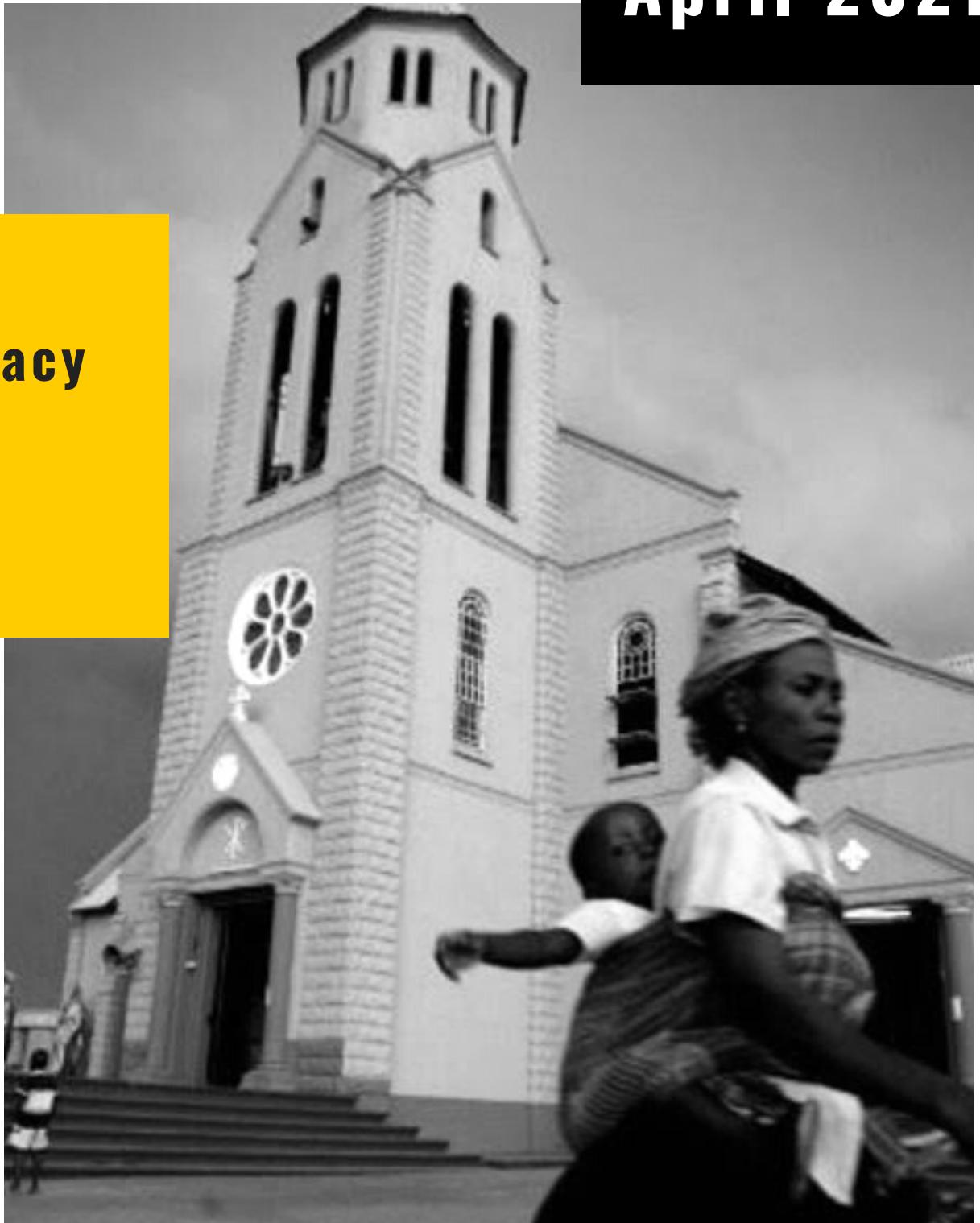


**April 2021**

**Advocacy  
Brief**



**Abandonment of the practice of Female  
Genital Mutilation (FGM) among the Catholic  
Population/Community in Nigeria**

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## Introduction

### What Is FGM?

Female Genital Mutilation (FGM) “**involves the partial or total removal of external female genitalia or other injury to the female genital organs for non-medical reasons**”.(World Health Organization, WHO).

More than 200 million girls and women alive today have been cut across 30 countries in Africa, the Middle East and Asia where FGM is practiced. Nigeria in particular, has the highest number of women cut, with 22% (14,808,000) of an estimated 68 million girls at risk of being cut by 2030.

### Impact of FGM

FGM is a harmful practice that has no health benefits for girls and women; instead it is a violation of their human rights that causes short and long-term consequences, including:

- Severe bleeding, cysts and problems passing urine and menses
- Death of the victim through bleeding, infection or complications of childbirth with increased risk of newborn death and fistula.
- Often affects the victim’s mental health long into her adult life including signs of psychological trauma: anxiety, somatization, depression, post-traumatic stress and other mood disorders.

## 2. Situation Analysis of FGM among Catholics in Nigeria

- 19% of girls aged 0-14 are circumcised in Nigeria; seventeen percent (17%) before their first birthday (NDHS, 2018).
- 77% per cent of women of Catholic faith were circumcised before age 5; 5.5 % of Catholic mothers have at least a girl aged 0-14 years circumcised(27%). 82% of the FGM performed on girls are done by traditional circumcisers, 8% by traditional birth attendants, 7% are performed by medical professionals.
- Type II FGM, where flesh is removed, is the most common type in Nigeria (41%), while 10% of victims are cut, with no flesh removed and 6% of FGM involves sewing the wound closed.

