

# POLICY BRIEF

## NIGERIA



### ADVANCING WOMEN & GIRLS' RIGHTS: IMPLEMENTING POLICIES THAT PROMOTE SOCIAL CHANGE

Female genital mutilation | Early & child marriages | Safe abortion



STOP FGM, CHILD MARRIAGES  
AND UNSAFE ABORTION

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The African Women's  
Development and  
Communication Network



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# HIGHLIGHTS

## FEMALE GENITAL MUTILATION

- About 20 million girls and women in Nigeria have undergone Female Genital Mutilation (FGM).<sup>1</sup> The prevalence in women aged 15–49 is 24.8%.
- Nigeria has the third-highest number of FGM cases in the world, accounting for 10% of the global total. The highest prevalence is in South East and South West Zones.
- About 20% of Nigerian women aged 15 to 49 have undergone FGM. 82% of women aged 15–49 who have undergone FGM were cut before the age of 5.
- ‘Cut, flesh removed’ is the most common type of FGM practised. ‘Other’ types of FGM, include Angurya, Gishiri and the use of corrosive substances.
- About 64% of women and 62% of men in Nigeria aged 15–49 believe that FGM should be discontinued.

## EARLY AND CHILD MARRIAGE

- Nigeria has over 3.5 million under-18 girls currently married<sup>2</sup> and has the 11<sup>th</sup> highest number of child brides in Africa<sup>3</sup> and the third highest number in the world.<sup>4</sup>
- The rate of child marriage varies significantly by geo-political zones in Nigeria, ranging from 39.0% to 67.6% for the Northern zones compared to the much lower rates of 13.9-21.6% for the Southern zones.<sup>5</sup>
- Girl-child marriage rate in Nigeria has not improved over the years with only a 1% decline in over three decades.
- Although Nigeria passed the Child Rights Act that prohibits marriage below the age of 18 in 2003, 12 Northern states (out of 36 states) are yet to domesticate the Act. If the current pattern continues, Nigeria’s population of child bride is expected to double by 2050.<sup>6</sup>

## ACCESS TO SAFE ABORTION

- A vast majority of abortions are unsafe and carried out secretly due to Nigeria’s anti-abortion laws.<sup>7</sup> Nigeria’s national guidelines on safe termination of pregnancy for legal indications (2018) say unsafe abortion alone accounts for about 10% to 14% of maternal morbidity and mortality in Nigeria.
- Induced terminations of pregnancy account for 1.8 to 2.7 million abortions that occur annually. That is about 41 per 1 000 women.
- There is a high unmet need for contraception in Nigeria.<sup>8</sup>


# SYNOPSIS

**T**his policy brief builds on evidence from the review of key legal, policy and programmatic efforts for ending early child and forced marriages, Female Genital Mutilation/Excision (FGM/E) and promoting access to abortion services. These are persistent common practices that violate women and girls' human rights. To redress the three vices concerted policy advocacy and community level social behaviour change communication efforts are critical in the promotion of comprehensive Sexual Reproductive Health Rights (SRHR). The impact of COVID-19 is explored to determine any impact on promoting or preventing the harmful practices, un/under reporting and subsequently propelling the continuation of child marriages, female genital mutilation prevention and limited access to safe abortion services in Nigeria. This policy brief will contribute to achieving major advocacy priorities in the Strategic Plan for the African Women's Development and Communication Network (FEMNET) Strategic Plan (2020-2029), and the priorities of the Swedish International Development Cooperation Agency (SIDA).

2022 policy  
brief

# BACKGROUND

## FEMALE GENITAL MUTILATION



Female genital mutilation (FGM) or Cutting (FGC) is customarily a family tradition that the young female of the 0 to 15 years age range would experience in Nigeria.<sup>9</sup> The World Health Organization (WHO) defines FGM as ‘all procedures involving the partial or total removal of the external female genitalia or other injury to the female genital organs for cultural and/or non-medical reasons.’ WHO classified forms of FGM are:

- **Type I** - FGM practitioners cut off part or all of the clitoris.
- **Type II** - the clitoris is removed and part or all of the labia minora.
- **Type III** - is even more extensive, with FGM practitioners removing most of the external genitalia, including the clitoris. After the procedure, a midwife sews together what remains, leaving only a small hole for urination. The sutures symbolize that a young girl has found her husband, staying in place until she consummates her relationship.
- **Type IV** - All other harmful procedures to the female genitalia for non-medical purposes such as pricking, piercing, incising, scraping and closing the genital area.

