NIGERIA



STATISTICAL PROFILE ON FEMALE GENITAL MUTILATION

Female genital mutilation (FGM) refers to "all procedures involving partial or total removal of the female external genitalia or other injury to the female genital organs for non-medical reasons." While the exact number of girls and women worldwide who have undergone FGM remains unknown, at least 200 million girls and women have been cut in 30 countries with representative data on prevalence. FGM is a violation of girls' and women's human rights and is condemned by many international treaties and conventions, as well as by national legislation in many countries. Yet, where it is practised FGM is performed in line with tradition and social norms to ensure that girls are socially accepted and marriageable, and to uphold their status and honour and that of the entire family. UNICEF works with government and civil society partners towards the elimination of FGM in countries where it is still practised.

1. World Health Organization, Eliminating Female Genital Mutilation: An interagency statement, WHO, UNFPA, UNICEF, UNIFEM, OHCHR, UNHCR, UNECA, UNESCO, UNDP, UNAIDS, WHO, Geneva, 2008, p. 4.

1999-2006 F

National legislation criminalizing FGM passed in some states

KEY STATISTICS ON WOMEN'S STATUS

18%	of women 20-24 years were married or in union before age 15
44%	of women 20-24 years were married or in union before age 18
31%	of women 20-24 years have given birth by age 18
34%	of women 15-49 years think that a husband/partner is justified in hitting/beating his wife under certain circumstances
54%	of women 15-49 years make use of at least one type of information media at least once a week (newspaper, magazine, television or radio)

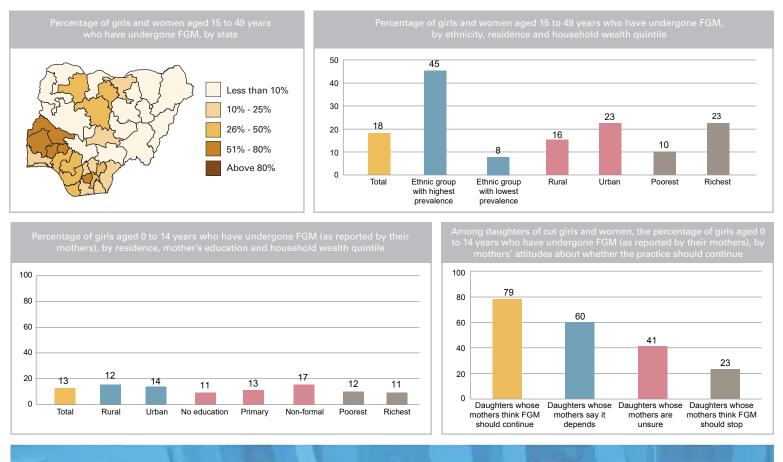
Source: MICS 2016-17

unite for children

Data and Analytics Section DIVISION OF DATA, RESEARCH AND POLICY

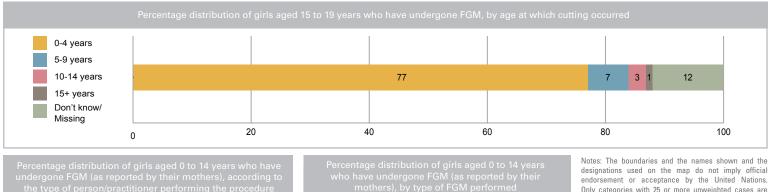


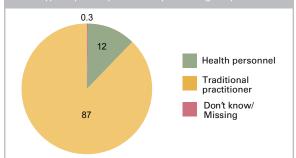
In Nigeria, the prevalence of FGM varies significantly by state



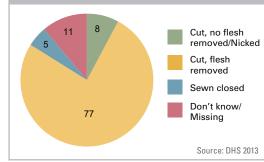
WHEN AND HOW IS FGM PERFORMED?

Almost eight out of ten adolescent girls who experienced the practice were cut before the age of five





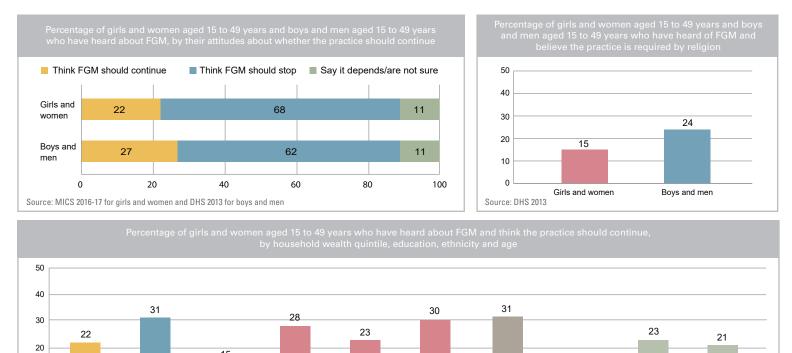




Only categories with 25 or more unweighted cases are presented. Due to rounding, some of the data presented may not add up to 100 per cent. Prevalence data for girls aged 0 to 14 reflect their current, but not final, FGM status since some girls who have not been cut may still be at risk of experiencing the practice once they reach the customary age for cutting. Therefore, the data on prevalence for girls under age 15 is actually an underestimation of the true extent of the practice. Since age at cutting varies among settings, the amount of underestimation also varies and this should be kept in mind when interpreting all FGM prevalence data for this age group. 'Health personn includes doctors, nurses, midwives and other health workers: 'Traditional practitioner' includes traditional circumcisers, traditional birth attendants, traditional midwives and other types of traditional practitioners.

