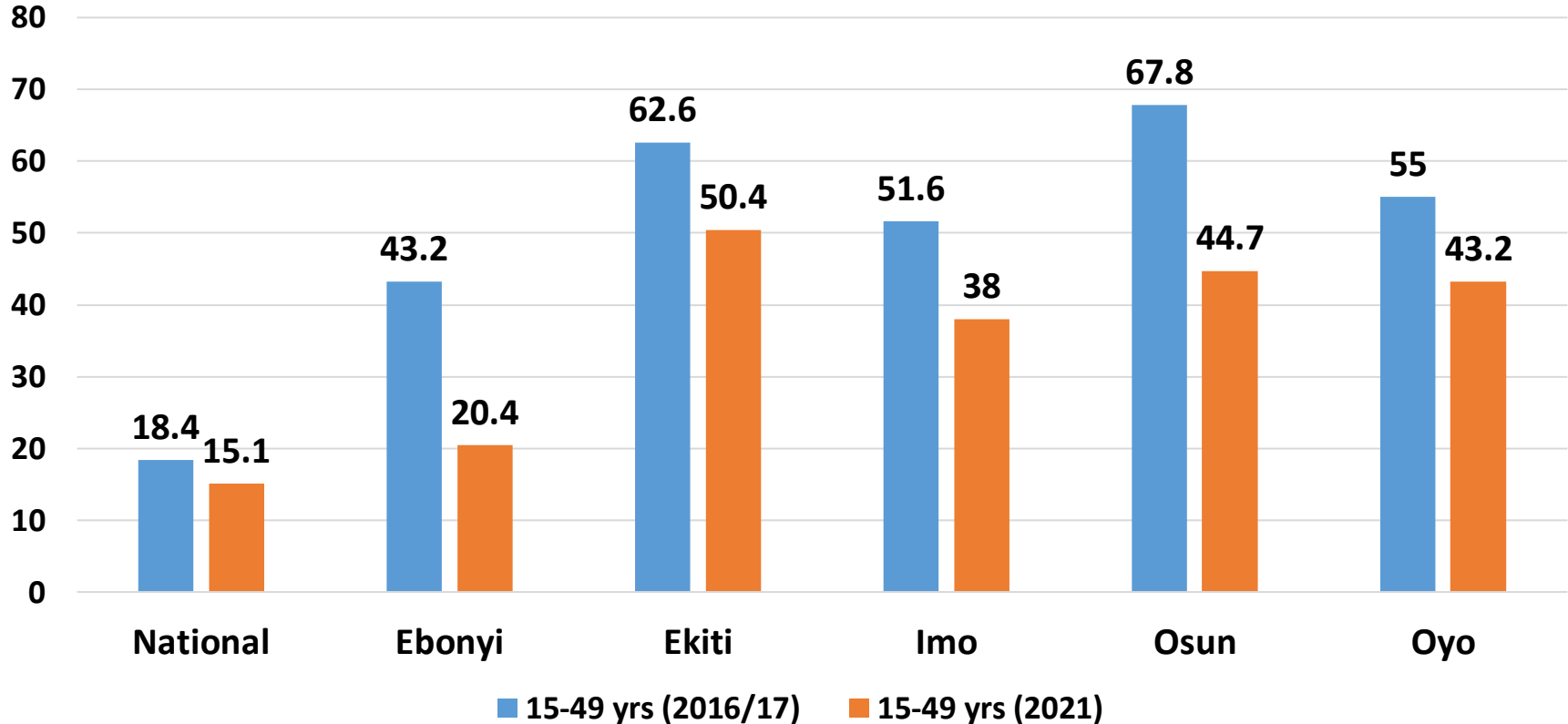
The lowest levels of FGM among women aged 15-49 years are found in **Gombe** (0%) and **Zamfara** (0%). The highest levels are in **Kwara** (58%) and **Ekiti** (50%).



This map does not reflect a position by UNICEF on the legal status of any country or territory or delimitation of any frontiers.

