

NIGER



STATISTICAL PROFILE ON FEMALE GENITAL MUTILATION/CUTTING

Female genital mutilation/cutting (FGM/C) 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.”¹ More than 125 million girls and women alive today have been cut in the 29 countries in Africa and the Middle East where FGM/C is concentrated. As many as 30 million girls are at risk of being cut before their 15th birthday if current trends continue. FGM/C 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/C 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/C 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.

2003 National decree/legislation banning FGM/C passed

SELECTED STATISTICS ON WOMEN’S STATUS

28% of women 20-24 years married or in union before age 15

76% of women 20-24 years married or in union before age 18

48% of women 20-24 years have given birth by age 18

60% of women 15-49 years think that a husband/partner is justified in hitting/ beating his wife under certain circumstances

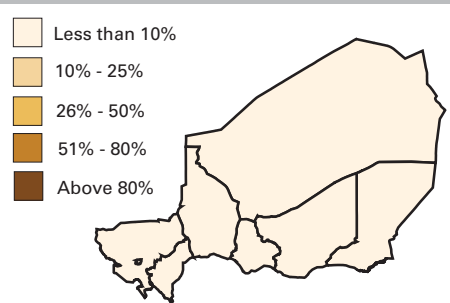
41% of women 15-49 years make use of at least one type of information media at least once a week (newspaper, magazine, television or radio)

Source: DHS/MICS 2012

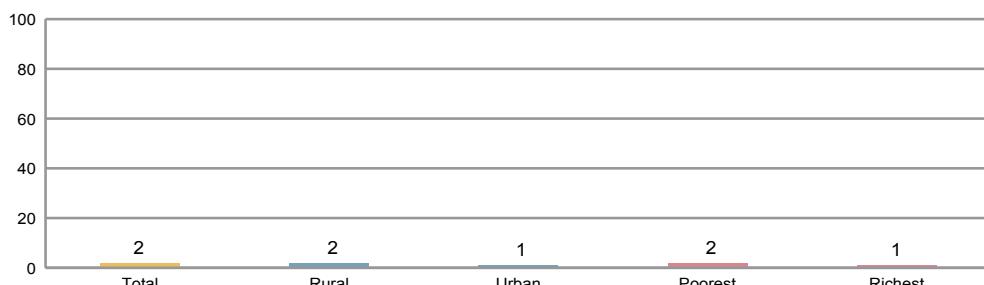
HOW WIDESPREAD IS THE PRACTICE?

Overall, the prevalence of FGM/C is very low in Niger, and is mostly concentrated in particular ethnic groups

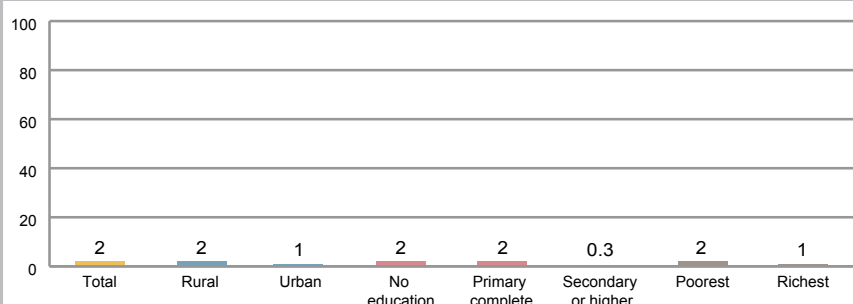
Percentage of girls and women aged 15 to 49 years who have undergone FGM/C, by region



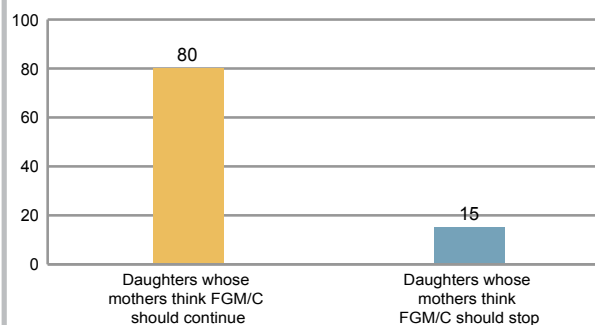
Percentage of girls and women aged 15 to 49 years who have undergone FGM/C, by residence and household wealth quintile