About three-quarters of FGM is carried out by ‘traditional circumcisers.’ FGM causes infertility, maternal death, infections, and the loss of sexual pleasure. Although FGM creates many painful long-term complications for women and girls, it continues because it provides supposed benefits for men.

Traditionalists in Nigeria support the practice because they see it as a necessary rite of passage into womanhood which ensures cleanliness or better marriage prospects.<sup>10</sup> In certain cultures, women must undergo FGM so that others consider them suitable for marriage. The fear is that women will become sexually promiscuous or unfaithful to their partners if they do not undergo FGM. Since Nigerian men pay a dowry for their brides, it is common for the bride’s father to encourage some form of FGM to make his daughter more marketable to bachelors to undergo FGM<sup>6</sup>. According to the national 2014 Demographic and Health Survey (DHS), 92% of Egyptian married women between the ages of 15 and 49 have undergone FGM, 72% of whom by doctors<sup>7</sup>.

“  
It was very, very painful. They had to hold me down. For anaesthetic, all they used was a couple sprays of something which really did nothing. I felt all the pain. I hated the experience.

— Assa Hassan,  
49-year-old woman  
who underwent FGM  
as a child

”

## EARLY AND CHILD MARRIAGES

The persistently high prevalence of girl-child marriage remains a public health and developmental concern in Nigeria. Despite global campaigns against the practice and policy efforts by Nigerian government, the prevalence remains unabated. An estimated 44% of girls in Nigeria are married before their 18th birthday. Apart from its micro consequences on fertility, health, and wellbeing, child marriage has far-reaching macroeconomic and sustainability consequences for Nigeria; as an outcome of child marriage, births increase, and the population explosion undermines the government's ability to effectively plan and mobilize resources for sustainable development.

In Nigeria, ethnicity has remained a major underlying factor associated with many health-related and social behaviours, including risky sexual behaviour, poor contraceptive uptake or discontinuation of use, poor maternal healthcare utilization, female genital mutilation, intimate partner's violence and so many others. Ethnicity is particularly important in the context of Nigeria – a nation with 374 identifiable ethnic groups.<sup>11</sup> with substantial variation in ethnic cultural beliefs and practices. Nigeria is also a multi-religious society. Religious beliefs have a significant role in shaping gender-related behaviours and practices. Nigeria's geo-political zones, interestingly, are characterised by an interplay of religion and cultural values.



## ACCESS TO SAFE ABORTION

The WHO defines 'Unsafe Abortion' as a procedure of pregnancy termination either by persons lacking the necessary skills or in an environment that does not conform to minimal medical standards or both. Unsafe abortions are responsible for up to 30% of overall maternal mortality.<sup>12</sup>

Safe abortion means ending a pregnancy safely and then prescribing contraception so it does not occur again.



# POLICY & LEGAL FRAMEWORK

## FGM

Female Genital Mutilation (FGM) is considered form of abuse against women and girls and a violation of human rights. Although FGM is illegal in Nigeria, it is still prevalent. Nigeria passed the Violence Against Persons Prohibition (VAPP) Act against FGM and all other gender-based violence in 2015.<sup>13</sup>



## EARLY AND CHILD MARRIAGES

Defined as marriage before the age of 18, child marriage is illegal and a problem with multifaceted dimensions and consequences. As Nigeria operates a tripartite legal system with civil, customary and Islamic law operating simultaneously, in relation to marriage the federal government has no control over customary and Islamic marriages but only marriages conducted in a civil manner. Nigeria has signed and ratified international and regional instruments which regulate the rights of children. Nigeria ratified the Convention on the Rights of the Child (CRC) in 1991, and the African Charter on the Rights and Welfare of the Child (African Children's Charter) in 2001. Nigeria took steps to domesticate both instruments in the form of the Child Rights Act (CRA). However, irrespective of Nigeria's passing of the CRA in 2003, the adherence to Islam and the application of Shari'a in the northern parts of Nigeria, where child marriage is commonly practised, continues to violate the provisions of CRC, the African Children's Charter and the CRA. Currently, while the CRA stipulates the age of majority to be 18 years, other Nigerian statutes have differing provisions.