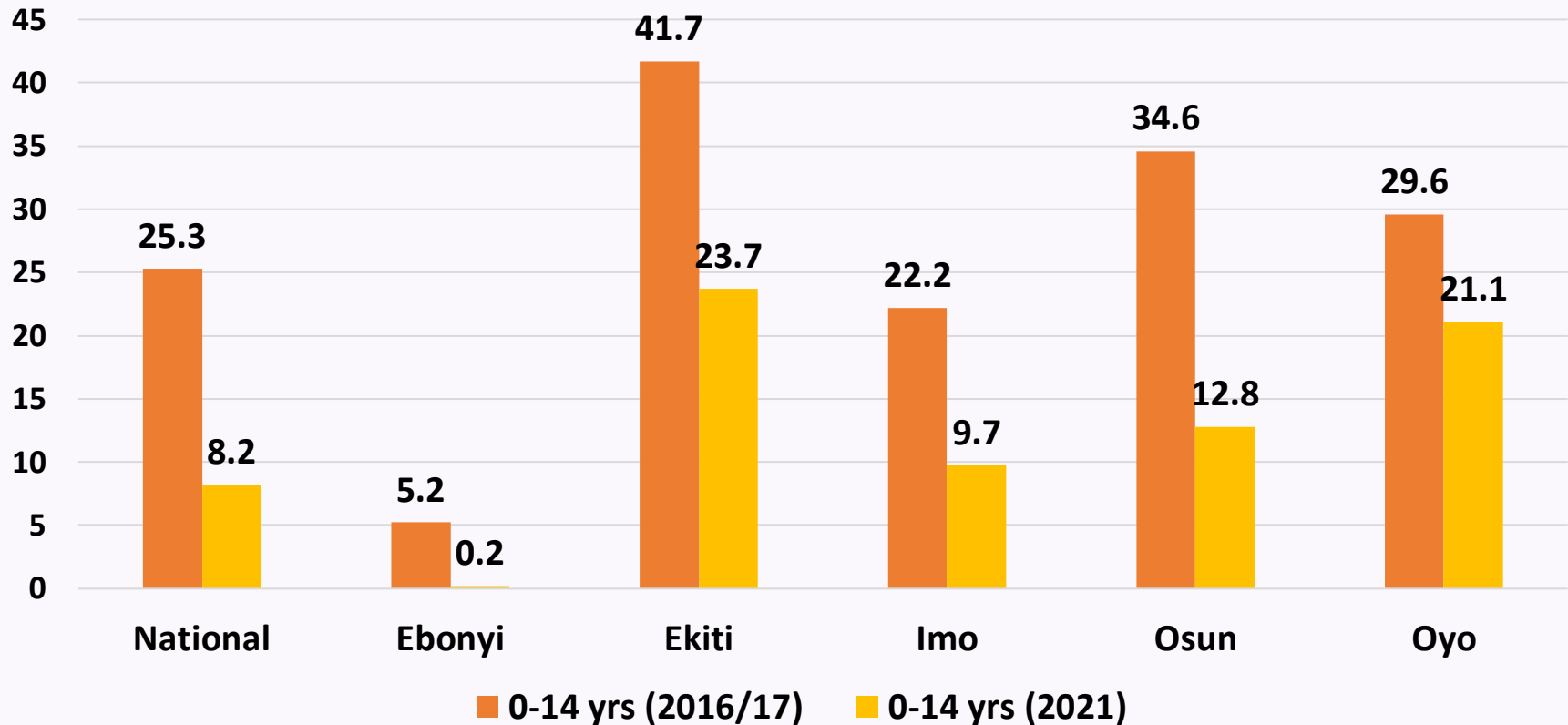
FGM Prevalence among women age 15-49years (MICS 2016/17 vs MICS 2021):

