



## Research On The Knowledge, Prevalence And Contributory Factors Of Female Genital Mutilation (Fgm), And Implementation Of FGM Policies In Ekiti, Osun And Oyo State, Nigeria

Funded by



**Spotlight Initiative**  
To eliminate violence  
against women and girls

A Project of



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# INTRODUCTION

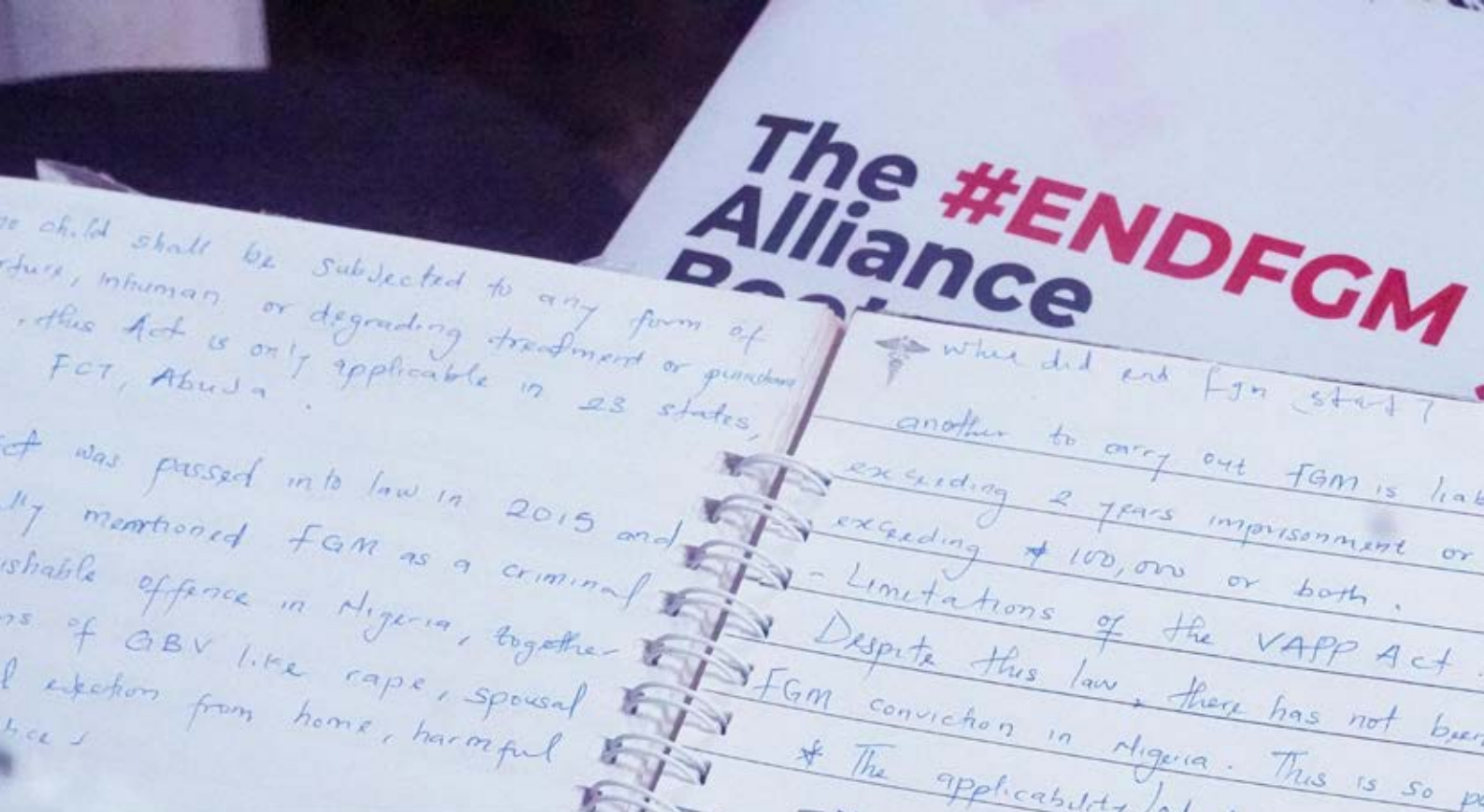
## BACKGROUND

Female Genital Mutilation (FGM) is described as all the procedures that involve the partial or total removal of the external female genitalia, or other injuries to the female genital organs for non-medical reason. It is a violation of the human rights of our women and girls and a gender based violence. A global study across 30 countries where data on FGM exists reported that 200 million girls and women alive today have experienced genital mutilation (UNICEF, 2016). In Nigeria, about 20million women and girls are reported to have been mutilated or cut and many more are still at risk of this harmful cultural practice (DHS 2013).

Over the years, this practice has gained the attention and interest of various groups over the world due to the health implications associated with it, which ranges from immediate health risks to long-term complications affecting women's physical, mental and sexual health throughout her life-course. Some of these risks and complications include, severe pain, excessive bleeding (hemorrhage), shock, genital tissue swelling, infections, childbirth complications, death, anxiety disorder, and depression. The direct financial cost of treating the health complications caused by FGM can span a life time, starting as early as childbirth. This puts a significant economic burden on health systems and national budgets, especially in countries with rates of FGM greater than 10% (WHO, 2020).

The Nigerian government criminalized FGM in the VAPP Act (2015) in response to the recognition of FGM as a violation of human rights and advocacy efforts by stakeholders. The Act explicitly provides punishments for perpetrators of the practice by stating that, "Anybody who performs or engages another to perform FGM on any persons is liable to a term of imprisonment not exceeding 4 years or to a fine not exceeding N200,000 or both". The act also made provision for individuals who attempts, aids, abets or incite another to carry out FGM by sentencing them to 2 years' imprisonment or charged to a fine not exceeding 100,000 or to both. Other states in South West Nigeria also have state laws that criminalize and punishes FGM.

