

Putting it all together: a case study from Nigeria



Reflections on Phase II of the UNFPA-UNICEF
Joint Programme on Female Genital Mutilation



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An awareness campaign about FGM by UNICEF.
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Cover:

A young girl from Ekiti, Nigeria is already calling for an end to FGM.
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The Joint Programme in action in Nigeria

Some 20 million Nigerian women and girls have undergone female genital mutilation (FGM), representing about 10 per cent of the global total. Many more – nearly 10 million – are at risk of being cut by 2030.

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Women of Takalafiya-Lapai village.

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With some 10 million girls at risk of FGM in Nigeria, the country's work on abandonment is crucial to meeting the global commitment to end FGM by 2030, as called for in the Sustainable Development Goals. The Nigerian case also reveals the complexity of the challenge: The country comprises about 374 identifiable ethnic groups, with the Hausa, Yoruba and Igbo as the major ones. Each speaks its own distinct indigenous language, and practises a variety of forms of FGM in different contexts and with different rationales, although taming female sexuality seems to be the predominant one.

While sociocultural beliefs vary across communities, they are often sustained by the gender inequality embedded in Nigeria's mostly patriarchal cultures. FGM remains widespread in the five Nigerian states (Ebonyi, Ekiti, Imo, Osun and Oyo) targeted by the Joint Programme, with regional and ethnic variations in prevalence. In Phase II, a rigorous baseline study in 2015 analysed the social dynamics in different communities.

Pay attention to context

Paying attention to local context is particularly important in Nigeria because the country is so large, so culturally varied and so dynamic. It is one of three countries (along with China and India) that constitute 37 per cent of the projected growth of the world's urban population by 2050. Urban environments, with their distinctive media landscapes, typically require very different kinds

Nigeria comprises some 374 different ethnic groups, each with a distinct language. Many forms of FGM are practised, with many different cultural meanings.

of interventions and activities than rural communities, as noted in the 2015 baseline study. Because city dwellers typically remain close to their rural traditions and extended families, however, reaching urban centres can have wide ramifications.

The baseline study, which covered the five high-prevalence states (in addition to Lagos), comprised both a quantitative knowledge, attitudes and practices assessment and a qualitative study on social norms influencing FGM.

The assessment described and analysed community and cultural dynamics and perceptions of FGM in the different states, which informed the design of the Nigeria programme. The study provided disaggregated data on the prevalence of FGM, the drivers of the practice and the role of each stakeholder. Key findings are summarized on page 9.

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Women paramount leaders in Ife-Ife restate their commitment to end FGM.
© UNICEF, Nigeria

Bolster legal frameworks

A crucial achievement in the early part of Phase II was passage of Nigeria's comprehensive Violence Against Persons Prohibition Act 2015, a bill that had been under discussion for years. In addition to outlawing FGM and other previously unacknowledged forms of violence, the act offers comprehensive medical, psychological, social and legal assistance to survivors. The push for the bill by the Joint Programme team and partners was intense: Key stakeholders were engaged in interactive dialogues and consultations, and briefed on the regional and global resolutions in alignment with the bill. One-on-one discussions were organized, SMS messages urged people to contact their representatives, and supportive editorials were published.

The policy challenge did not end there: Nigeria's legal landscape is an overlay of federal, state and customary jurisdictions. Harmonization of these requires many steps and can result in wide variations in applicable law, particularly regarding familial matters. Strategic partnerships with political actors and community-based organizations have facilitated adoption of the national statute at the state level. At the time of this publication, 14 of Nigeria's 36 states had passed laws prohibiting FGM, while advocacy continues in the others.

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The message that the federal government stands against FGM has been widely publicized across multiple media channels (see related story on social media, page 17), and in community forums, schools and health centres. This is a critical first step in ending impunity. More needs to be done in terms of judicial responses and enforcement, however.