### FGM IN NIGERIA DENSITY MAP

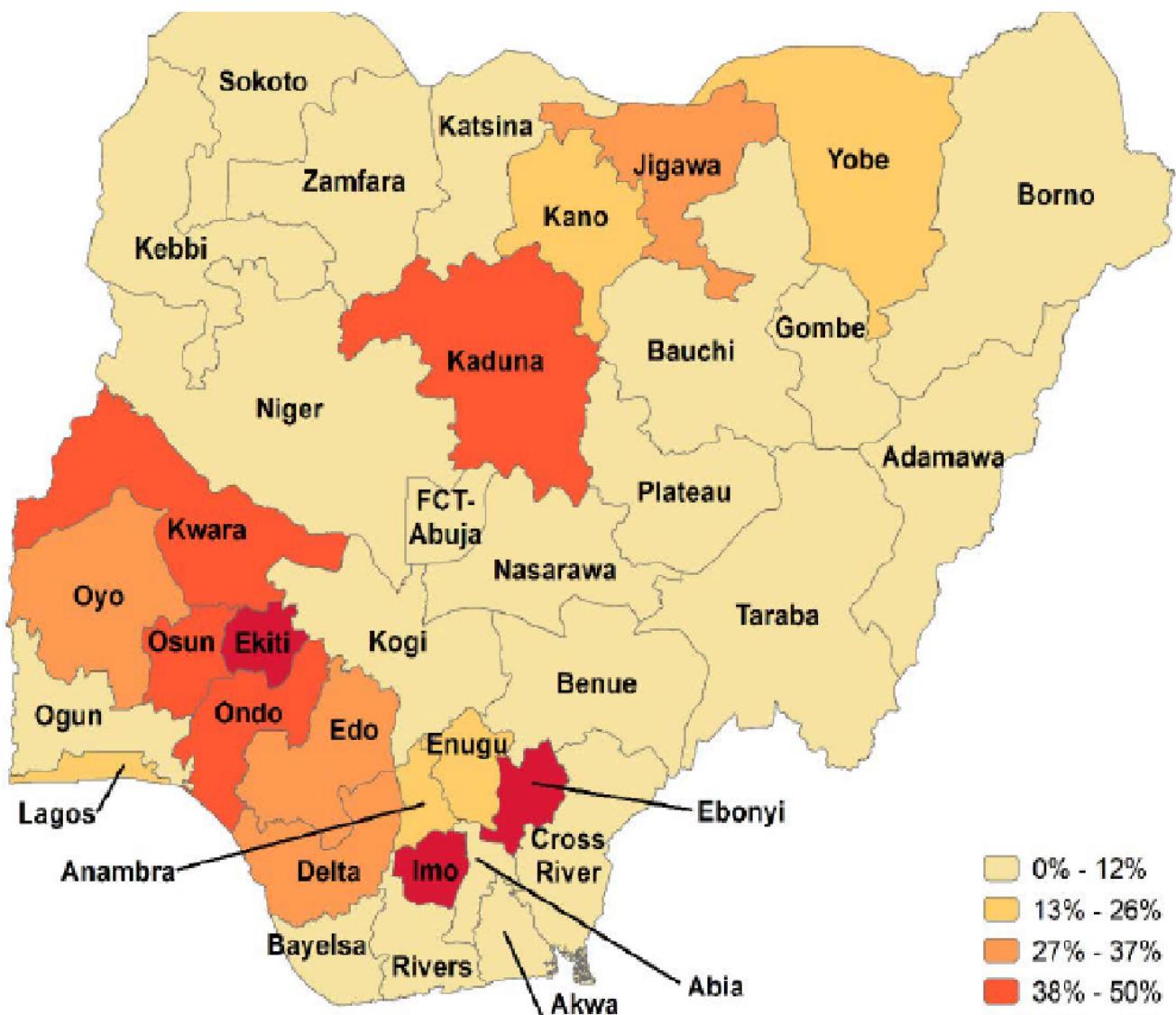
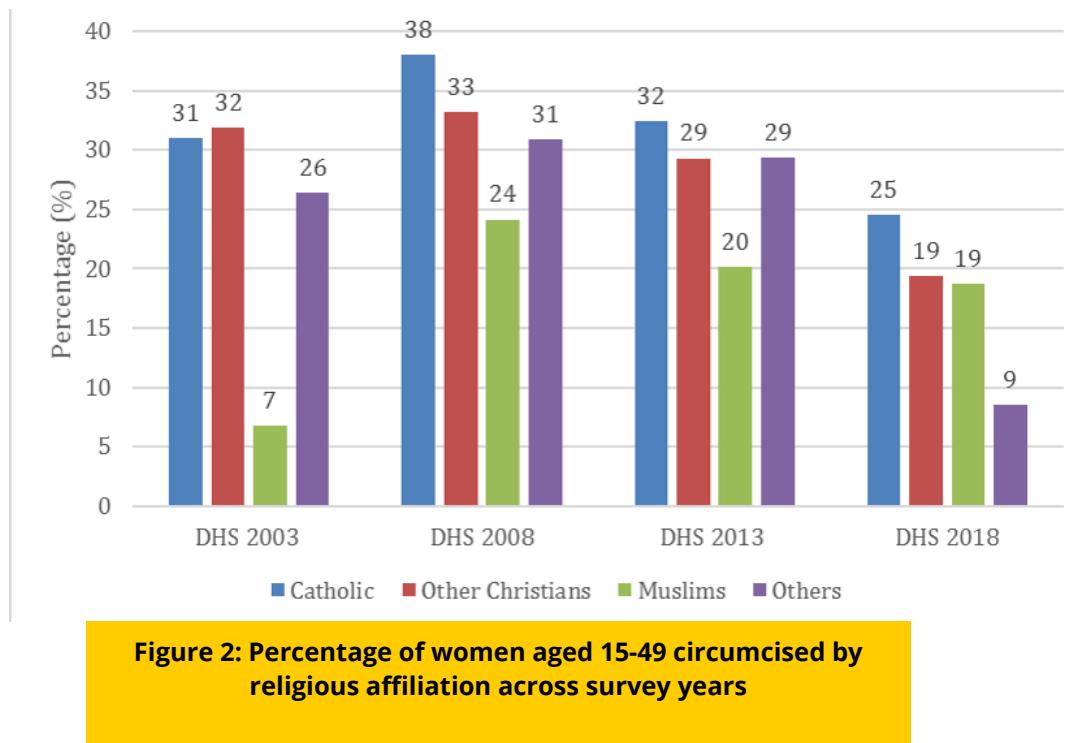