Percentage of girls and women aged 15 to 49 years with at least one living daughter who has undergone FGM/C, by residence, mother's education and household wealth quintile



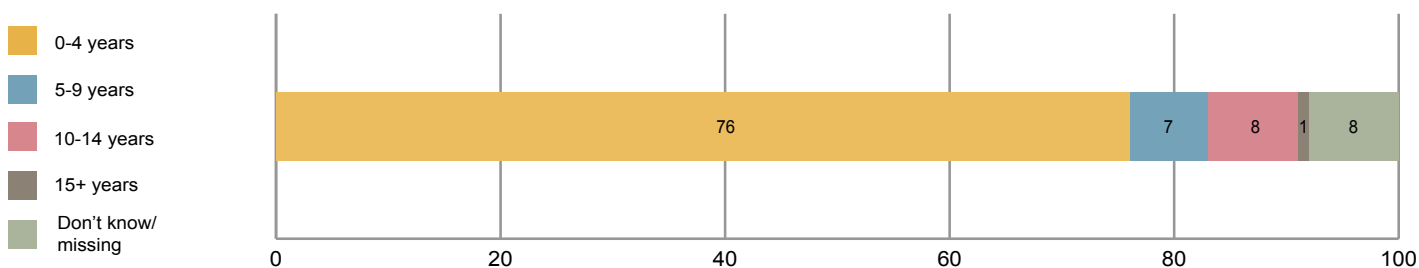
Among daughters of cut girls and women, the percentage of those who have undergone FGM/C, by mothers' attitudes about whether the practice should continue



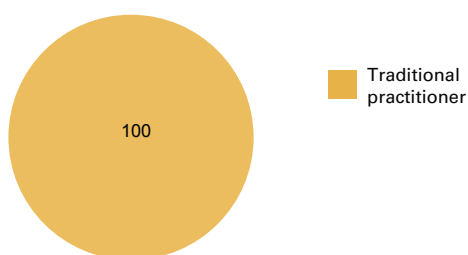
WHEN AND HOW IS FGM/C PERFORMED?

All girls are cut by traditional practitioners, and one in seven have undergone the most severe form of the practice

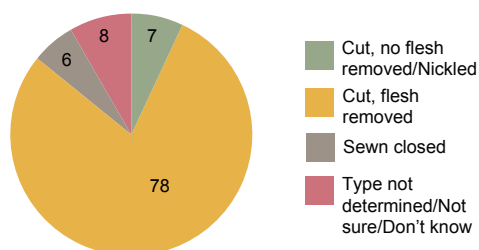
Percentage distribution of girls and women aged 15 to 49 years who have undergone FGM/C, by age at which cutting occurred



Percentage distribution of girls and women aged 15 to 49 years with at least one living daughter who has undergone FGM/C, according to the type of person/practitioner performing the procedure



Percentage distribution of girls and women aged 15 to 49 who have undergone FGM/C, by type of FGM/C performed



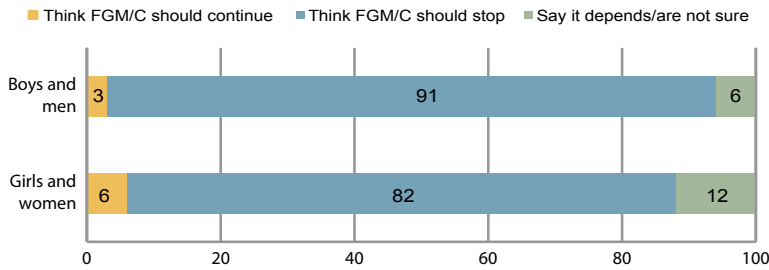
Notes:
The boundaries and the names shown and the designations used on the map do not imply official endorsement or acceptance by the United Nations. Only categories with 25 or more unweighted cases are presented. Due to rounding, some of the data presented may not add up to 100 per cent. There are no ethnicity or religion data for Niger. Data on the prevalence of FGM/C among daughters whose mothers think FGM/C should continue are based on 25-49 unweighted cases. 'Health personnel' 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: DHS/MICS 2012