# CHILD NOT BRIDE

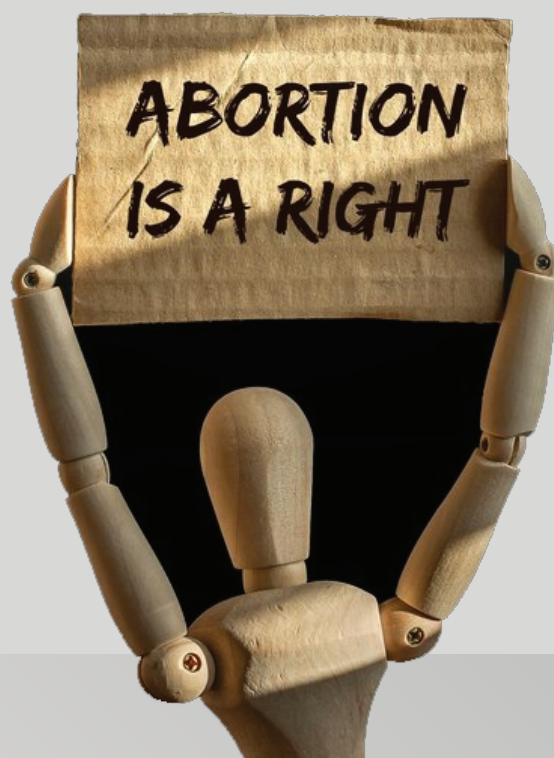
For example, the Children and Young Persons Act of 1943, which was revised in 1958, defines a child as a young person under the age of 14 years, while a ‘young person’ means a person who has attained the age of 14 years and is under the age of 17 years. Similarly, like the Marriage Act, the Matrimonial Causes Act does not prescribe a minimum age of marriage. The Marriage Act under section 3(1)(e) merely provides that a marriage will be void if ‘either of the parties is not of marriageable age’.

These inconsistencies cause discrimination between children of the same age in different parts of the country. Legislation such as the Marriage Act, which is silent on age permissible for marriage, needs to be modified to include the minimum age of 18.

Ending girl-child marriage has the potential to contribute to eight SDGs, including those addressing poverty (goal 1), good health and well-being (goal 3), inclusive and quality education (goal 4), gender equality (goal 5), and economic growth (goal 8).<sup>14</sup>

## ACCESS TO SAFE ABORTION

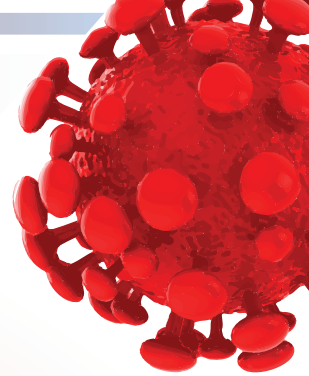
Abortion is legislated against by the Criminal Code and The Penal Code in Nigeria, also depending on one’s geographical location. Under the law, the only legal avenue for a pregnancy to be terminated is if a woman’s life is critically threatened. Beyond that, abortion is illegal unless done to save the life of the mother and carries a heavy jail term.<sup>15</sup> The steep jail term is for both the woman and the personnel performing the abortion procedure. If caught, those who violate the law risk a 7-year (the patient) or a 14-year (the performer) jail term. The laws against abortion mean that a woman cannot access the service in standard healthcare facilities unless there is an immediate risk to her life. Many Nigerian women prefer to perform abortion in secret. The consequences of this are the complications that arise from unregulated abortion methods, which can include other reproductive health complaints and in extreme cases, can even lead to death, yet majority are preventable. Abortion is also mostly done by teenagers who were probably raped, and do not want to face societal stigma yet due to the clandestine services sought, they mostly end up fatal health consequences from sepsis, haemorrhage and death.