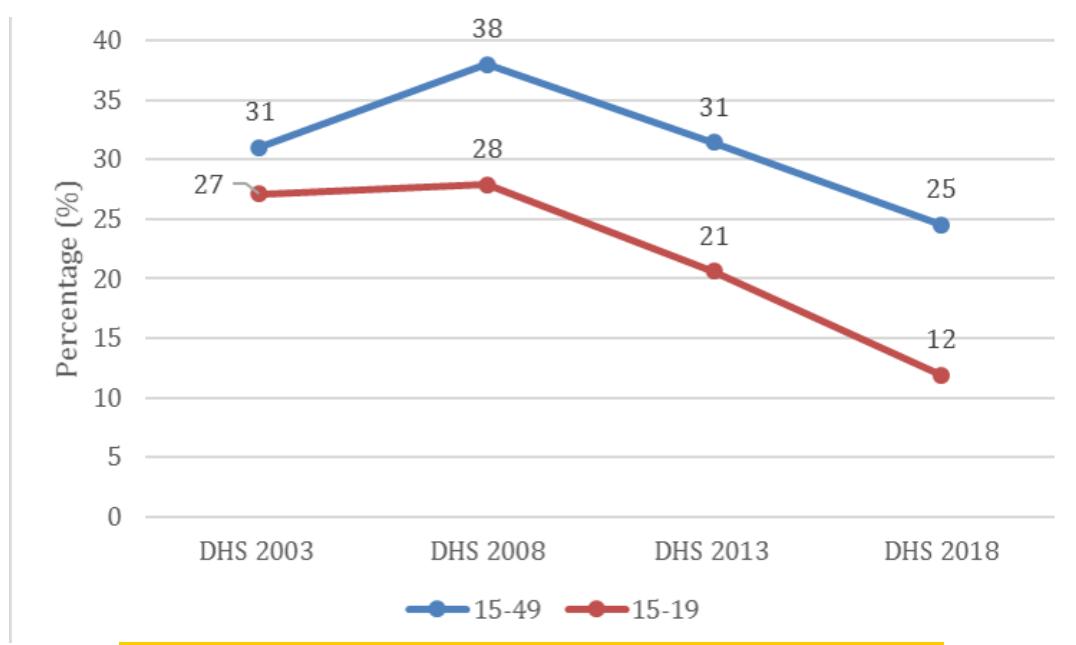
Figure 1: Percentage of women age 15-49 who are circumcised,  
NDHS 2018

### 3.FGM among Catholic women

A trend analysis across the demographic surveys from 2003 to 2018 shows that FGM trends across girls of religious affiliations vary. For Catholic girls in Nigeria, there was an initial increase in FGM from 31% to 38% between 2003 and 2008 and a decrease from 38% to 25% from 2008 to 2018.

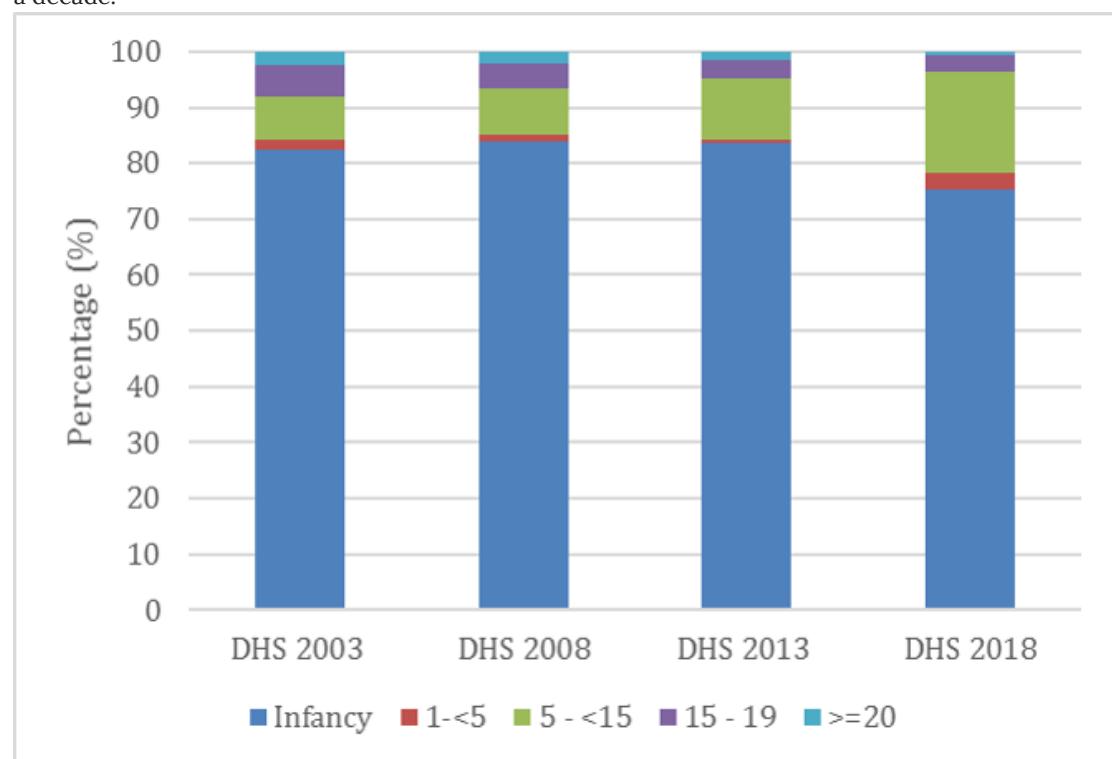


The decreasing trend mostly reflects girls between ages 15- 19 and potentially demonstrates a decrease in the practice from older to younger generations.