Though these laws have been in existence for years, no prosecutions brought under this act have been identified as of the time of this report, even though statistics still show that FGM is still being practiced. This reveals a gap in law enforcement and presents a need for a multi-sectoral approach to curb the prevalence and impact of FGM. It is therefore pertinent that policy makers, state officials, advocates, community leaders, media officers, and the general public work together via a coordinated and systemic approach to improve enforcement of laws, increase advocacy messages against FGM, educate community members on the available laws and promote reporting of FGM cases.



## ABOUT THE STOPCUT PROJECT

The Stop Cut Project is a United Nations Trust Fund to end violence against women and girls (UN Trust Fund) funded project to end Female Genital Mutilation and (FGM) southwest Nigeria. It is a 3-year project focused on promoting the effective implementation of laws and policies that protect women and girls from female genital mutilation (FGM), increasing community engagement and advocacy for the abandonment of FGM. The project runs across local communities in Ekiti, Osun, and Oyo state in Southwest Nigeria to reach policymakers, law enforcers, community leaders and members and other critical stakeholders in advocating for an end to FGM.

The StopCut project framework aims at engaging stakeholders at the individual, family, society and state levels in addressing FGM, focusing on both policy and action at all levels. The Stop Cut project through collaborative efforts from key stakeholders and partners targets:

- Reviewing existing policies and laws to identify gaps and

advocate for FGM specific policies.

- Contributing to the existing body of knowledge on FGM to proffer data-driven solutions for ending FGM;
- Strengthening the capacities of the EndFGM Alliance in improving policy and policy implementation, increasing reportage, improving enforcement of FGM laws;
- Increase public awareness of FGM practices, laws and risks associated with FGM towards positive behavioral change, individual, family and community renouncement of the practice.

Since its inception in 2020, the project has directly engaged over 500 stakeholders and beneficiaries across 72 wards in Oyo, Osun and Ekiti states, including government officials, the media, nongovernmental organizations, community leaders, advocates, women, and girls. These engagement has provided a deep knowledge on the existing gaps in states laws and the level of law enforcement of FGM over the years.



# ABOUT THE REPORT

This report presents an overview of the practice of Female Genital Mutilation/Cutting (FGM) in endemic Southwestern states in Nigeria. HACEY Health Initiative prioritizes the protection of women and girls from all forms of violence, as well as their health and productivity. We believe strongly that women and girls must be protected from harmful cultural practices, and employ a collaborative multidisciplinary approach to develop community-centered innovative strategies aimed at ending FGM.

For FGM interventions to be effective, an understanding of the people and the nature of the practice is required. Also, proposed advocacy approaches to increase political commitment and community acceptance towards ending FGM need to be

evidence-based. This report provides a view of the prevalence, contributory factors and level of policy implementation on FGM in Oyo, Osun and Ekiti. It contains statistical representation of the problem, excerpt from interviews with women and other key informants such as Traditional Birth Attendants, Ministries, Community leaders and documented commitment statements of stakeholders working actively in the project states to end FGM.

The recommendations and call to actions birthed from this research and engagements with stakeholders can guide the development and implementation of effective approaches that will contribute to the abandonment of FGM.





# RESEARCH METHODOLOGY

This study is a descriptive study which employed the use of quantitative and qualitative research methods to achieve its objectives. It was carried out in FGM prevalent states in South West Nigeria, Ekiti, Osun and Oyo states. A multi-stage sampling method was used to select the respondents from four local government areas (LGAs) in each of the states. The research was carried out in Ikere, Ido-Osi, Ekiti South West and Irepodun/ Ifelodun local governments in Ekiti State; Ife North, Orolu, Ejigbo and Iwo local governments in Osun State; and Atiba, Ogobomoso North, Ibadan South West and Ona-Ara local governments in Oyo state. The data collection was conducted through surveys, Focus Group Discussions and key informant interviews over a period of 3 months in 2020.

The study instruments consisted of a semi-structured questionnaire and interview guides adapted from the Nigerian NDHS survey and the UNFPA-UNICEF Joint Program on FGM.

The questionnaire contained questions on socio-demographics, awareness of FGM, knowledge of FGM, the practice of FGM, awareness of FGM policies and laws, and possible factors that encourage the practice of FGM. The interview guide was structured to get in-depth answers on respondents' awareness of FGM, knowledge of FGM, the practice of FGM, awareness of FGM policies and laws, and possible factors that encourage the practice of FGM.

The survey was administered to 3,240 women of child-bearing age in Ekiti, Osun and Oyo state. A total of 29 key informants representing Ministries, Traditional Circumcisers, Law enforcement officers, Community leaders, across the states were selected to participate in the study and 9 focus group discussions were conducted among Men, women and traditional birth attendants.



# RESULTS

## PREVALENCE OF FEMALE GENITAL MUTILATION

The prevalence of this practice reflects the number of people who were circumcised at the time of the study. It also reflects the extent of FGM and calls for interventions to be implemented to reduce the practice's continuation. Our study revealed that over 50% of women of child-bearing age in the 3 project states - Osun (76.8%), Oyo (51.8%) and Ekiti (52.6%) have been mutilated. The findings from Oyo and Ekiti state reveals a 3.3% and 10% reduction in the prevalence of the practice compared to the 2016-2017 MICS study. However, there was a 9% increase in prevalence of FGM in Osun state in comparison. While gains have been made in the reduction of the practice of FGM, the prevalence in the three states remains significant, indicating the need for intensified efforts towards the abandonment of this practice.