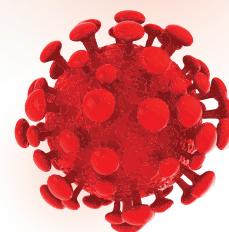
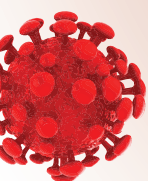


# COVID 19 IMPACT



**Covid-19 generally slowed or even halted efforts on the ground to combat FGM, child marriages and improve access to safe abortion. Covid-19 affected partners' capacity to prevent and respond to the prevalence of FGM and child/early forced marriages.**

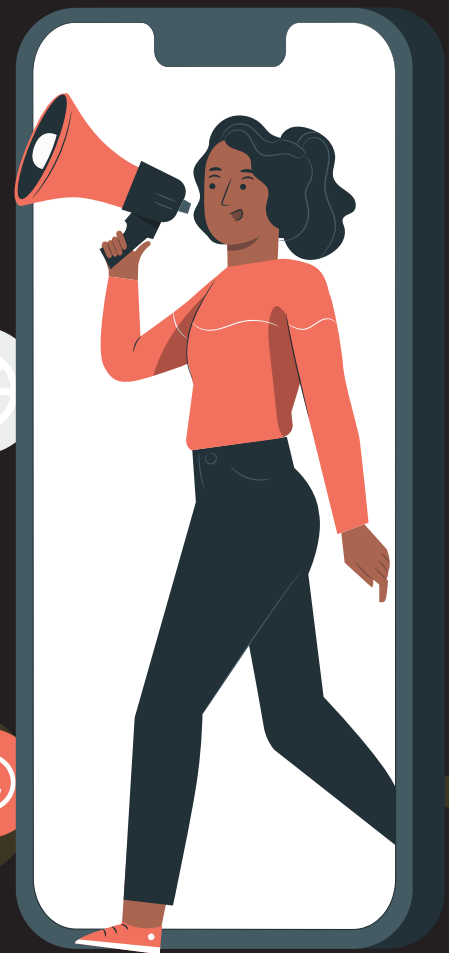
**The hard lockdowns encouraged covert behaviours to continue unabated even if enforcement could have happened. The closure of schools meant girls stayed home, which allowed FGM to take place and left enough time during the lockdown for them to recover. Child marriages increased. Rape and incest incidents on girls increased yet were not or under reported. Subsequent pregnancies that resulted from the crimes were not reported and covered up by families. Allowable abortion services were inaccessible, resulting in a spike in unsafe illegal abortion. This has further resulted in increased morbidity and mortality rates. There was a general increase in the frequency and danger of sexual and gender-based violence due to Covid-19 measures, domestic violence, child exploitation, dropping out of school, and other factors. Abortion services and post abortion care was even more inaccessible even for health reasons.**



# THE ROLE OF MEDIA

## THE ROLE OF MEDIA

Nigeria is very guarded on the promotion of human rights and in ending the three vices to the extent that advocacy, structured programming and community outreach efforts are met with hostility. All media forms, especially community media are critical to influence social and behaviour change, influence progressive law reform and especially ensure the domestication of global and regional commitments. Effective and resourced implementation and accountability is critical. In recent years there has been an increase in the use of media in such policy advocacy efforts and campaigns – particularly social media and online news platforms. Other forms of media, such as local radio programmes and interactive dramas, are widely and successfully used by activists to disseminate information and promote discussion, particularly in remote rural areas. Advocates in Nigeria can make full use of these media channels to get across messages about the law, the socio-cultural and traditional actions that promote these harmful practices. Strategic partnerships should aim to make laws more understandable in all languages and in areas of low literacy, so people can claim their human rights.



