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## 2.16.3. Female genital mutilation or cutting (FGM/C)

COMMON ANALYSIS

Last update: February 2019

\*Minor updates added October 2021

### COI summary

[Main COI references: [Targeting](#), 3.13; [Country focus](#), 4]

Federal legislation prohibits FGM/C of a girl or a woman and relevant state legislation is in place in several Nigerian states. However, no legal action to curb the practice is reported.

The persons who perform the practice on girls aged 0-14 are in large majority traditional circumcisers (86.6 %). However, health care personnel may also be involved, especially nurses and midwives (10.4 %), and the share of FGM performed by these actors increases.

The general prevalence rate of FGM/C in Nigeria shows a downward trend. According to a survey carried out in 2017, of the women aged 45-49, 27.6 % had undergone FGM/C, while this was 20.1 % for women aged 30 - 34, and 12.3 % for women aged 15-19.

FGM/C prevalence rates vary significantly across the country, depending on the area and the predominant ethnic group. According to a 2016-2017 survey, the South-West and South-East zones have the highest prevalence (41.1 % and 32.3 % respectively), followed by the South-South and North-West zones (23.3 % and 19.3 %, respectively). The North-East has the lowest prevalence of FGM/C: 1.4 %. The practice is more prevalent in rural areas.

Some of the ethnic groups with highest prevalence rate of FGM/C are Yoruba (52 to 90 % according to different studies), Edo/Bini (69 to 77 %), Igbo (45 to 76 %). The prevalence rate for the Hausa-Fulani is estimated at 13 to 30 %.

The age when FGM/C is performed and the type of FGM/C also depend on the ethnic group. According to a 2013 survey, of the women having undergone FGM/C, 91.6 % of Hausa, 88.7 % of Yoruba and 90.2 % of Igbo reported that they were subjected to FGM/C before the age of 5. On the other hand, 34 % in the North-East zone and 25.8 % in the South-South (Ibibio and Ijaw/Izon) were subjected to FGM/C aged 15 or older. In rare cases, FGM is practiced prior to a woman's marriage, during her first pregnancy or upon her death.

Social factors, such as the level of education of the parents and geographical differences, such as rural versus urban areas, further influence the practice of FGM/C. The more educated, informed, and independent a woman is, the better her means to refuse FGM/C, compared to less educated women from rural areas who are more susceptible to cultural pressures.

The most widespread justification for FGM/C in Nigeria is the concern that contact between the clitoris and the baby's head during birth is lethal or harmful for the baby. Other cultural considerations are cleanliness or hygiene, prevention of promiscuity, enhancing fertility and fulfilled womanhood. There are also concerns that men refuse to marry women who have not been circumcised.

The final decision whether to circumcise their daughter is most often with the parents, but there is a considerable variation both individually and among different ethnic groups whether it is the father or the mother who makes this decision. The grandparents or the eldest female on the paternal side may also have a decisive role.

When other relatives try to influence the decision, they may pressure the parents by threats to withhold support due to their 'wrong' decisions. However, it is considered a 'family issue' and parents are usually not subjected to violence or threats of violence. A few cases of relatives disregarding the parents' decision and subjecting the girl to FGM/C are reported, although this is considered to be very unusual. In certain occasions, mothers were advised to pretend that the daughter had already been cut in order to avoid social pressure.

### **Risk analysis**

FGM/C amounts to persecution.

Not all women and girls would face the level of risk required to establish well-founded fear of persecution in relation to FGM/C. The individual assessment of whether there is a reasonable degree of likelihood for the applicant to face persecution should take into account risk-impacting circumstances, such as: ethnic group, family traditions, views of the parents/mother on the practice, age, level of education of the parents/mother, prevalence of the practice in the area of origin (including urban/rural dimension), etc.

### **Nexus to a reason for persecution**

Available information indicates that persecution of this profile may be for reasons of membership of a particular social group. For example, women and girls who have not been subjected to FGM/C, may have a well-founded fear of persecution for reasons of this innate characteristic and their distinct identity in Nigeria.