### PREVALENCE OF FEMALE GENITAL MUTILATION IN THE 3 PROJECT STATES

**76.8%**

of women of child-bearing age in Osun have been mutilated.

**52.6%**

of women of child-bearing age in Oyo have been mutilated.

**51.8%**

of women of child-bearing age in Ekiti have been mutilated.

## EXCERPT FROM INTERVIEWS

The participants of the interview opined that the prevalence of FGM is increasing compared to findings reported in surveys.

***"What I can say about that is 5 years ago or when you are talking about studies or surveys you know selected areas are usually used to generalize the prevalence in any state. So, placing the result of those surveys with reality on ground on the field, I will say the prevalence is still very high compared to what survey is depicting".***

***"I cannot say precisely that it is reducing. I cannot. we are still trying to sensitize people, preaching to their conscience. Those that will agree will do and those that will not agree will ignore but we are still preaching, and we believe that this practice will cease to exist by the year 2030. Firstly, we projected 2020, but the prevalence is not coming down hence the UNICEF now changed the deadline to 2030"***

***"It is happening and in the past 6 months, I have heard about cases. Just last month my neighbor's cousin was telling me that his Aunt carried all her three children to go and circumcise all three of them who are girls. I was pained by the experience because she is a teacher who is educated".***



## PREVALENCE OF FEMALE GENITAL MUTILATION AMONG 0-14 GIRLS

The response revealed recent practice of FGM in the study area among girls aged 0-14 years. More than a third of the women in the study areas had a mutilated female child. This represents an increase of more than 10% in recent FGM practice when compared to the 2016-2017 MICS study.



**37.7%**

of girls aged 0-14 in Osun have been mutilated.

**43.4%**

of girls aged 0-14 in Ekiti have been mutilated.

**31.0%**

of girls aged 0-14 in Oyo have been mutilated.

## PERPETRATORS OF FEMALE GENITAL MUTILATION

Traditional circumcisers are widely regarded as perpetrators of FGM. In South West Nigeria, traditional circumcisers referred to as “Oloolas” is a well-known profession that is primarily passed down from generation to generation, with circumcisers usually responsible for carrying out all circumcisions for their client-families. While findings have confirmed they are the most common perpetrators of FGM, recent findings have also revealed a trend in the medicalization of FGM. Medicalization of FGM is when FGM is practiced by any category of health care practitioner, whether in a public or a private clinic, at home or elsewhere.

The study asked women with mutilated female children who performed the procedure; findings corroborated recent trends with the major perpetrators of FGM in the study being traditional circumcisers followed by health care practitioners. In Ekiti state, 37.6% of the recent practice was conducted by health practitioners while 31.5% was performed by traditional circumcisers. Also, in Osun state, 60.6% of recent cutting was performed by the traditional circumciser, while 32.5% were performed by health practitioners. Oyo state also showed that 67.0% was performed by traditional circumcisers and 11.9% by health care practitioners.

State	Traditional Circumcisers	Health Care Practitioners	Traditional Birth Attendants
Osun	60.6	32.5	4.4
Ekiti	37.6%	31.5%	23.0%
Oyo	67.0%	11.9%	19.7



## EXCERPT FROM INTERVIEWS

The participants of the interview opined that the prevalence of FGM is increasing compared to findings reported in surveys.

*"Most of the perpetrators of female genital mutilation are even health workers who are schooled and skilled in the profession and they even convince you to have your girl cut because of the promiscuity belief and other forms of belief in the society".*

*"They make use of snail, palm oil and charcoal for the healing process. It is always done at mid dawn by the Elder's (Baba Onikola) who also makes different designs on the child's body, but it is no longer done these days".*

*"Yes, we have various categories of people that engage in the practice. Majorly, the traditional circumcisers do perform it, the traditional birth attendants do engage in it, health workers- both professionals and quacks too. Recently, we heard that the patent medicine vendors also engage in the practice".*

*"...in some communities, they have those that are specifically designated to such kind of practices, to uphold such traditions. Ile oloolas [circumciser's family house] are in some communities, and the knowledge of the practice is being handed down from generation to generation. You will always find one or two persons who will always be a professional oloola in such communities".*

*"It is only one type, it is just for us to take the female child to the circumciser and the use their blade to cut very little from the private part, she will not be able to pee for two days if she does it will be painful but after 3 days it would have healed"*

*"Anybody can't do the cutting. The traditionalists are the people doing it. They undergo training for the work. Before civilization, the traditionalists who are normally called AKOMONILA are the people who do it. But when we start having the era of the white people and culture and learning ways, the Nurses started doing it".*



## RATIONALE FOR THE PRACTICE OF FEMALE GENITAL MUTILATION

For most of the women in our study across the three states, cultural belief was the major reason for practicing FGM. Traditional beliefs that are associated with FGM makes the perceived consequences of not cutting seem greater than any other damage that could arise as result of cutting. These myths reinforce the harmful traditional practice and are passed down from generation to generation. Other reasons stated by the respondents includes; personal preference, pressure from extended family, pressure from parents, religion and pressure from neighbors/community



**90.4%**

Osun

**88.6%**

Ekiti

**95.1%**

Oyo

Majority of respondents cited culture as the major reason for the practice of Female Genital Mutilation



## EXCERPTS FROM INTERVIEWS

The interviews further revealed that FGM is majorly practiced to curb promiscuity among females before and after marriage.