# CONCLUSIONS AND RECOMMENDATIONS

The Nigerian government should improve on the domestication of international and regional human rights obligations and treaties it is signatory to. On the three issues specifically:

## FGM

### POLICY REFORMS

The Nigerian Penal and Civil Codes should include provisions to prosecute all those who fail to report FGM that is taking place, has taken place, or is planned. Abusive language and threatening behaviour towards uncut women and girls and their families should be criminalised. Premises used for FGM and the possession of cutting tools should be criminalised. Protection orders should be provided to girls to prevent girls at risk from undergoing FGM.

### PUBLIC AWARENESS AND EDUCATION

It is essential to educate the Nigerian public on the harmful effects of FGM, particularly targeting the “cutters,” (practitioners), traditional leaders, elders within the communities and medical personnel who perform the act in secret. Men and boys should also be educated on the impact of FGM.

### EFFECTIVE IMPLEMENTATION

Apply disciplinary measures under the joint order of 2010 for any health personnel violating the law, with independent and impartial investigation of every suspected case of FGM/C, leading to prosecution for perpetrators and their accomplices. Appropriate protection measures such as emergency telephone hotlines and safe spaces should also be put in place for women and girls at risk of FGM.

### TRAINING AND SUPPORT

Medical professionals, social workers, teachers, police, judiciary, traditional practitioners, faith and community leaders, high court judges, border control, all other justice cluster and other stakeholders should be trained on relevant policies and guidelines, enforcement and effective case management; in order to effectively collaborate in FGM prevention, judicial response, helping victims overcome their physical and mental traumas and provide ongoing support.



# CHILD MARRIAGE

## LEGISLATIVE REFORMS

As a gender equality issue, States in Nigeria should domesticate relevant international and regional treaties. The Nigerian Senate needs to promulgate the marriageable age as 18 years for women in the 1999 Constitution. As the 1999 Constitution serves as the supreme law of the land, any traditional or religious marriage practice that contravenes the age of marriage in the 1999 Constitution should be void. Section 61 of the 1999 Constitution needs to be modified to involve the federal government in 'the formation, annulment and dissolution of all marriages, which includes customary and Islamic marriages.' Subsequently all Nigerian statutes dealing with children and marriage need to adopt and enforce a uniform age of 18 as the age of majority. There is a need to enact a 'Prohibition of Child Marriage Act' which deals broadly with the issue of child marriage. The discussion and prohibition of child marriage in the CRA are restricted to a single section and do not illuminate the disastrous effect of child marriage. For example, the CRA does not stipulate a sentence for those who conduct child marriages.

## POLICY IMPLEMENTATION

All states should fully adopt and enforce the Child Rights Act, including special emphasis on protecting all girls, and promoting their access to education to tackle the scourge of child marriage. Establish strong processes to keep children in school, to prevent an increased risk of girls being married off early. Girls generally face restrictions on their freedom of movement and choice, out of the need to 'protect' them; hence depriving them of services and public spaces that are seen as dangerous for girls. Instead of adding restrictions on girls, the focus should shift to increasing the girl-friendliness of spaces. This would reduce the risk of physical and sexual violence that girls face on their way to the educational, health, youth or community facilities.

## MULTI-STAKEHOLDER COLLABORATION

Enlisting sociocultural/religious leaders in the fight against child marriages is critical. Working with traditional leaders such as the Emir of Kano is strategic in mobilizing support against child marriage in the entire Kano emirate and beyond.

## WOMEN'S EMPOWERMENT

Enhance girls and women's capability to make independent, fully informed and autonomous life decisions. The strong link between girls' staying in school, better educational outcomes, and eradicating child marriage should gain more effect.

## COMMUNITY AWARENESS AND EDUCATION

Increase awareness on the prevalence and the need to stop the practice with empowerment programs and parents' education. Many parents have ignorantly pushed their girls to child marriage because of poverty or as a means of seeking favour from perceived patrons. Increasing parents' education in this regard would reduce the political-economic problem that arises from such ignorance.

TIME FOR ACTION

END CHILD MARRIAGE NOW!

### LAW REFORM AND RESOURCED IMPLEMENTATION

Although only a small number of women are eligible for legal abortion under the current law (to save their life), an efficient process should be established that will give these women access to safe abortion services as early as possible in the pregnancy, so that they can benefit from the use of modern and less invasive methods.