The National Policy and Plan of Action for the Elimination of FGM in Nigeria (2013-2017) has been widely disseminated to ensure alignment with the provisions of the new law. Information about current laws and the mechanics of application has reached nearly 10,000 people including legislators, government actors and community members. A workshop for lawyers addressed interpretation and implementation of the new act, and 2,000 copies of the workshop report were shared with community service organizations, government partners and youth organizations. Multisector state teams, including health workers, social workers, child protection networks, social media advocates and the Federation of Women Lawyers have been engaged to work with schools and communities, fuelling momentum.

“A person who incites, aids, abets, or counsels another person to commit the offence provided for in subsection (2) of this section commits an offence and is liable on conviction to a term of imprisonment not exceeding 2 years or to a fine not exceeding N100,000.00 or both.”

– Article 6, Violence Against Persons Prohibition Act 2015

Get endorsements from the highest levels

On the 2016 International Day of Zero Tolerance for FGM, the National Response Plan to FGM was launched by the Office of the First Lady in Abuja in partnership with the Joint Programme and several relevant Nigerian ministries. The launch encouraged the engagement of others. “I hear the cry of a little girl, she cries from the pain afflicted on her, she cried yesterday, cries today and may cry tomorrow, will you help me stop the pain?” said Dolapo Osinbajo, the wife of the Vice-President of Nigeria, as she issued a collective call for everyone to join the campaign to end FGM.

This approach was replicated by wives of governors of the five targeted states in collaboration with other key stakeholders. Twelve key policy statements to enact or strengthen mechanisms to accelerate abandonment of FGM were issued from the executive, legislative and judiciary branches, as well as traditional councils.

Indicators of progress

Work in Nigeria shows that careful application of the Joint Programme theory of change and results framework can generate considerable progress, even in a large and complicated country with funding constraints.

Decreases in FGM prevalence among women aged 15 to 49 have occurred from 2011 to 2017 across the states that have been the focus of the Joint Programme.

The change among girls aged 0 to 14 is not as clear, however, which is significant, because recent interventions would mainly show up in the status of younger girls. While substantial decreases were observed in Imo (22.2 per cent to 33.4 per cent) and Oyo states

(29.6 per cent to 32.9 per cent), there was only a slight decrease in Ebonyi State (5.2 per cent to 6.4 per cent). Very slight increases were measured in Ekiti and Osun.

Tellingly, the 2016–2017 Multiple Indicator Cluster Survey revealed new FGM hot spots in several states not targeted by the Joint Programme, with large increases in Zamfara, Kaduna and Jigawa.

The 2015 FGM Baseline Assessment in Nigeria

The objective of the baseline study was to:

1. Understand the nature and type of social norms and their effects on the social expectations and motivations of families and communities in terms of FGM.
2. Undertake an in-depth analysis of community social networks influencing patterns and collective behaviour around the practice of FGM.

Key findings:

- ↳ FGM prevalence ranged from 76.3 per cent in Osun State to 44.8 per cent in Lagos.
- ↳ The majority of girls are cut before age 1, and between 5 and 18 years as a passage to womanhood in some communities.
- ↳ FGM types 1 and 2 are most commonly practised.
- ↳ In nearly all communities, traditional practitioners (circumcisers) perform FGM.
- ↳ The motive for FGM across the states is to curb promiscuity and in conformity with culture.
- ↳ Drivers of the practice are mainly grandmothers and mothers-in-law.
- ↳ The majority of men and women prefer the practice of FGM to be discontinued, but it remains a major problem within specific communities.
- ↳ There is no or little sanction for girls and women who are not cut.
- ↳ People know that cutting continues, and about a third stated that it continues inside their families and among their friends.
- ↳ People are not very clear about who in their families or communities expects them to cut their daughters.
- ↳ 28.9 per cent of interviewees stated that they intend to cut their daughters in the future.

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A mother with a daughter who was saved from FGM.

© UNFPA

A woman in a white headwrap with green text and a patterned orange and black garment, looking towards a young child in a teal shirt.