**Figure 3: Percentage of Catholic women aged 15-19 and 15-49 years circumcised by survey rounds**

Approximately 80% of catholic women were cut before their first birthday. This finding has been consistent over a decade.

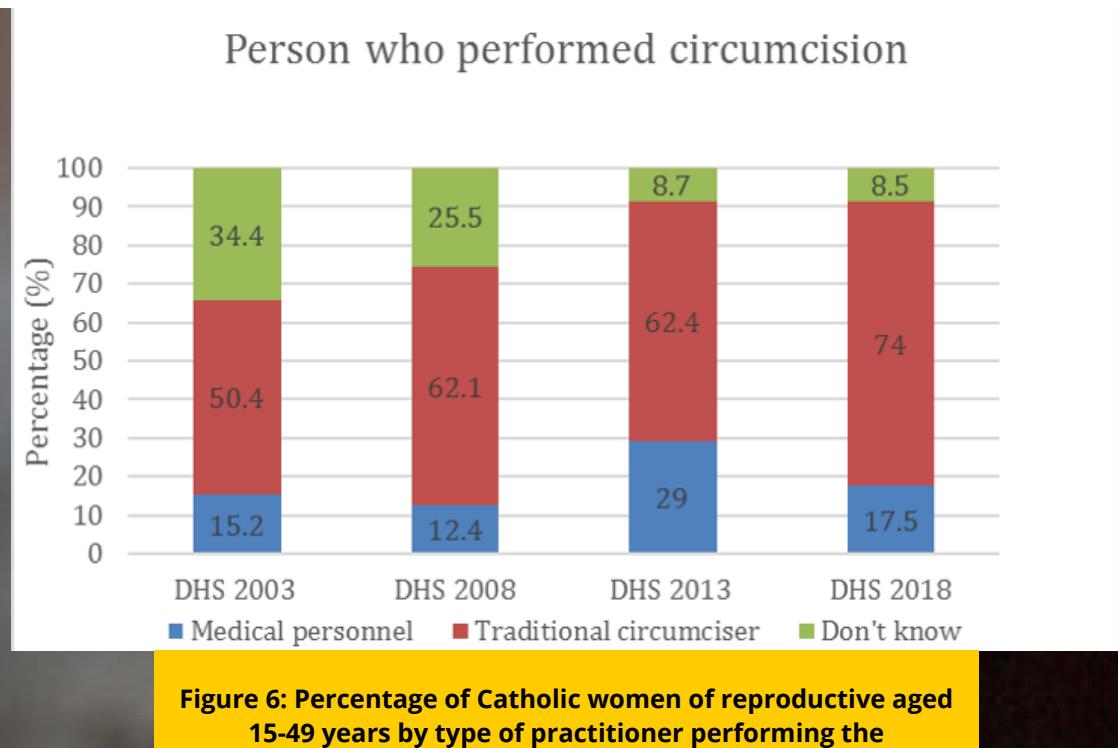


**Figure 5: Percentage of Catholic women of reproductive aged 15-49 by age at cutting**



## 4. Who are the perpetrators of FGM?

As of 2018, traditional circumcisers carried out 74% of FGM while 17.5% was associated with health care providers.



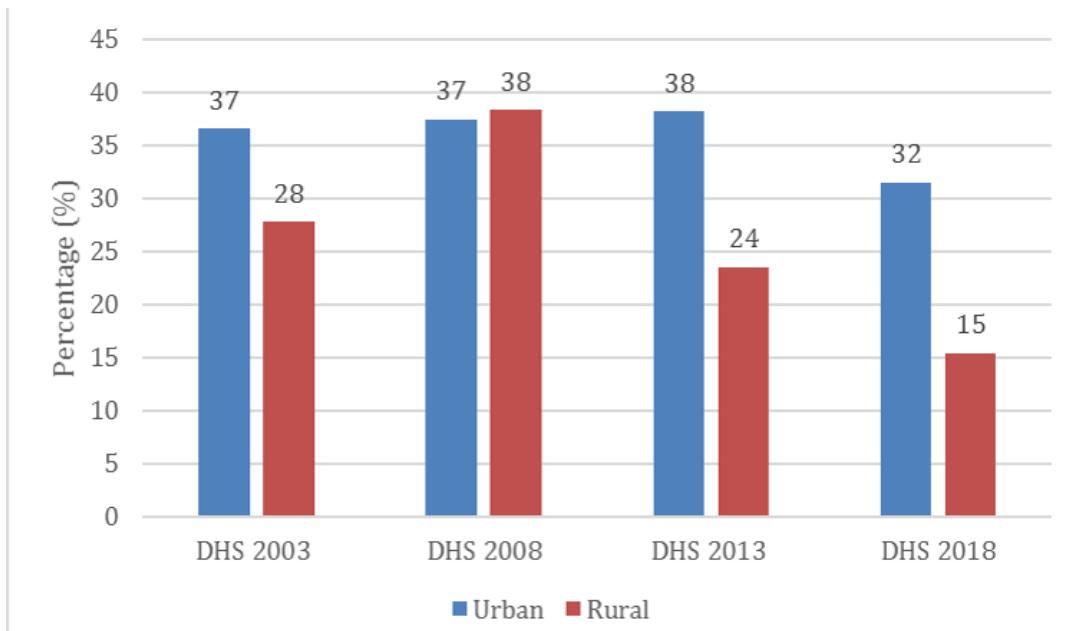
**Figure 6: Percentage of Catholic women of reproductive aged 15-49 years by type of practitioner performing the circumcision**

## 5. What are the risk factors for girls to be subjected to FGM?

1. **Religious Affiliation:** While the practice of FGM is reported to be highest among Muslims, the Catholic population represents the second highest affiliation to FGM in Nigeria.