*"I was told that if you circumcise a girl, she would not be wayward, promiscuous or acting like a dog but that looks like a superstition because there are several people who are not circumcised and they were not wayward. That's my opinion".*

*"FGM is done so that a girl child wouldn't be promiscuous and the reason why we are being told to stop is that those doing it can mistakenly make use of the instruments for male circumcision to circumcise the females, which can cause a lot of danger for the female child".*

*My own mother told me that the main reason for female circumcision is to curb unfaithfulness among married women because they believe when those organs are there, any easy touch, a woman will be aroused whether and the person will not even check if the person touching me is my husband. She might just say after all let me do it. So, they believe that when they cut those organs the woman will be able to even when they touch her, she will be able to control herself.. However, if the husband touches the person, she feels nothing again, so it is of no use".*

*"The culture, religion and beliefs/norms people hold on if they don't perform FGM on the girl child, she might be promiscuous and her clitoris may protrude, and she may also have an uncontrollable libido for sex. Hearing such as a mother who is struggling, you will want to believe and as such go and do it. Imagine the pastor of a church in a community is telling you to go and do it. They might even back it up with the bible"*

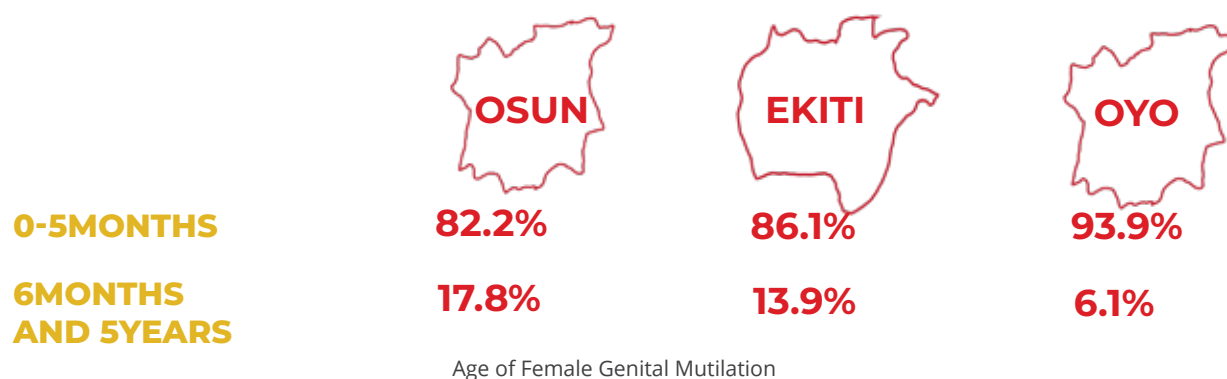
*We are young people and we don't really know the effects of FGM but just as our elders have told us that FGM, if not done, can lead to an inability to give birth to children or can make a girl start having sexual relations early in life, so these things which they have said makes us support it*

*"The beliefs, culture, tradition, the belief, the value, you know because of over protection, they see it as they are trying to protect their girl child from being wayward. Go to the brothels now, a research was carried out some time, majority of people at the brothel, 99% of them are circumcised. If you now ask them, why are you doing this? They are doing it for economic reasons".*



## AGE OF FEMALE GENITAL MUTILATION

Female Genital Mutilation may be performed either during infancy, adolescence, marriage, a woman's first pregnancy, and or after delivery. The age at which it is performed is highly dependent on the tradition of the community or the family. In this study, majority of the girls less than 15 years old were circumcised between zero and five months of age (Ekiti, 86.1%; Oyo, 93.9%; Osun, 82.2%), others circumcised between the ages of six months and five years (Ekiti 13.9%; Oyo 6.1%; Osun 17.8%).



## EXCERPTS FROM INTERVIEWS

The interviews further revealed that FGM is majorly practiced to curb promiscuity among females before and after marriage.

*"It is only one type, it is just for us to take the female child to the circumciser and the use their blade to cut very little from the private part, she will not be able to pee for two days if she does it will be painful but after 3 days it would have healed"*

*"It can be done at any age depending on the culture or the situation at hand. It is mostly done during childhood in other to prevent a painful experience for the child. We believe that doing it during infancy is better than when the child has grown up".*

*"It is always done at dawn and usually performed before a child understands her environment or becomes mature; which means it is done like two weeks after childbirth because once a child can understand what is happening or what is being done for her, she will experience pains and crying*

*"I have not only heard about FGM, I experienced it when I was 7years old. 8 of us in our compound as a girl were lined up for the procedure. They just simply lay roofing sheet on the floor and we were laid on it while the local surgeon performed it on us one by one. There was a lot of bleeding and wailing. They poured very hot liquid on it. We had fever for the whole day, couldn't eat, and couldn't pass urine easily but we were treated very well. Our mothers cooked chicken soup for us and for the next few days, they were pouring concoctions on our genitals*



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# The Stopcut Pro

...partnering to end FGM

present

## Capacity Building Workshop

For Community Leaders on FGM



## KNOWLEDGE OF FEMALE GENITAL MUTILATION

In many settings, myths, perceived benefits of FGM, and ignorance of the dangers of FGM drive the practice's continuation. These myths are believed as a result of the constant information community members receive about them and their trust in the person who communicates them. As a result, this information influences their behavior and motivation to engage in FGM. The study assessed participants' knowledge of different types of FGM, the consequences of FGM, and the perceived benefits of FGM. The findings revealed that majority of the women across all states had poor knowledge about the extent of the damage FGM causes. Osun state had the highest number of women whose knowledge was poor (70.0%), followed by Ekiti (68.2%), and Oyo State (60.5%).

The findings on the knowledge of the women of types of FGM revealed that less than half of them knew at least one type of FGM. Only 40.4% in Ekiti, 36.5% in Osun and 27.4% in Oyo state

knew at least one type of FGM. Among the respondents who knew at least one type of FGM, majority of them could only describe Type 1 FGM.