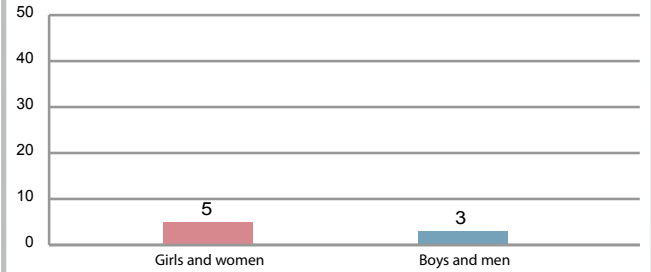
WHAT ARE THE PREVAILING ATTITUDES TOWARDS FGM/C?

Nearly all people in Niger think the practice of FGM/C should stop

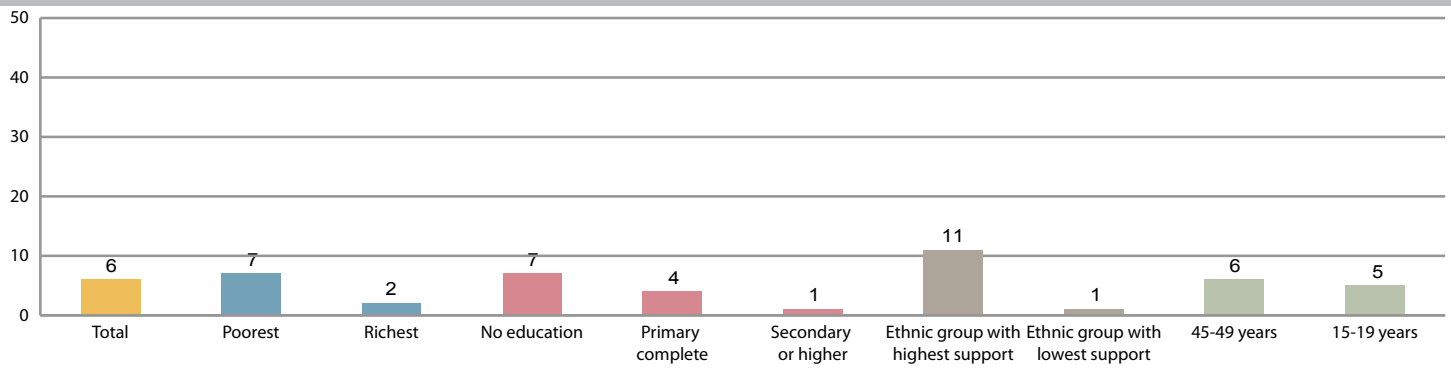
Percentage of girls and women aged 15 to 49 years and boys and men aged 15 to 49 years who have heard about FGM/C, by their attitudes about whether the practice should continue



Percentage of girls and women aged 15 to 49 years and boys and men aged 15 to 49 years who have heard of FGM/C and believe the practice is required by religion



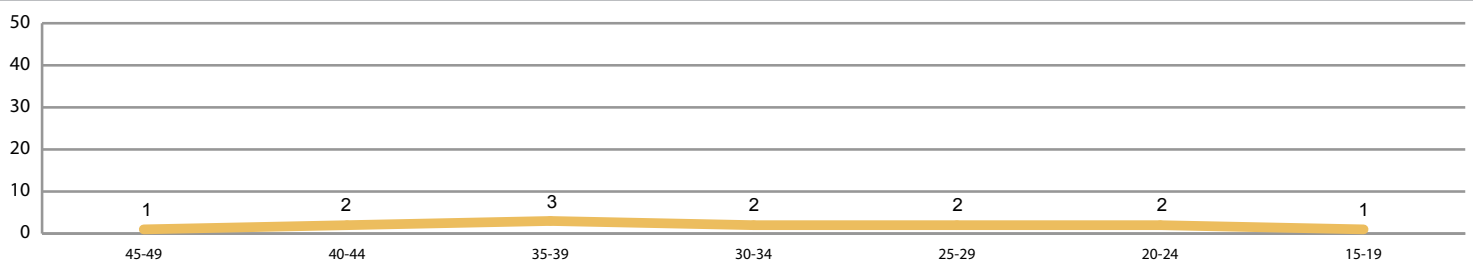
Percentage of girls and women aged 15 to 49 years who have heard about FGM/C and think the practice should continue, by household wealth quintile, education, ethnicity and age