**“Odimma Nwanyi
bu Ka Chi Siri Ke”**

**Nigerian campaign slogan meaning
“Wholeness of female
is as created by God”**

Shift social norms at the grass roots

While top-down work banned FGM using legal and policy instruments, a range of social mobilization activities helped to break the silence and taboos surrounding the practice and called attention to the harm associated with it. As the baseline report noted: Where the practice continues, it is just done, not really hidden but hardly talked about – as it is deeply ingrained in communities’ mores. Making an issue of it, the report continues, requires addressing belief

The Joint Programme has worked with over 30 partners with deep ties to communities and the capacity to leverage knowledge of local norms and underlying social dynamics.

and value systems. “Doing so means taking people seriously, entering into dialogue and discussion with them instead of just telling them what is best for them.” It recommended embedding FGM discussion within community improvement measures more generally.

Nigeria has taken this approach: the Joint Programme has worked with over 30 partners with deep ties to communities and the capacity to leverage knowledge of local norms and

underlying social dynamics. Coordinating their efforts required establishing a 30-member National Technical Committee, 24-member state technical committees in the five focus states, and 20-member local technical committees in seven local government areas in Imo State. These entities were stipulated in the National Policy and Plan of Action for the Elimination of FGM in Nigeria (2013-2017), given the scale and complexity of the task at hand.

Highlight positive cultural values

FGM has become a common topic for discussion in community forums. Information about it, for example, was integrated into an annual homecoming and pro-community development event by women’s associations in the south-east states. This partnership, which began in 2016, was used to sustain the campaign of keeping girls/women intact with the slogan “Odimma Nwanyi bu Ka Chi Siri Ke,” which means “wholeness of female is as created by God”. Educational and awareness activities were carried out with dozens of partners, including governmental bodies, civil society organizations, indigenous groups and school-based clubs.

Activities build on positive cultural norms and practices to promote equality of women and men, and minimize acceptance of practices that undermine women. For instance, campaign messages debunked promiscuity as a rationale for cutting by emphasizing the fundamental role of parents in instilling moral virtues in boys and girls, including fidelity in marriage and relationships.

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Sensitizing child protection officers at Akpoha Community Secondary School in Ebonyi.

© UNICEF, Nigeria

Provide a safety net of quality services

The Joint Programme trained 120 Nigerian service providers in the management of FGM complications. These health workers were able to treat a total of 125,127 persons, including more than 20,000 pregnant or nursing mothers in Phase II. Over 1,500 babies in Osun state were spared from FGM.

Additional structured trainings helped over 1,000 nurses, midwives and members of child protection networks deliver protection, care and support services to FGM survivors or at-risk girls in high-prevalence communities. The national protocol for the management of FGM complications serves as a working tool, providing guidance to all categories of health workers, psychologists, counsellors, social workers and police on FGM-related issues. Trained child protection network members in five states also acquired knowledge and skills to provide prevention, protection and care services, particularly counselling, referral, follow-up and other support services, such as home visits to monitor young mothers who are at risk of being influenced to subject their daughter to FGM.

In an effort to integrate FGM concerns into existing routine training activities, the Joint Programme backed the development of a manual on FGM and orientation of health workers. The manual is based on the global tool for midwives. The Joint Programme also assisted with the development of a protocol for the management and treatment of FGM survivors under the leadership of the Federal Ministry of Health.



Countering medicalization

Nigeria is one of the five countries with the highest rates of FGM medicalization in the world. Parents turning to trained health workers to avert the health concerns of FGM has become more common, especially in more developed countries.

The increase in medicalization among Nigerian girls in younger cohorts suggests the trend is not improving. Moreover, a study of 250 health workers in south-western Nigeria found that almost half had been asked to perform FGM. About a fourth of 182 nurses in Benin City, Nigeria reported that some forms of FGM are not harmful, with 2.8 per cent supporting the practice. In the same sample, well over half of respondents (57.7 per cent) reported that they would still perform FGM in certain circumstances, such as under significant pressure from a girl's or woman's family, for significant financial benefits or to prevent patients from going to traditional cutters.