36.4%, 42% and 36.7% of women in Ekiti, Osun and Oyo state respectively believed that the practice of FGM is beneficial to them and their daughters. Some of these perceived benefits includes; preservation of purity before marriage, increased fertility, ease in child birth, acceptance into womanhood, aesthetics (makes the vagina pretty and more appealing to men). Few of the women across the states knew that FGM/C can lead to complications, 27.3% in Osun, 29.0% in Ekiti and 33.1% in Oyo. The complications that were reported by the women ranged from immediate to severe complications which includes; severe bleeding, transmission of infections, decreased fertility, decreased sexual pleasure, complications during childbirth, menstrual problems



Poor Knowledge



Knowledge about complications

**OSUN**

**70.0%**

**27.3%**

**EKITI**

**68.2%**

**29.0%**

**OYO**

**60.5%**

**33.1%**



## EXCERPTS FROM INTERVIEWS

The participants in the interview had varying knowledge on FGM and the consequences they had seen, heard or experienced.

*“In my own language, I can say female circumcision is an issue of tampering with the female private part”. – KII NPF*

*“FGM is done in the olden days and called Ikola”.*

*“FGM is also called ipara fun omobinrin (Female Creaming or Killing of a body part)”.*

*“It is called ila abe kiko fun obinrin, meaning circumcision of a female genitalia”. – KII community leader*

*“We have excision - that is the removal of the clitoris, we have removal of labia minora and majora which is the second class of female genital mutilation, we have infibulation that is the total removal of female genital and then we have unclassified one that one is by using “Robb” to massage female genital, include piercing of female genital using “Metholatum”, using hot iron to put on female genital in order to kill the cells in that genital that is the fourth forms of female genital.”*

*“The dangers I read about FGM are, bleeding in the process of cutting. Such persons can bleed to death and have pains after it has been done. The person can have pains when she is urinating or when the person is having monthly flow”. – FGD participant young girl*

*Some of the participants who claimed to have personal experience, do not think there are dangers associated with the practice. These respondents believe that many of the complications people talk about occur if the procedure is not properly done.*

*“I do not think any dangers are attached to it (FGM/C). It is now during the sensitization that we are getting to know that it is dangerous because it was done for me and I have not suffered any danger because of it”.*



## EXCERPTS FROM INTERVIEWS

*"There are no dangers associated with it. I did it for all my children and nothing happened to them."*

*"There are no dangers associated. The problem is that some who are doing it do not know how to do it. I have seen cases like that which might lead to shock, bleeding and the vaginal almost closed".*

*"Sometimes, other midwives make the mistake of cutting almost everything (the vagina) and it can cause harm to the baby. This usually causes tears during delivering especially during labour. It causes infertility, pain during sexual intercourse. I have even seen a woman who came to meet me and told me she does not enjoy sex at all. It causes sexual displeasure for her. This was due to the cutting done for her".*

*"I do not think any dangers are attached to it (FGM). It is now during the sensitization that we are getting to know that it is dangerous because it was done for me and I have not suffered any danger because of it".*

*"There are no dangers associated. The problem is that some who are doing it do not know how to do it. I have seen cases like that which might lead to shock, bleeding and the vaginal almost closed".*

*"I got to know I was mutilated at age 21, so when the doctor told me I was circumcised. We have cases like that of females that do not even know that they have been mutilated. How did I know I was mutilated? I had this infection then, UTI, I went to the hospital they gave me drugs and the doctor examined me and that was how I knew I was mutilated".*

*"I have an aunty who was mutilated and one of the side effects of FGM that I can remember is difficulty with childbearing. For her first two children, it was very difficult, she could not give birth to her children by herself, she had to go through CS, which made me believe that it has effects".*

*"We are young people and we don't really know the effects of FGM but just as our elders have told us that FGM, if not done, can lead to an inability to give birth to children or can make a girl start having sexual relations early in life, so these things which they have said makes us support it".*

presents

# CAPACITY BUILDING FOR COMMUNITY



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## AWARENESS OF LAWS AND POLICIES AGAINST FGM

The study explored awareness of national and state laws and policies against FGM among women. Very few of the respondents claimed to be aware of these laws. In Oyo state only 5.4% were aware of the laws followed by 18.5% in Ekiti State and 29.4% in Osun State. Individuals who were aware of these laws reported that they got the information about the laws from radio (Ekiti 76.1%; Osun 68.8% and Oyo 72.4%).



**OSUN**  
**29.4%**

**EKITI**  
**18.5%**

**OYO**  
**5.4%**

Awareness of Laws and Policies against FGM

## EXCERPT FROM INTERVIEW

Knowledge about existing laws and policies prohibiting FGM seem to reside mainly among individuals in government and nongovernmental organizations directly working on FGM. Knowledge about the provisions of these laws within communities was low with most participants not aware of the existence of the laws against FGM and its contents.

*"I don't know of any policy or law". – FGD participant TBAs*

*"I do not know about any law on FGM. What I do hear on the radio is to stop FGM and that is it dangerous but in the olden days, it was not dangerous". – KII participant community leader*

*"I heard that it is now forbidden, and the act has been prohibited but I don't about any punishment for the offender/culprit when caught. The government has put a stop to it". – KII community leader*

*"I have heard on radio and at the maternity that there is a law against it saying that it should stop and so we have stopped doing it. But in my own knowledge, laws at times might not be too good because this is concerning our bodies as a female. What might be good for some women might not be good for some. If possible, the government should train some doctors on how to do it well in cases where some women are affected by the issues of not cutting them". – FGD participant TBA*

## EXCERPT FROM INTERVIEW

*"There is existing law in the State against female genital mutilation, which was passed in 2004 and assent to by the then Executive Governor, Prince Olagunsoye Oyinlola in the year 2004". – KII participant from state ministry*

*"I think, yes, in Osun state there is a law, Osun state female circumcision and genital mutilation prohibition since 2004". – KII participant from state ministry*