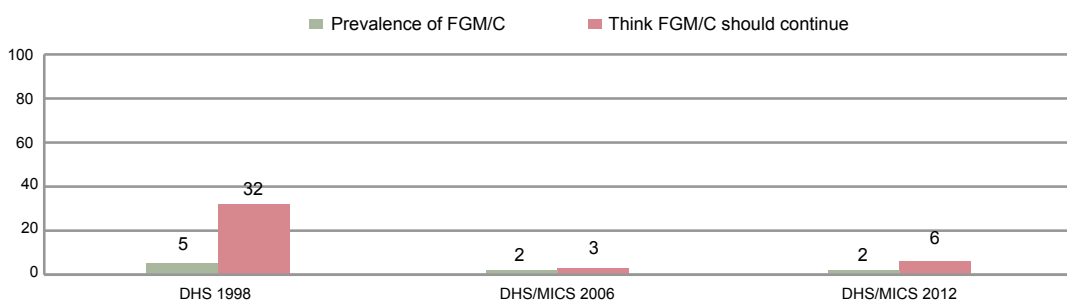
IS THE PRACTICE OF FGM/C CHANGING?

The practice of FGM/C has been systematically very low throughout the years

Percentage of girls and women aged 15 to 49 years who have undergone FGM/C, by current age



Percentage of girls and women aged 15 to 49 years who have undergone FGM/C, and percentage of girls and women aged 15 to 49 years who have heard about FGM/C and think the practice should continue



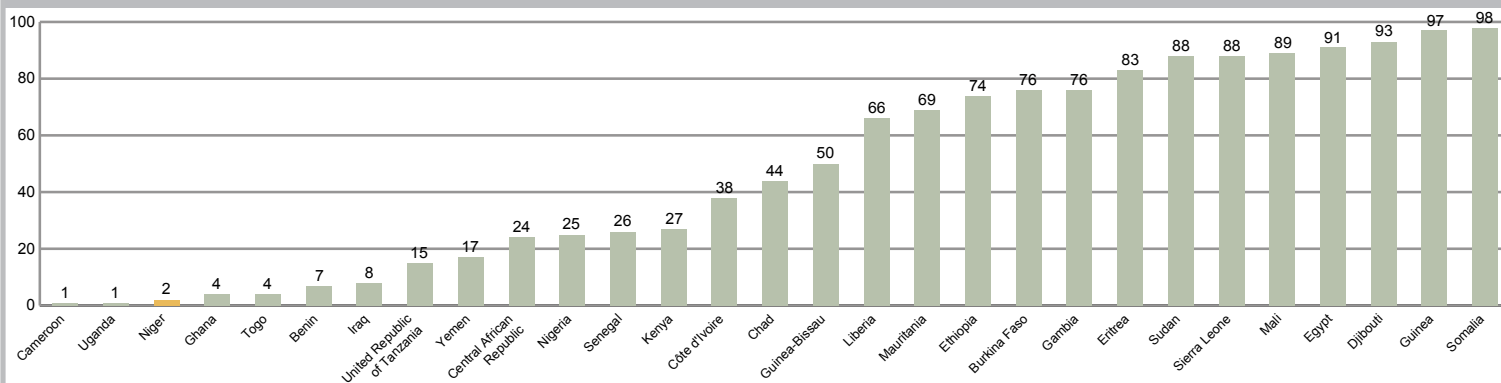
Source for all above charts: DHS/MICS 2012