2. **Place of residence:** Most girls reside in urban areas than in rural (NDHS, 2008). This is the general pattern noted for all girls of all religious affiliations.

A similar pattern is noted for daughters of Catholic women as shown in the chart below; a consistent trend for at least two generations (mothers and daughters).



**Figure 7:Percentage of Catholic women age 15-49 circumcised by place of residence, NDHS 2018**

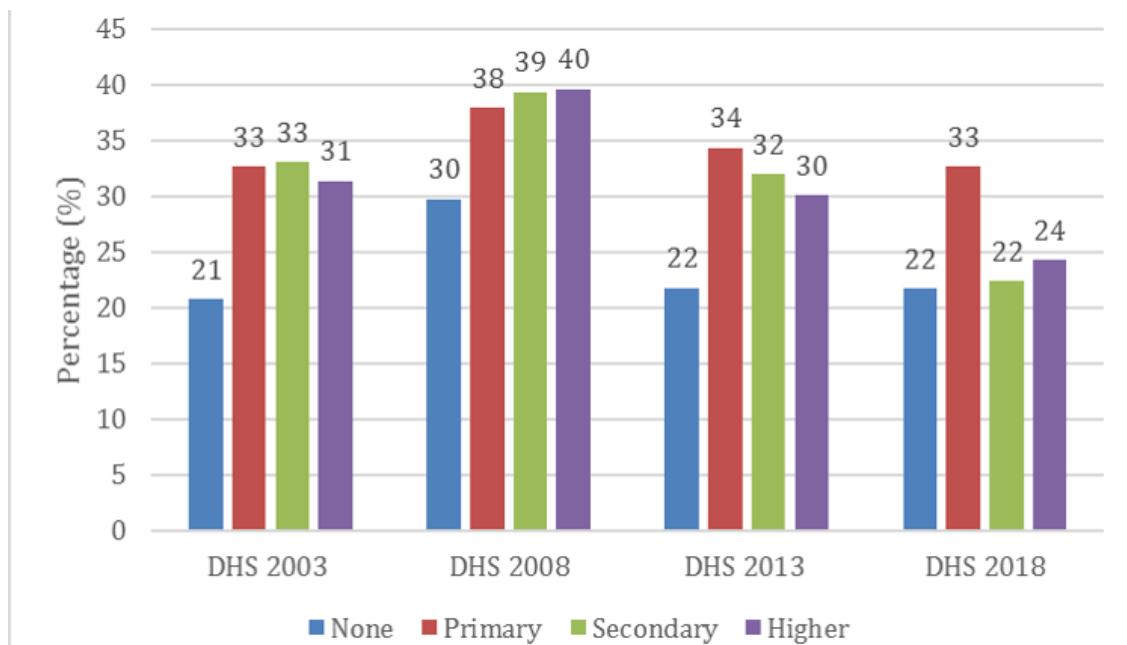
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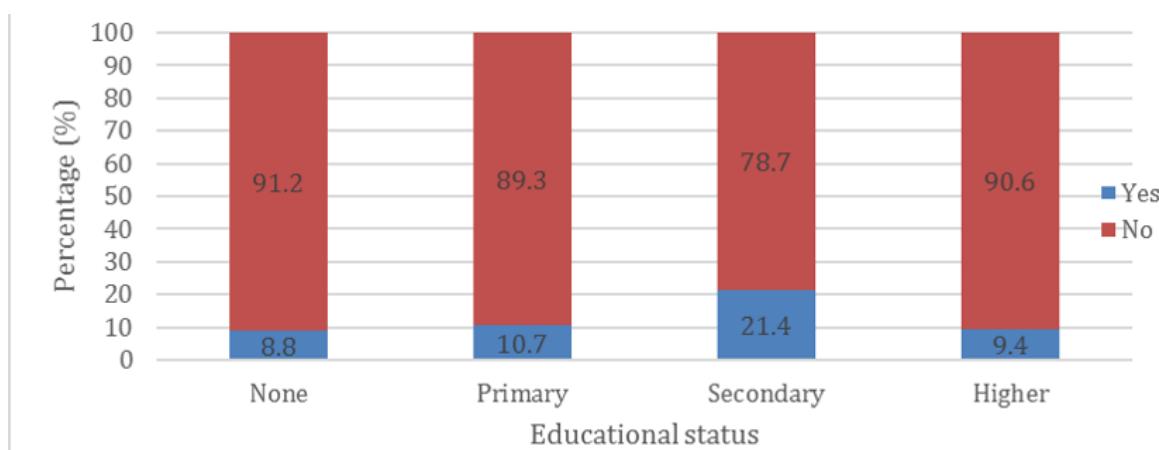
**Figure 8:Percentage of Catholic mothers with at least a daughter aged 0-14 circumcised by place of residence, NDHS 2018**

**3. Level of education:** Girls and women with only secondary education or less are at greater risk of undergoing FGM.

This pattern shows inter-generational consistency as depicted in the graph below (mothers to daughters)