*"The federal legislation that exists is the Violence Against Person Prohibition Act that was signed into law in May 2015 amongst other violence against women laws. It prohibits harmful traditional acts such as FGM and recommends five years' imprisonment term or 100,000 fine for anyone who carries out the procedure or who engage someone to carry it out. So, five years' imprisonment or 100,000 Naira fine, but since I have been hearing about female genital mutilation, I have never seen a prosecutor brought to justice which is not meant to be" – KII participant from state ministry*

*The participants also had different views about the level of awareness of the existence of the law against FGM in the state. While some believe the level of awareness is high, others still maintained that awareness is low, especially in rural communities.*

*"In my own view, not everyone is aware of the law. Now take for instance the level of exposure of people living in Osogbo is different from people living at Ifon, Ada, Asa and others, so as we have said earlier, some might not even have the opportunity to watch TV or listen to radio, so in my own view, the information has not gone viral, it has not gotten to a certain point or a certain stage. We may say there is about 40%–50% level of awareness".*

*"The major issue is awareness. Awareness about the law is kind of low and although radio station sensitization high. I think there should be regular programs, even once in a week that people can hear the broadcast about FGM on those stations not just governments owned station. Both private and public radio stations".*





## WILLINGNESS TO REPORT FEMALE GENITAL MUTILATION/ CIRCUMCISION

Even with the existence of laws against FGM and law enforcement agencies, very few women were willing to report a case of FGM in their home or community. Women in Ekiti were the least willing to report a case of FGM to a law enforcement authority (23.6%) followed by 29.1% in Osun State and 32.8% in Oyo State.

Most of the women who were willing to report a case of FGM would prefer doing that through a phone call to a dedicated line (Ekiti, 88.5%; Oyo, 70.4%; Osun, 68.8%), while few of them would prefer to report FGM practice to the police station (Ekiti, 28.1%; Osun, 22.9%; Oyo, 47.0%). This shows that a lot of these women value anonymity and FGM whistle-blowing should be encouraged in the states

**32.8%**

of respondents in Oyo  
were willing to report  
FGM

**29.1%**

of respondents in Osun  
were willing to report  
FGM

**23.6%**

of respondents in Ekiti  
were willing to report  
FGM

## EXCERPT OF INTERVIEW

Some of the response from the participants revealed that the implementation and enforcement of the law is poor and is due the to the low reporting rate of the cases FGM in the state, as security personnel cannot arrest or prosecute if no cases were reported. The low willingness to report may also be as a result of fear of retribution from community and or household members. Anyone who reports might be tagged as a defiant of the traditional practice and might be face a number social consequences.

***"People are not challenged by the law since no culprit has been brought to book concerning FGM. Therefore, I can't really say it is well-implemented" – KII participant, NGO***

***"They don't contact us. Because we have different types of children cases - defilement, rape, and so on. So, it is when they inform us. It is when they report to the police. However, not all cases are being reported, maybe only 2 out of 10 will say "see what happen to my daughter, someone defiled her, someone raped her", it is when they informed us, we cannot be going from one house to the other to search for those who are being raped or defiled. Likewise, this circumcision issue, nobody reported such a matter to the police, which is the reason we cannot know what is going on in the community in terms of circumcision" – KII participant, Nigerian Police Force***

## FACTORS PROMOTING FEMALE GENITAL MUTILATION PRACTICE

The two strongest promoters of FGM in the study areas were cultural belief and family influence while the least promoter was fathers' influence. This shows that the fathers in the study area are not the main drivers of FGM and stand as potential influencer towards the abandonment of FGM



Cultural belief



Family Influence



Fathers Influence

**OSUN**

**91.9%**

**56.1%**

**3.0%**

**EKITI**

**75.1%**

**51.4%**

**15.3%**

**OYO**

**73.4%**

**33.4%**

**5.6%**





## EXCERPT OF INTERVIEW

The findings from the qualitative study further explains the role of cultural belief as factor that promote FGM practice in the state. Some of the participants also noted social norm and the fact that people gain money when they perform the procedure as another factor that promotes the practice.

***“For people that are doing it, it is for adultery because they believe that if they don’t do it, it can lead their children to adultery; and some people, it is their culture and they must do it because it is what they believe in. So, I think those that have done it should voice out and there should be programs for youths for ladies”. – FGD participant young girl***

***“I have been trying to stop them from doing it but it is a source of income for them and there are trying to reinforce the belief of those women that if not done, the girls will become promiscuous”. – FGD participant, Community Leader***

***“Mostly, the major factor that promotes this is culture. That is why we call it traditional harmful practices; under VAPP 2015, FGM/C is tagged traditional harmful practices. Religion does not support it and it has never supported FGM”.***

***“Culture/tradition can influence the practice of FGM/C even when the person is literate. A medical doctor was arrested because of FGM because he believes in his religion as a Muslim to engage in FGM and he was even quoting the Quran, it shows that we can’t just stop the sensitization till eternity because even the educated are victims of this culture”. – KII Ministry of Women Affairs***

***“Well, the main factor is social norm let me put it that way. When somebody does it, it will encourage others. Let me sight an example, I was once in a community far in Ibarapa North the community is Kajola community. I met a woman who lived in Lagos for a very long time. Her girl was already 13years old before she relocated to that village. On getting to the village, she realized that all the age mates of her daughter were circumcised and because she didn’t want her daughter to be [the] odd one out she subjected the teenage to mutilation”. – KII participant, Ministry of Health***

***“The practice is a source of income for some people in the past when the Oloola’s existed. The Oloola clan existed so that was their occupation; they usually bring children from neighboring villages and they also invite them to neighboring villages and they get paid for it” – KII participant TBA***



# INTERPRETATIONS FROM RESEARCH

Despite the ongoing efforts of key stakeholders in the state, these findings highlight the need to evaluate and improve existing strategies implemented in local communities to promote the abandonment of the practice. The study reported a growing trend of medicalization of FGM which poses a significant barrier to the abandonment of the practice. Those who visit health practitioners for FGM believe that medicalization will reduce the risk of FGM consequences. However, medicalization of FGM does not eliminate the harmful consequences of the practice particularly the long term complication, and is equally a violation of human right. As a result, there is a need to educate health care practitioners about the legal implications of the practice.