### QUALITY COMPREHENSIVE CARE

Expansion of quality postabortion care services must continue to help women avoid disability and death. Efforts should focus on providing modern and less invasive methods of postabortion care, such as manual vacuum aspiration and misoprostol, along with training of health personnel to provide prompt care for women suffering from complications of unsafe procedures.

### FAMILY LIFE EDUCATION AND SERVICE PROVISION

Sexuality education and access should be upscaled and aligned with quality post abortion care in order to reduce unintended pregnancy and unsafe abortion.




# REFERENCES


- <sup>1</sup> Ruttert, S. J. (24 July 2021) Traditions of Female Genital Mutilation in Nigeria. The Borgen Project [website] Available from: <https://borgenproject.org/female-genital-mutilation-in-nigeria/> (accessed 11 November 2021).
- <sup>2</sup> UNICEF (2015) A Profile of Child Marriage in Africa. [website] Available from: <https://data.unicef.org/resources/a-profile-of-child-marriage-in-africa/> (accessed 11 November 2021).
- <sup>3</sup> Girls not Brides (2018) Child Marriage in West and Central Africa at a Glance. [website] Available from: <https://www.unicef.org/wca/media/2596/file> (accessed 11 November 2021).
- <sup>4</sup> Girls not Brides (2021) Atlas: Nigeria Prevalence Rates. [website] Available from: <https://www.girlsnotbrides.org/child-marriage/nigeria/#stats-references> (accessed 11 November 2021).
- <sup>5</sup> UNICEF (2021) Nigeria: Multiple indicator cluster survey 2016–17. [website] <https://www.unicef.org/nigeria/reports/multiple-indicator-cluster-survey-2016-17-mics>, (accessed 12 November 2021).
- <sup>6</sup> UNICEF (2014) Ending Child Marriage: progress and prospects [website] Available from: <https://data.unicef.org/resources/ending-child-marriage-progress-and-prospects/> (accessed 12 November 2021).
- <sup>7</sup> Al-Jazeera (2021) Inside Nigeria’s illegal backstreet abortion clinics. [website] Available from: <https://www.aljazeera.com/features/2021/2/9/nigeria-illegal-backstreet-abortion-clinics> (accessed 13 November 2021).
- <sup>8</sup> Abiodun O. M., Balogun O. R., Adeleke N. A., et. al. (2013) ‘Complications of unsafe abortion in South West Nigeria: a review of 96 cases. [website] Available from: <http://ojshostng.com/index.php/ajmms/article/view/954>. Published 2020. African Journal of Medicine and medical Sciences, p.111–115 (accessed 14 November 2021).
- <sup>9</sup> Siddhanta and Ankita (2020) Attitude and Perception Towards Female Circumcision: A Study of Vulnerability Among Women in Kenya and Nigeria [website] Available from: [www.researchgate.net](http://www.researchgate.net) (accessed 18 November 2021).
- <sup>10</sup> Ruttert, loc cit.
- <sup>11</sup> Nigeria Demographic and Health Survey 2013 [Dataset]. [website] Available from: <https://dhsprogram.com/publications/publication-fr293-dhs-final-reports.cfm> (accessed 18 November 2021).
- <sup>12</sup> Polity (2015) Unsafe Abortion and Maternal Mortality in Nigeria [website] Available from: <https://dhsprogram.com/publications/publication-fr293-dhs-final-reports.cfm> (accessed 18 November 2021).
- <sup>13</sup> Ruttert, loc cit.
- <sup>14</sup> Girls Not Brides Atlas, loc cit.
- <sup>15</sup> Taylor, Francis (2020), Unsafe abortion practices and the law in Nigeria: time for change. Sexual and Reproductive Health Matters. [website] Available from <https://www.tandfonline.com/doi/full/10.1080/26410397.2020.1758445> (accessed 18 November 2021).
- <sup>16</sup> Ruttert, loc cit.