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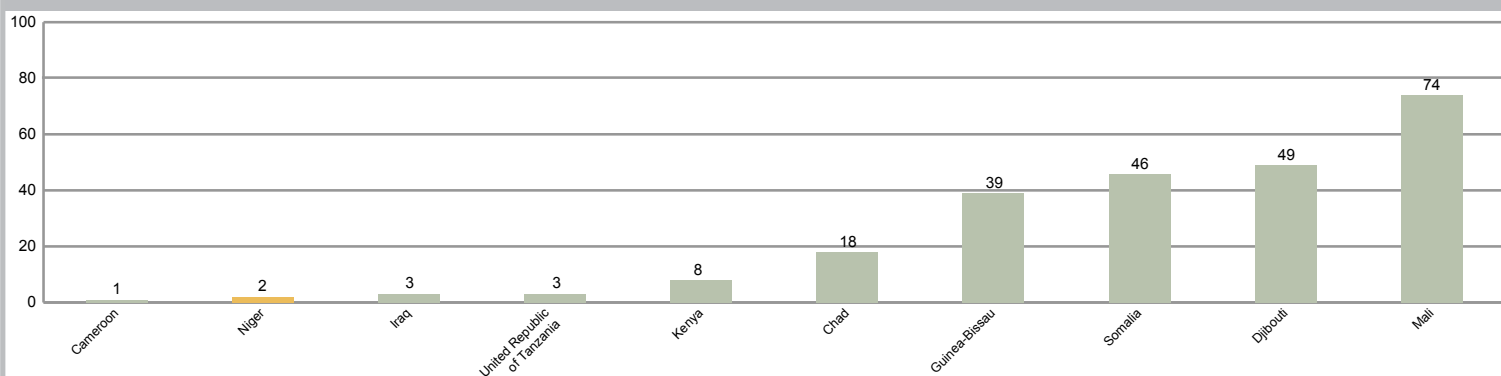


INTER-COUNTRY STATISTICAL OVERVIEW

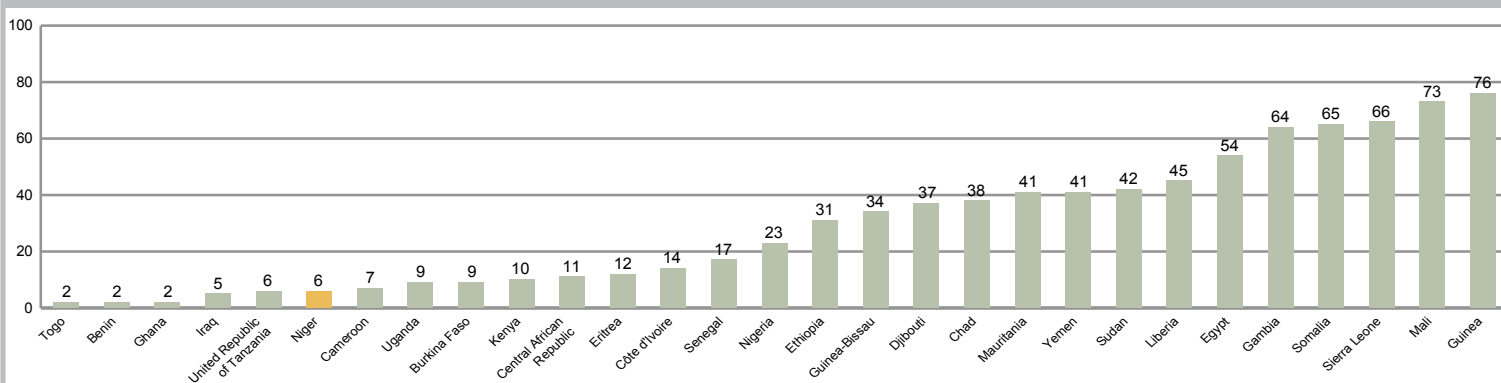
Percentage of girls and women aged 15 to 49 years who have undergone FGM/C



Percentage of girls and women aged 15 to 49 years with at least one living daughter who has undergone FGM/C



Percentage of girls and women aged 15 to 49 years who have heard about FGM/C and think the practice should continue



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/C since it is performed during initiation into the society. Egypt data refer to girls aged 0-17 years who have undergone FGM/C. Data on attitudes for Ghana are from MICS 2006 and for Sierra Leone from DHS 2008 as data from the most recently available MICS surveys are not comparable. In Liberia, only cut girls and women were asked about their attitudes towards FGM/C; since girls and women from practising communities are more likely to support the practice, the level of support in this country as captured by the DHS 2007 is higher than would be anticipated had all girls and women been asked their opinion.

Sources: DHS, MICS, National Social Protection Monitoring Survey, Population and Health Survey, SHHS and Welfare Monitoring Survey, 1997-2013

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FOR MORE INFORMATION

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