Cultural belief, stated as the major reason for practicing FGM, is a force that drives the decisions of family and community members regarding FGM. When individuals deviate from their cultural expectations to mutilate, they are viewed as deviants from the community's and/or household's cultural stance, and may face backlash from other community members for not cutting their female child. This is a major impediment to the abolition of FGM.

Data suggests that programs to promote the abolition of FGM are sometimes seen as an attack on long-held cultural beliefs, a form of cultural colonialism at times, endangering community and individual cultural norms, values, and beliefs. This calls for advocacy that reinforces positive cultural values in their dialogues with community members and leaders, as well as promote locally led community programs.

As reported in the research, most mothers reported that their children were mutilated between 0-5 months. This finding informs the planning and implementation of targeted community sensitization efforts to nursing mothers and pregnant women. Regular follow-up to educate women about the dangers of FGM during this period is especially important to reinforce the message. The low level of knowledge on FGM knowledge also presents a need and an opportunity for in-depth community sensitization and engagement programs, to dispel myths and increase knowledge about the consequences.

The vast majority of women were unaware of the existence of laws and policies that protect them from FGM. This could be as a result of a variety of reasons ranging from laws being written in a language that community members do not understand to poor access to information on the laws. A disregard for the existence of the laws was also discovered among some respondents who did not believe in its effectiveness. This in turn ties into the low willingness to report cases of FGM. For some, this is as a result of poor experiences with law enforcements on other gender-based violence cases, leading to a lack of trust in the process. Other reasons stated include apprehension of the risk of attack from family members or the community, as well as a loss of relational ties. This points to the less talked about social consequences and backlash that individuals who abandon the harmful practice may face if left without support, and a call for increase in awareness creation on protective laws.

## STRATEGIES FOR INTERVENTION

From the findings of the study and extensive engagements with key stakeholders, suggested interventions were developed to respond to the gaps identified by the research. These interventions have been categorized according to target stakeholders.



### COMMUNITY MEMBERS

- Promoting locally led FGM education among young people
- Changing local narratives of FGM by engaging older women in the community
- Improving reporting of FGM via the selection of community vanguards
- Increasing engagement with men and boys on FGM

### MEDIA ORGANIZATION

- Implementation of end FGM media advocacy and campaign programs
- Engagement of community influencers to sensitize the general public on FGM.







## RELIGIOUS AND COMMUNITY LEADERS/INFLUENCERS

- Increasing religious and community leader's commitment towards ending FGM
- Continuous and periodic engagement of community leaders on FGM
- Upholding of cultural values in engagement with community members to end FGM



## NON-GOVERNMENTAL ORGANIZATIONS

- Continuous engagement to build and sustain community trust
- Generating evidences to inform community centered interventions to end FGM
- Continuous sensitization programs on FGM laws and consequences
- Implementation of advocacy programs to increase political commitment to end FGM
- Building the capacity of Health Workers for effective response to FGM.



## GOVERNMENT

- Improved implementation and enforcement of anti-FGM laws and policies
- Amend state FGM/C laws to include stiffer penalties for perpetrators of FGM/C
- Creation of monitoring structures for the implementation and enforcement of anti-FGM laws and policies.
- Increasing commitment and strategy to end the medicalization of FGM
- Inclusion of FGM in school curricula to varying degrees.
- Increasing collaboration among all levels of health care implement activities and laid out a plan to end FGM/C medicalization at all levels of health care

# COMMITMENT STATEMENTS

The key stakeholders were engaged across the states to discuss the results of the study, as well as to gain a better understanding of interventions by their stakeholders carried out over the years. The stakeholders included state Ministries, Agencies, CSOs and the media playing key roles in the elimination of FGM/. The commitment statements conveyed their intent and continued engagement in ending female genital mutilation.

## **CHILD PROTECTION NETWORK, OYO STATE**

"The constituted NGOs will work together to implement community education program which includes radio programs and community meetings in religious houses, associations and schools"

## **NATIONAL COUNCIL OF CHILD RIGHTS ADVOCATES OF NIGERIA (NACCRA), OYO STATE**

"In support of the Stop Cut project in collaboration with Ministry of Health, NACCRA will train her members on FGM/C who will further step it down to communities. NACCRA will also conduct advocacy among community leaders".

## **NATIONAL HUMAN RIGHTS COMMISSION, OYO STATE**

"NHRC, Oyo state office would be glad to work with MOH and other stakeholders in sensitization and education of the people in rural communities on FGM and SGBV till our society is saved from the practices"

## **MINISTRY OF JUSTICE, OYO STATE**

"The Ministry of Justice commits to drafting/amending laws as required in creating a legal framework towards ending FGM and also engaging in the prosecution of reported cases/complaints"

## **NIGERIAN TRIBUNE, OYO STATE**

"I hereby declare my support to write about FGM/C in our health pages in Nigerian Tribune.