Percentage of women who had any form of FGM (%) – UNJP States



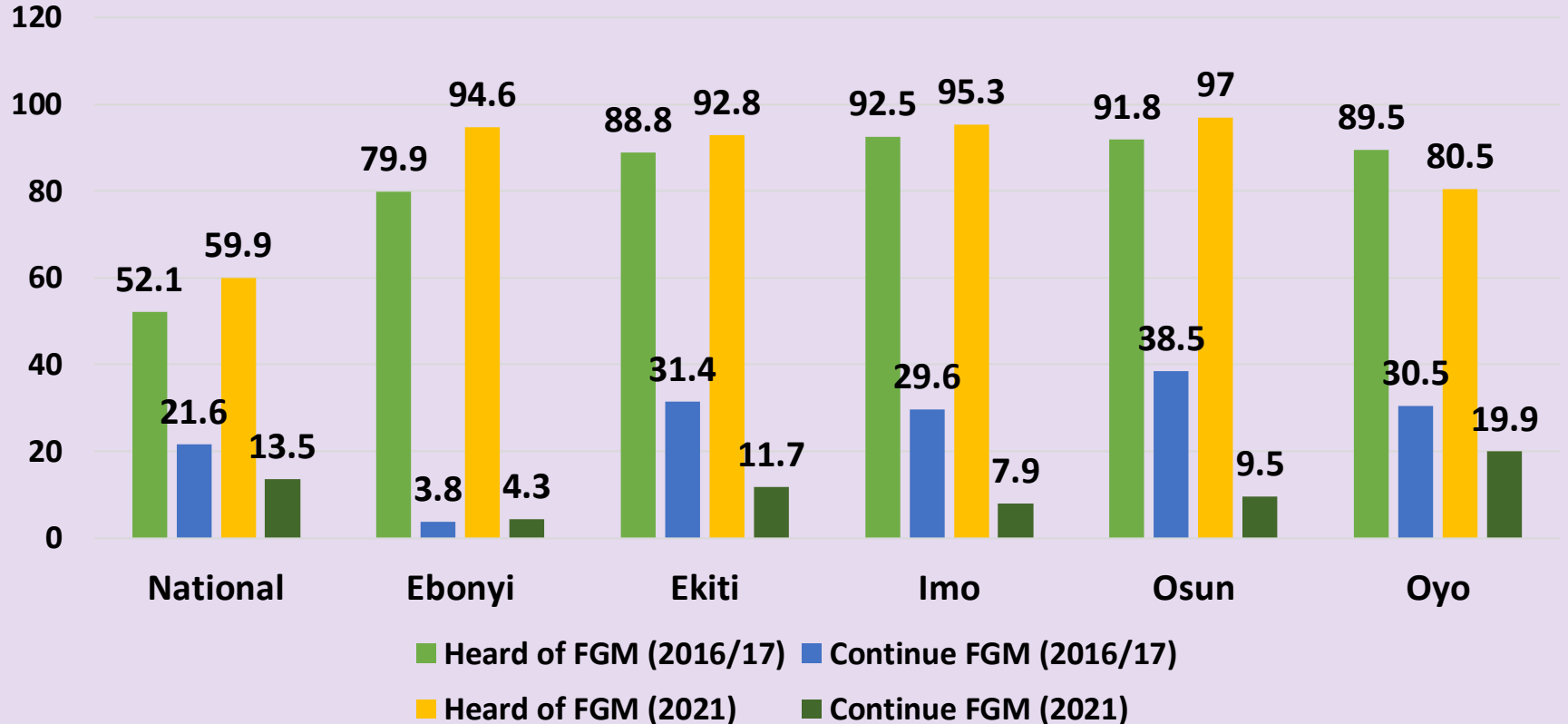
FGM Prevalence among girls age 0-14years (MICS 2016/17 vs MICS 2021)

Percentage of girls who had any form of FGM (%) – UNJP States



Approval for FGM among women age 15-49 years (MICS 2016/17 vs MICS 2021):

Percentage of women age 15-49 years who have heard of FGM, and percent distribution of women want the practice of FGM to continue – UNJP States



**National Efforts to
end FGM in Nigeria:
Policies, legislation
and Programmes**



National Efforts to end FGM in Nigeria:

Policies and legislation

- **POLICY:**
- *National Policy and Plan of Action on Elimination of Female Genital Mutilation in Nigeria (2021-2025)*

- **LEGISLATION:**
- **National:** *Violence Against Persons (Prohibition) Act (VAPP), 2015 - Penalty for FGM: “4years in prison or fine of N200,000 or both”.*
- **State:** *Imo State Violence Against Persons (Prohibition) Law, (No. 08 of 2021) VAPP Law –*
 - *Penalty: “14years or N500,000 or both imprisonment and fine”.*
 - *Life imprisonment - where death occurs as a result of FGM of the victim dies within 1 year from the injuries inflicted during the act.*

Ending FGM - Key stakeholders on FGM in the community

FGM Affected

- Girls who have had FGM
- Women who have had FGM
- Husbands of FGM affected women

Beneficiaries & perpetrators of FGM

- Excisors
- Parents
- Grandmothers/grandfathers
- Aunties and uncles
- Peers

Influential persons on FGM

- Religious leaders
- Traditional leaders
- Opinion leaders
- Elderly people
- Parents
- Grandparents

Service providers and safe guarders on FGM

- Health service providers
- Social workers
- NGOs
- Law enforcement authorities

Since the year 2015, Community & Youth Development and Initiatives (CYDI) has been the beneficiary of financial support from various international organizations and networks.

These funds have been instrumental in facilitating the successful execution of activities aimed at ending Female Genital Mutilation (FGM) in Nigeria.

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TOGETHER TO END FGM



CIRDDOC Nigeria

