

PRIORITIES IN CHILD SURVIVAL, EDUCATION AND PROTECTION

Denied for years, female genital mutilation/cutting is still practiced in Niger. The procedure is most common in regions bordering Burkina Faso, Mali, Chad and Nigeria.

"Cutting" or female genital mutilation, a harmful traditional practice, was long hidden in Niger. Its existence was first brought to light in 1986 in a medical student's doctoral dissertation. According to the 2006 DHS-MICS¹ survey, 2.2% of women aged 15-49 have been mutilated/cut, although that figure disguises ethnic and regional disparities. The most-affected areas and ethnic groups were identified by 2004 in surveys conducted by the UNICEF-supported Nigerien Committee for Combating Traditional Practices that Affect the Health of Mother and Child, an NGO known by its French acronym, CONIPRAT. The most-affected areas are the Tillabery region near the border with Burkina Faso and Mali, and

the Diffa region near the border with Chad and Nigeria. The most-affected ethnic groups are the Fulanis, the Gurmantches, the Shuwa and Ousta Arabs and the Tubus.

Of the various forms of FGM/C, two are commonly practiced in Niger: dangouria and clitoridectomy. The practice known as dangouria in the Hausa language or haabize in Zarma consists of cutting away the hymen of newborn girls. It is generally carried out by traditional barbers, known as wanzam. This form of mutilation involves two procedures performed at different stages of a girl's life. The dangouria/haabize procedure is performed on



newborn girls, usually within 10 days of birth when a small part of the hymen is visible outside the vulva, and involves cutting away the membrane with a traditional razor blade. The second procedure is performed on girls who marry before their bodies have fully matured, usually when they are between nine and 15 years old. This involves making an incision in the vaginal opening to facilitate sexual intercourse.

The other form of FGM/C practiced in Niger is clitoridectomy, the simplest form of which involves cutting away the prepuce (skin covering the tip of the clitoris). The most commonly practiced form of clitoridectomy involves removing all or part of the clitoris along with the labia minora (the narrow ridges of tissue near the vaginal opening).

In Niger, FGM/C is usually performed on girls before they are fifteen years old, although this varies from region to region and depends on the local customs. For example, the Fulani ethnic group performs FGM/C on girls before they turn eight, while the Gurmantches wait until their daughters are older and have them "circumcised" between the ages of 10 and 15. Unsterilized knives and razor blades, usually passed from one generation to the next, are often used for these operations.

Victims of FGM/C tend to suffer from long-term complications. These include sterility caused by chronic genital infections, painful menstruation, frigidity, constant irritability and anxiety, and difficult childbirth leading to vaginal tearing.

UNICEF IN ACTION

The practice of FGM/C is a major concern for UNICEF. These practices constitute a violation of basic human rights and are condemned by the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women.

Since 1992, UNICEF has worked alongside all parties involved in the fight against traditional practices that are harmful to the health and wellbeing of the child by providing technical and financial support. A fruitful partnership was

formed with CONIPRAT to implement advocacy and social mobilization interventions targeting FGM/C. The NGO carries out studies, awareness-raising interventions, training, advocacy and retraining for FGM/C practitioners to stimulate behavioural change in the communities concerned. Monitoring committees were set up to track FGM/C activities in the most remote villages.

Advocacy and social mobilization interventions related to the fight against FGM/C have led to:

- The passing of a law banning FGM/C (2003). The law has been translated into all of Niger's local languages for wider distribution, and judges and police officers have received training;
- The involvement of traditional and religious leaders – through their effective participation alongside technical staff in awareness-raising campaigns and in television and radio debates where they present Islam's position on the subject – as well as the involvement of young people, judges and social workers.

In 2003, the UN declared 6 February as the International Day of Zero Tolerance of Female Genital Mutilation. In Niger, "zero tolerance" involves a combination of interventions at different levels (government, religious and traditional leaders, young people) that form a broader strategy to tackle violence against women and girls, and gender discrimination. The intention is to accelerate the renunciation of harmful traditional practices in general and of FGM/C in particular.

Thanks to the work of UNICEF and its partners, the prevalence of FGM/C in Niger has fallen noticeably: from 5% in 1998 to 2.2% in 2006 among women aged 15-49. The drop is particularly significant among young women aged 15-19. Despite these encouraging results, much remains to be done to achieve the goal of zero tolerance of FGM/C by 2010.

¹ Demographic and Health Survey/Multiple Indicator Cluster Survey