## **NATIONAL ASSOCIATION OF NIGERIA NURSES AND MIDWIVES (NANNM), OYO STATE**

"NANNM hereby state our commitment to support the Stop Cut project in the area of awareness, education, sensitization and capacity building of Nurses and midwives who are the major frontline professionals in our various health care facilities from the secondary health care facilities from the secondary to primary health care facility. We hope that by the end of the time frame of the project FGM/C will be a thing of the past in Oyo State"

## **NIGERIAN ASSOCIATION OF WOMEN JOURNALISTS (NAWOJ), OYO STATE**

"Nigerian Association of Women Journalists will continue to educate and sensitize the people of Oyo State on the dangers of FGM. Being an organization of women professionals in journalism, we would support the Oyo State government and other stakeholders in propagating the campaign against FGM/C through our outreaches and will also encourage NAWOJ members who represent different media organizations to promote the campaign against FGM/C through their programming and news reportage

## **FEDERATION OF MUSLIM WOMEN ASSOCIATION IN NIGERIA (FOMWAN), OYO STATE**

"Oyo State FOMWAN is at all the 33 LGAs in Oyo State with over 250 members affiliated all over the state. The organization have the capacity to get to the grassroots of the state. The organization will continue creating awareness and sensitize its members who also take the awareness to the community of family members. We will also monitor the communities especially our members from perpetrating the act. We are ready to partner with HACEY, Ministry of Health and Nigeria to end FGM/C".

## **INTERNATIONAL FEDERATION OF WOMEN LAWYERS (FIDA), OYO STATE**

"Being an association of female lawyers will help in the area of taking up fiats (i.e. permission) of the Hon. Attorney General Commissioner of Justice to prosecute offenders and ensure justice is gotten for the victims of FGM/C in court (this is our core mandate) leveraging on the provision of the Violence Against Women Law (VAWL) 2016"

## **IMPACT BUSINESS RADIO AND IMPACT AFRICAN TELEVISION, OYO STATE**

"We will invite the FGM/C team to appear on our television breakfast show to talk about "ending FGM/C in Oyo State"

## **TRAILBLAZERS INITIATIVE NIGERIA, OYO STATE**

"I will ensure that I help in reaching out to youths through our every available media towards eradicating FGM/C. As a trained advocate by UNICEF & UNFPA, I can help in facilitating, capacity building and baseline surveys on FGM/C in the State"

## **GUARDIAN NEWSPAPER, OSUN STATE**

"Articles on FGM/C, its effect and roles individuals can play in ending FGM (whistle-blowing) will be written to educate the public. Reports from stakeholders' meetings will also be written and published".

## **NIGERIA MEDICAL ASSOCIATION, OSUN STATE**

"Women utilizing MNCH services in health centers will be educated on FGM/C, its legal and future implications and dangers associated with FGM/C. Other gynecologists will also be encouraged to educate women who visit the health center on FGM/C"

## **NIGERIA SECURITY AND CIVIL DEFENSE CORPS, OSUN STATE**

"The Commitment of NSCDC on Female Genital Mutilation will be in three approaches namely:

1. **Education:** though despite the fact that FGM is now outlawed and discouraged all over the world, we still discovered that many that still engage in it does so as a result of ignorance and erroneous believe in outdated negativity in culture. As a result of this NSCDC will be committed to educative and enlightenment campaigns in all places where we have presence to educate the immediate community on the consequences of engaging in FGM. We believe that if they are properly educated it may discourage the practice.
2. **Counseling:** we will also commit all our divisions particularly Peace and Conflict Resolution department to engage in massive counseling services in communities where this practice is still engaged in as a result of strong cultural affinity or practices. It is our believe that education with proper counseling strategies could stop this dastard practice.
3. **Law Enforcement:** since FGM has been outlawed the continuous practice of it makes it criminal. The NSCDC as a last resort may result to enforcement of all necessary laws guiding the practice of FGM when education and counseling fails"

## **COMMUNITY MEMBER, OSUN STATE**

"Members of the Landlord association here in Oshogbo who hold meetings every two weeks will be sensitized on the need to put an end to female genital mutilation and the need to spread the awareness to their community"



### **MINISTRY OF WOMEN AFFAIRS, EKITI STATE**

"The ministry will intensify effort on sensitization and also establish FGM champions at grassroots' level. Empowerment of excisors in order for them to down their tools. Also, to monitor those who have downed their tools to ensure they don't go back to the practice"

### **CHILD PROTECTION NETWORK (CPN), EKITI STATE**

"They work in collaboration with ministry of health, NOA, and ministry of women affairs. They will go around schools and communities to sensitize them on FGM/C"

### **NIGERIA ASSOCIATION OF NURSES AND MIDWIVES (NANNM), EKITI STATE**

"They will sensitize their members to disengage from the practice of FGM/C and anyone found cutting a child or to have cut a child shall face the legal consequences. They will heighten sensitization within their members"

### **NATIONAL ORIENTATION AGENCY (NOA), EKITI STATE**

"Publications against FGM/C would be done via available media outlets like radio and television"

### **PRIMARY HEALTH CARE DEVELOPMENT AGENCY (PHCDA), EKITI STATE**

"There would be provision of health care services to people through the local government and awards to the communities and would work closely with those coordinating FGM affairs to scale up sensitization activities and social mobilization through the Maternal Neonatal and Child Health (MNCH) services."

### **NIGERIA ASSOCIATION OF WOMEN JOURNALIST (NAWOJ), EKITI STATE**

"During the international women's day, there would be sensitization regarding FGM to increase awareness and be proposed to other women association"

### **GENDER RELEVANCE INITIATIVE PROMOTION (GRIP), EKITI STATE**

"Questionnaires would be distributed to community members so as to ascertain the knowledge gap on FGM. Also, sensitization on FGM in local languages will be carried to enlighten community members"

### **NIGERIA MEDICAL ASSOCIATION (NMA), EKITI**

"The registrars would put measures in place in the hospitals to track FGM".

# Stop cut

***Partnering to end  
Female Genital Mutilation***



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