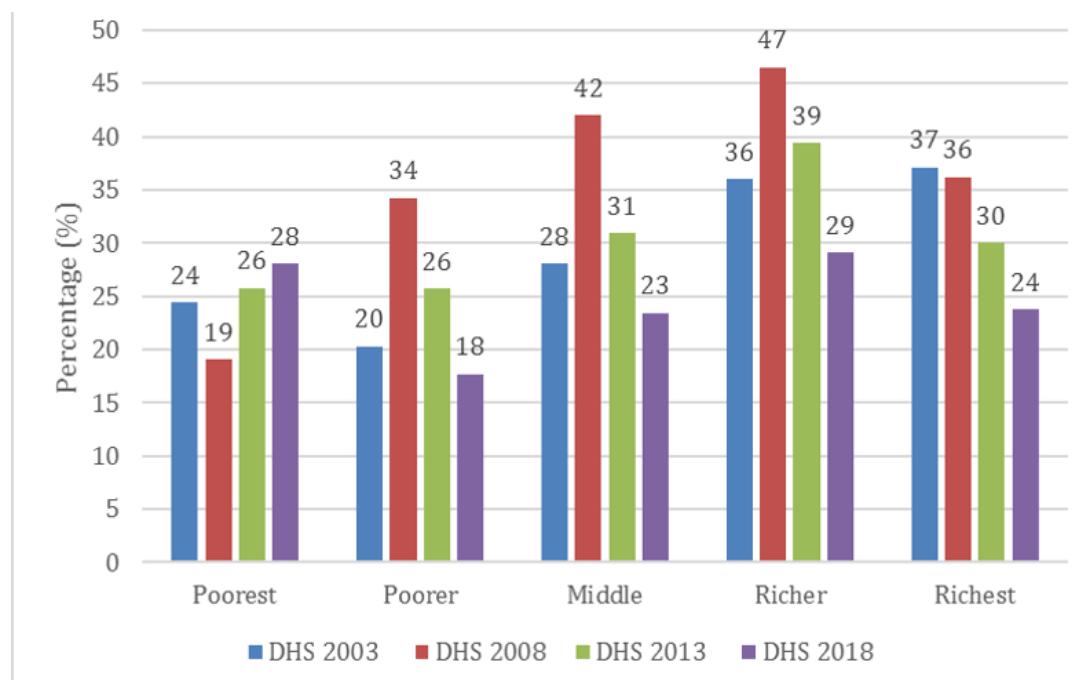


**Figure 9:Percentage of Catholic women aged 15-49 circumcised by level of education**



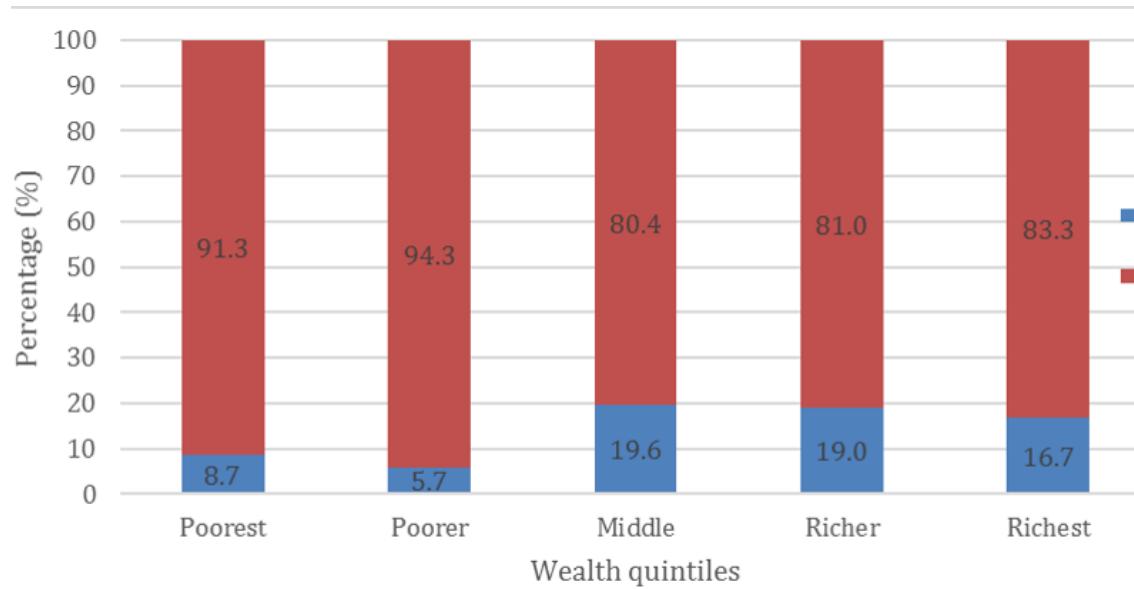
**Figure 10:Percentage of Catholic mothers with at least a daughter aged 0-14 circumcised by place of residence, NDHS 2018**

**4. Wealth quintile:** Overall, girls and women in the higher wealth quintile are at lower risk of FGM.



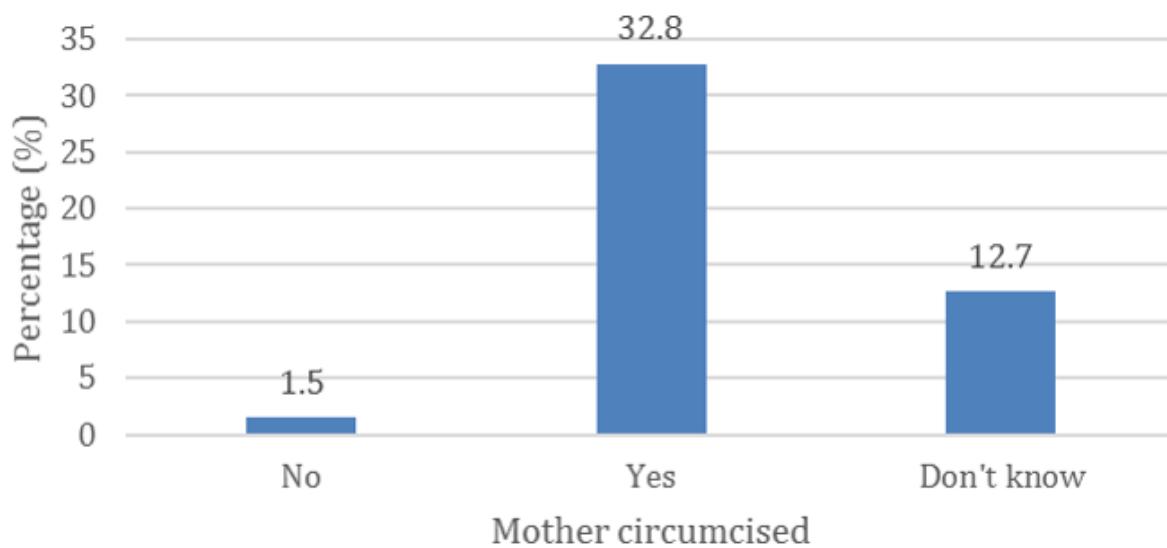
**Figure 11 :Percentage of Catholic women aged 15-49 years circumcised by wealth quintiles**

The decreasing trend mostly reflects girls between ages 15- 19 and potentially demonstrates a decrease in the practice from older to younger generations.