To counteract these tendencies, service providers have been given relevant information, education and communication materials. But clearly this is an area where more progress is needed. Part of the planned strategy to address medicalization in the third phase of the Joint Programme is to engage more with medical associations and regulatory bodies at national, state and community levels. In addition, the Joint Programme will scale up the use of community and health surveillance systems to monitor health workers.

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Ebonyi, 2016.

© UNFPA, Nigeria



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Irebi Blessing with her dad after the presentation of an award for illustration at Cultural Day at the Umuaka secondary technical school.
© UNICEF, Nigeria



Social media takes on FGM

Rapidly urbanizing Nigeria has a burgeoning population of about 190 million, with young people (ages 15 to 24) comprising one in five. Most have access to and are at ease using the Internet and smartphones: At 53 per cent, the country's Internet penetration is triple that of Africa in general, and cell phones are almost universal. Those factors combine to make Nigeria's communications landscape ideal for social media advocacy.

A cadre of savvy social media advocates, trained and supported by the Joint Programme, is brilliantly exploiting that opportunity for change. A vibrant and extremely cost-effective social media campaign to end FGM has reached millions and is growing exponentially.

Website hub

In addition to the engaging and illuminating Frown Campaign (see related story, page 21), which is creating an archive of thousands of individual public declarations against FGM, social media advocates are working across multiple channels. Their website, endcuttinggirls.org, is a hub for links to other platforms.

The advocates started with the basics: The [endcuttinggirls](http://endcuttinggirls.org) URL and hashtag were selected with care. Research had shown that because the term female circumcision is widely used in Nigeria, people are confused about the meaning of FGM. On the other hand, "cutting girls" is self-explanatory. Almost all social media communications clarify any resulting confusion, noting that cutting refers to FGM – "wrongly called female circumcision".

Video production

The team has produced 27 videos that range in length from 2 minutes to nearly 40, and span a wide creative expanse – from an animated cartoon suitable for a child to clinical explanations of the practice. The videos address FGM from multiple perspectives, reflecting the range of contexts and rationales. One features a minister debunking FGM as a religious obligation, noting that the practice predates Christianity and Islam. The "Stories of Change" series conveys the perspectives of activists, teachers, religious leaders and midwives. A few videos document celebratory tribal declarations of abandonment.

Several are short dramas. One, for example, depicts a not uncommon situation: A Yoruba grandmother has hired a cutter to subject her son's daughter to FGM. When the mother catches wind of it, she protests, but acknowledges that the father must make the determination.

She summons him home, where he gives a spirited defence of his daughter and argues strongly against the practice. He talks about how the main cited reason for FGM, to curtail promiscuity, is patently false. Besides, he says, the government is against it now, and it can cause problems for the girl's health. The grandmother reluctantly acquiesces to her son's right to make the decision. In an engaging 10 minutes, the video manages to capture intrafamilial power dynamics, challenge myths about FGM, raise awareness of legal prohibitions, and model parental care and protectiveness.

A serial melodrama, *Sandra's Cross*, plays out across six half-hour episodes, with highly charged scenes. One main character is subjected to sexual violence, another is dealing with the long-lasting physical and emotional scars of FGM. The social media advocates supported Twitter chats and premiers of the episodes online, at several viewing centres and in a number of youth forums. Altogether, the series reached close to 200,000 people.

Twitter chats and Facebook conferences

Each Thursday evening since November 2015, the social media advocates have organized and presented Twitter chats (#endcuttinggirls), which include a vetted presentation on one of the topics covered in the quarterly workplan. The presentation is a thread of numbered tweets that clarify the topic, followed by a question and answer session. An e-poster is created for each conference. Within 26 months, 112 such conferences reached nearly 8 million Twitter users and had become one of the group's signature achievements.

The success of the Twitter chats complements and helps advertise Facebook conferences. The first, in November 2017, was a discussion of "Does FGM really curb promiscuity?" It garnered over 2,000 participants. A second Facebook conference the following month addressed risk factors.