Source for all charts on this page: MICS 2016-17

More than half of girls and women and boys and men think FGM should stop



There is evidence of significant generational change in the prevalence of FGM in Nigeria as women aged 45-49 are more than twice as likely to have been cut than girls aged 15-19

IS THE PRACTICE OF FGM CHANGING?

Secondary

or higher

Ethnic group with

highest support

Primary

complete

No

education

11

Ethnic group with

lowest support

45-49 years

15-19 years

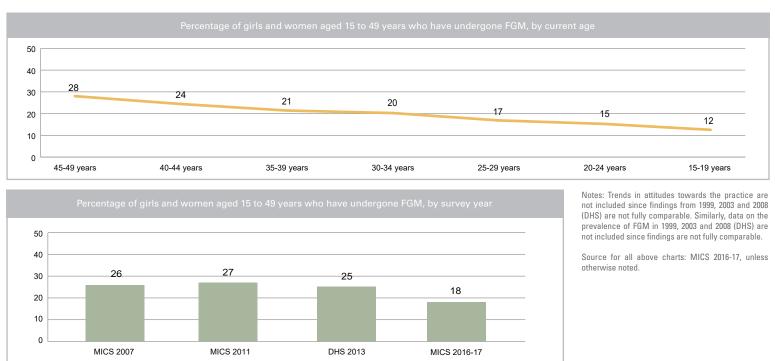
15

Richest

10 0

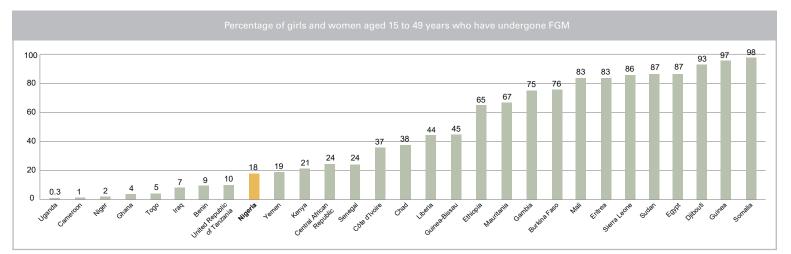
Total

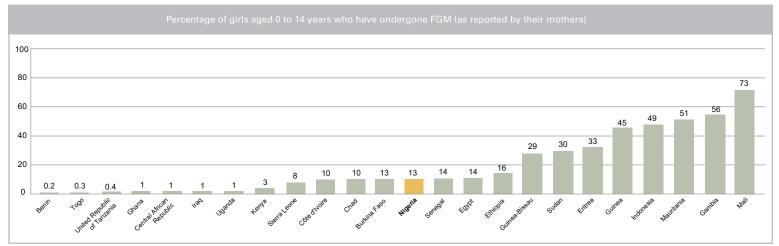
Poorest

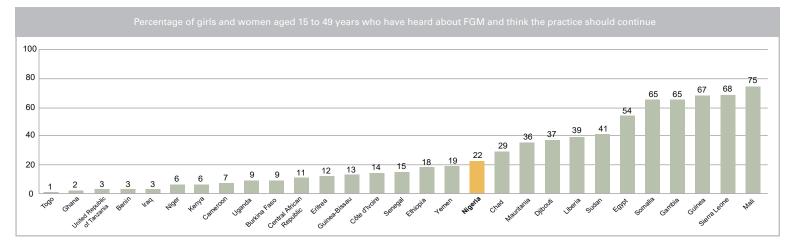


NIGERIA

INTER-COUNTRY STATISTICAL OVERVIEW







Notes: Data on attitudes for Yemen refer to ever-married girls and women. In Liberia, girls and women who have heard of the Sande society were asked whether they were members; this provides indirect information on FGM since it is performed during initiation into the society. Egypt data refer to girls aged 1 to 14 years and Indonesia data refer to girls aged 0 to 11 years. An older source is used to report on the prevalence of FGM among girls and women with no living daughters; data for Ghania (DHS 2011) since the latest source did not collect these data. MICS data for Ghania (2011) could not be used to report on attitudes towards FGM due to the fact that information is missing for girls and women with no living daughters; data from MICS 2006 are used instead. In Liberia, only cut girls and women were asked about their attitudes towards FGM; since girls and women from practicing communities are more likely to support the practice, the level of support in this country as captured by DHS 2013 is higher than would be expected had all girls and women been asked their opinion. Prevalence data on FGM for girls and women aged 15 to 49 years and data on attitudes towards FGM are not available for Indonesia.

Sources: DHS, MICS, Health Issues Survey, Population and Health Survey and RISKESDAS, 2004-2018. Updated January 2019 **FOR MORE INFORMATION**

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