**Figure 12:Percentage of Catholic mothers with at least a daughter aged 0-14 circumcised by place of residence, NDHS 2018**

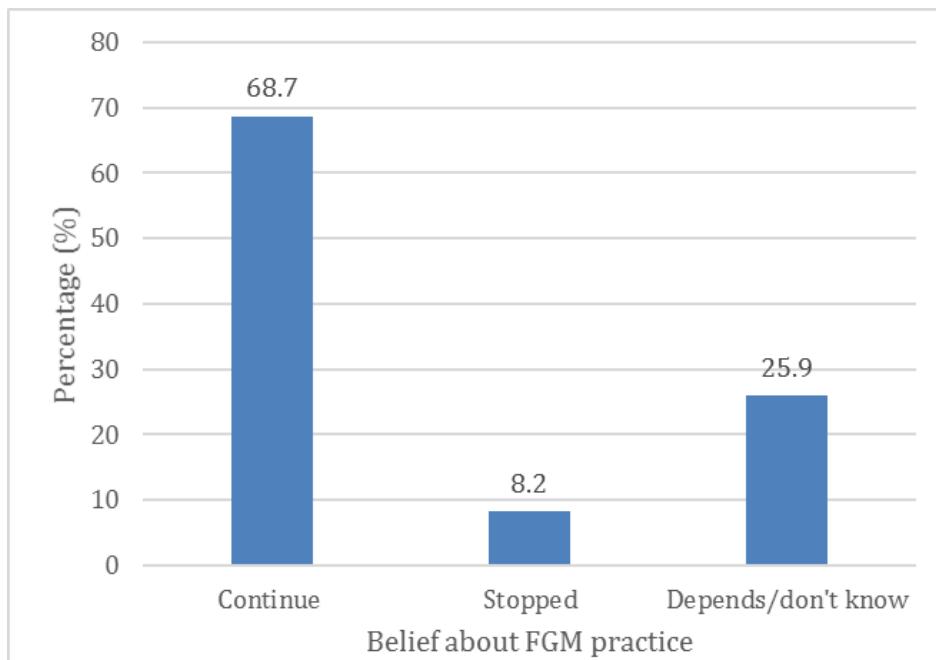
**5. Being daughters of a circumcised mother:** Daughters of circumcised mothers face a greater risk of being circumcised themselves.



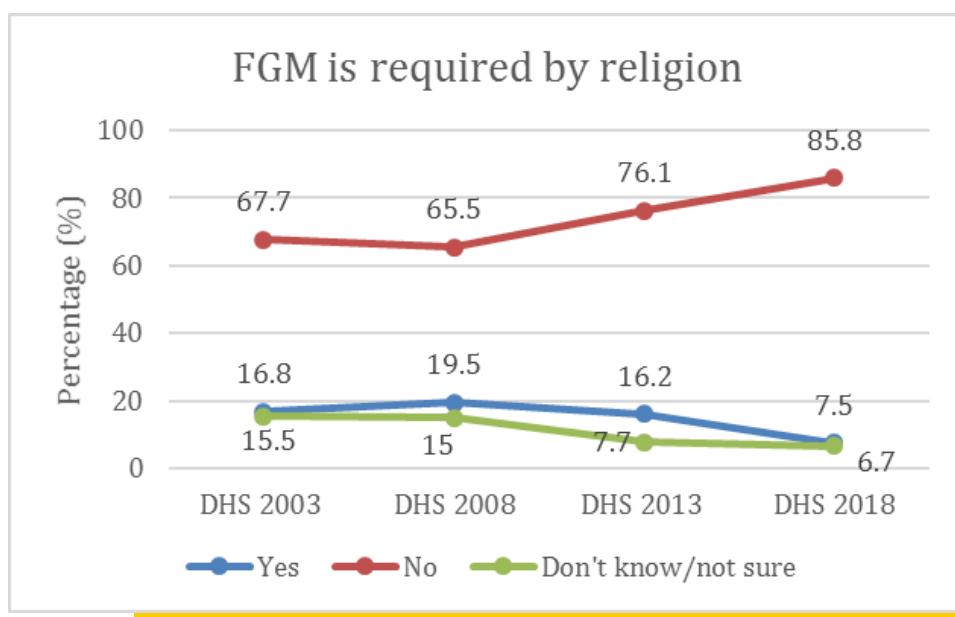
**Figure 13:Percentage of Catholic mothers with at least a daughter aged 0-14 circumcised by place of residence, NDHS 2018**



60.4% of girls aged 0-14 years (nearly 2 out of 3) were circumcised based on their mothers' belief that FGM is required by religion.



**Figure 14: Percentage of Catholic mothers with at least a daughter age 0-14 circumcised by belief about FGM continuation, NDHS 2018**



**Figure 15: Proportion of Catholic women aged 15-49 years circumcised based on their belief that FGM is required by religion**

As nearly 2 out of 3 girls aged 0-14 years were circumcised based on their mothers' belief that FGM is required by religion, more faith-based engagement is needed.



## 7. WHAT DO WE NEED TO DO?

### Recommendations

For long-term cultural and social norms change, involving catholic faith leaders is critical. Religious leaders are respected messengers in their communities who uniquely influence social norms. Engaging traditional and religious leaders in programming to end FGM will have a sustainable impact, particularly with regards to the design and implementation of alternative income generating activities for FGM practitioners including stipends for change agents or volunteers.