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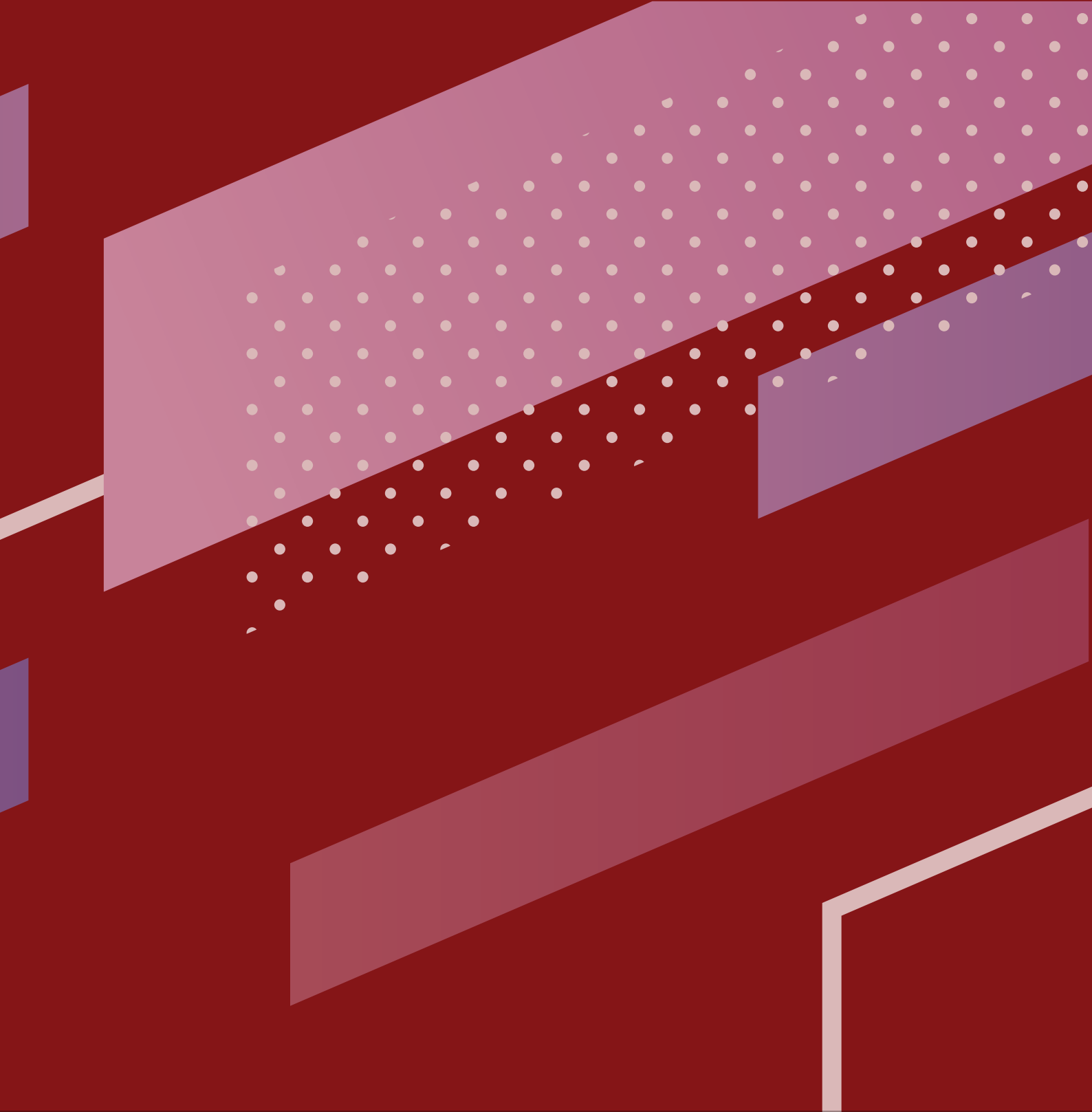
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**The African Women's  
Development and  
Communications Network**





## Applying Women & Girls' Rights: Implementing Policies That Promote Social Change

Female genital mutilation • Early & Child marriages • Safe Abortion

Nigeria

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