Facebook, Twitter and the other social media platforms all work synergistically to bring attention to FGM, which is critical, according to the baseline report prepared at the beginning of Phase II. Its author wrote that while FGM is a very real problem in the Nigerian states targeted by the Joint Programme, "it is much too seldom an issue. Among the main culprits: the media – they deal with it much too rarely." The endcuttinggirls social media campaign is changing that, having reached some 8 million people and counting.



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Uba Miracle composed
an anti-FGM theme song
in the Igbo language.
© UNICEF, Nigeria



Jolaoluwa Aina from Kwara State, August 2017 winner
of the UNICEF FGM Abandonment Frown Challenge.

© Jolaoluwa Aina (Instagram: mz_jollie)

#frownChallenge

Nigerians post powerful frowns

In 2014, celebrities, political figures and ordinary people from around the globe – more than 117 million in all – posted videos of themselves being doused with buckets of ice water. The Ice Bucket Challenge raised the visibility of a little-known disease – amyotrophic lateral sclerosis or ALS – and more than \$100 million for related research. It initiated a new kind of participatory social media campaign.

Since its enormous success, several similar social media campaigns have been launched. Nigerian social media advocates, along with Maryam Enyiazu, a child protection specialist with the Joint Programme, came up with an FGM-specific version, the Frown Challenge. It leverages the influence of social networks to publicize an action that clearly signifies disapproval of FGM: a powerful frown. Within six months of its launch, the campaign had reached more than a half million Nigerians, and engaged 30 celebrities and participants from around the world. It has generated hundreds of individual but very public declarations against the practice, and created an archive of stories that give clarity and nuance to the many forms of misery caused by it. The campaign has been so successful that Nigeria's team of social media advocates plans to upscale it to a global audience.

The campaign has two versions. The Frown Photo Campaign (posted at #endcuttinggirls) involves individuals frowning while holding a frame with an inscription of #endcuttinggirls. The photographs are shot daily, at selected areas, and posted online. Support from the Lagos Metropolitan Area Transport Authority allows Frown photo booths at transport stations across the city. The participation of well-known Nigerian personalities and models has set the stage for wider participation.

The Frown Challenge at #frownchallenge captures individual statements or short videos as well as photos of expressions of displeasure. Each month, a winner of the "most powerful frown" is selected based on "likes" from viewers, as well as message acceptability decided by #endcuttinggirls. An acceptable message, the website states, is one that talks about FGM without being rude, judgmental or blaming a particular sector of society, religion or ethnic group. Each monthly winner receives a certificate of recognition, an opportunity to be trained as a social media advocate against

FGM, and a chance to represent their powerful frown at annual programmes.

The campaign skilfully achieves a number of objectives. It specifically targets youth and provides them with an avenue for acquiring knowledge on various aspects of FGM and abandonment. It offers numerous perspectives on the issue, which matches the Nigerian social landscape, where the practice and justifications for it vary widely. As participants share their different experiences, the online community learns new reasons to abandon FGM.

The submissions also form a compelling archive of personal stories. A recent monthly winner, for example, talked about how confused she was about her own lack of sexual responsiveness, until she discovered its roots in the cutting she had been subjected to as a child. Another wrote about the agony of trying to urinate following the procedure.

Like the global #MeToo campaign, which empowers women to come forward with stories of sexual abuse, the Frown Campaign helps de-stigmatize discussion of this intimate issue. As the organizers explain, “The Frown Campaign makes it possible for people that are shy about talking about their FGM status to come out openly on Internet to share their experiences. As people speak out on this platform, more people become aware that FGM is still being practised. Innocent parents are aware of why they have to protect their children against FGM.”

The campaign also serves as a way for individuals to publicly declare themselves against the practice, thus paving the way for wider collective declarations. The Frown Challenge is expected to culminate in a grand finale at Nigeria University, in early September, when 12 winners selected over 12 months will compete in front of 5,000 youths.



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A little girl participates in the frown challenge in Ekiti, Nigeria.
© UNICEF, Asselin, EPA



Akande Adeola Margaret from Ekiti State, July 2017 winner
of the UNICEF FGM Abandonment Frown Challenge.

© Akande Adeola Margaret (Instagram: @mizdidi)

#frownChallenge



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