The Catholic church is able to reach out to the larger communities and leaders of other faiths to create more awareness and emphasize the links between FGM and its life threatening consequences.

Education provides alternative pathways and increased opportunities for girls at risk of FGM. Interventions to FGM should be coupled with the strengthening of education programs and capacity-building of local schools.

The Catholic church and community-led social accountability mechanisms are vital to ending the practice of FGM. Providing avenues for advocacy is key to transformation and quality service delivery. National, State and local level advocacy is effective and can help government-society accountability and enhance coordination around FGM.

# Data sources and method

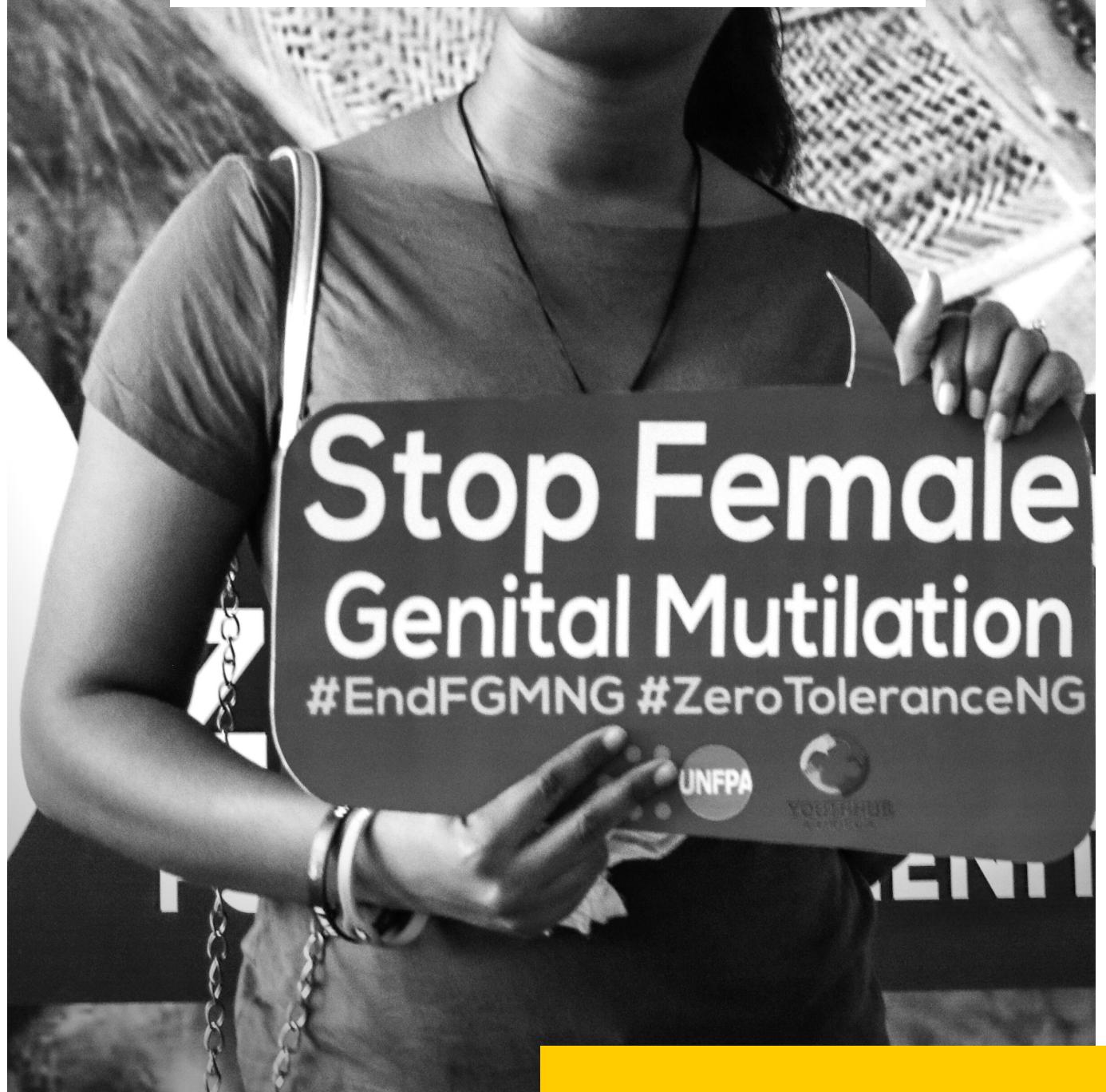


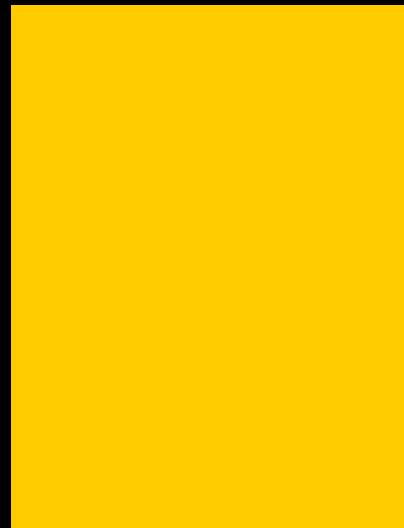
1-(1) Female Genital Mutilation/Cutting: A Global Concern UNICEF, New York, 2016.

2- The Women's recode of the Nigerian Demographic Health Survey (NDHS) datasets conducted in 2003, 2008, 2013 and 2018 were utilized for this descriptive report. All the descriptive analyses were weighted and performed using Stata 15.0 (StataCorp LLC, College Station, Texas, USA) software and the graphs we drawn using EXCEL. All information about daughters was provided by their mothers, the mothers were the unit of analysis.

## Limitations

The NDHS datasets are intended to provide national and regional estimates. Although, there are usually disaggregated by other factors. The findings are generalisable at the national and regional level.





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