

**COMBATING FEMALE GENITAL MUTILATION THROUGH EFFECTIVE
ENFORCEMENT MECHANISMS IN NIGERIA**

BY

Esther Oiza LAWANI

LAW1906205

**FACULTY OF LAW
UNIVERSITY OF BENIN
BENIN CITY.**

FEBRUARY, 2025.

**COMBATING FEMALE GENITAL MUTILATION THROUGH EFFECTIVE
ENFORCEMENT MECHANISMS IN NIGERIA**

BY

Esther Oiza LAWANI

LAW1906205

**A LONG ESSAY WRITTEN AND SUBMITTED TO THE FACULTY OF LAW,
UNIVERSITY OF BENIN IN PARTIAL FULFILMENT OF THE REQUIREMENT
FOR THE AWARD OF THE DEGREE OF BACHELOR OF LAWS (LL.B) OF THE
UNIVERSITY OF BENIN, BENIN CITY.**

FEBRUARY, 2025.

CERTIFICATION

I, **Esther Oiza LAWANI**, with Matriculation Number **LAW1906205**, hereby certify that apart from references to other person's works which have been duly acknowledged, the entire work is a product of my research, and this project has neither in whole nor in part been presented for another degree, elsewhere.

Esther Oiza LAWANI,

LAW1906205

APPROVAL

We certify that this project was written and completed by **Esther Oiza Lawani**, with Matriculation Number **LAW1906205** in partial fulfilment of the requirements for the award of a Bachelor of Laws (LL.B) degree.

BARR. J.A. AIMIENROVBIYE
PROJECT SUPERVISOR

SIGNATURE AND DATE

DR. D.T. ACHI
PROJECT COORDINATOR

SIGNATURE AND DATE

PROF. B. BAZUAYE
DEAN, FACULTY OF LAW

SIGNATURE AND DATE

DEDICATION

This project is dedicated to God Almighty, the source of all we have and are. This project is also dedicated to Dr and Mrs Lawani, my Parents for their immeasurable support throughout my journey in Faculty of Law.

ACKNOWLEDGEMENTS

Most importantly, I want to thank God Almighty for empowering me to be able to finish my academic journey. I would like to express my heartfelt appreciation for all the support I received from family and friends throughout my stay in the Faculty of Law. Most importantly, my parents – Dr Ambrose and Mrs Christiana Lawani, who wholeheartedly supported me and ensured that I was comfortable throughout my time in the Faculty of Law, and all other members of my family, Mrs Eyitola Lawani, Justin Lawani, Victoria Lawani, Frances Lawani, Celine Penawou, Mrs Esther Jimoh, Joyce Adebayo, Ozofu Jimoh, Blessing, Francis Lawani, Benedicta Lawani, Ozofu Lawani.

I would like to thank my Supervisor, Mrs Juliet Aimienrovbiye, for her support and encouragement to perform better through the course of the research. To all other lecturer of the Faculty of Law who ensured that we were taught the required courses with dedication.

I want to thank my friends who I made through the past few years - Suvwe, Theodora, Esosa, Modupe, Zion, Charity, Ehinomen, Bela, Oluoma, Victoria, Nkem, Ivie, Ama, Eden, Cleopatra, Obehi, Celebrity, Joel, I greatly appreciate you people. Special thanks to Fejiro for his help during this research and always answering my questions patiently, for this I am thankful.

I also want to thank my roommates who were very accommodating throughout my stay in the various Uniben Hostels, Sharon, Ozioma, Malaika, Osazuwa Precious, Precious, Faith, Maryjane, Sewa, Victory, Omosefe, Blessing, Favour, Martha, for all being very nice roommates, and I am very thankful for the peace that accompanied our stay together.

I give mighty thanks to all others who I didn't mention, I do not take our friendship for granted and greatly appreciate all that has been done for me.

TABLE OF CASES

R v Noor (2024) EWCA Crim

Uzoukwu v Ezeonu [1991] 6 NWLR (pt200) 708

TABLE OF STATUTES

African Charter on Human and People's Rights

African Charter on the Rights and Welfare of the Child

Childs Rights Act of 2003

International Covenant on Civil and Political Rights

Prohibition of Female Circumcision Act 1985 (c.38)

Protocol to the African Charter on Human and People's Rights on the Rights of Women in Africa

The Constitution

United Convention on the Elimination of all forms of Discrimination Against Women

United Nations Declaration on the Elimination of Violence Against Women

Universal Declaration on Human Rights

Violence Against Persons (Prohibition) Act

Violence Against Persons (Prohibition) Law of Edo State

Violence Against Persons (Prohibition) Law of Imo State

TABLE OF ABBREVIATIONS

FGM – Female Genital Mutilation

ACHPR - African Charter on Human and People’s Rights

ACRWC – African Charter on the Rights and Welfare of the Child

CEDAW – Convention on the Elimination of all Forms of Discrimination Against Women

CFRN – Constitution of the Federal Republic of Nigeria

DEVAW – Declaration on the Elimination of Violence Against Women

DLR – Doctrinal Legal Research

FGC – Female Genital Circumcision/Cutting

FIDA - Federación Internacional de Abogadas

GBV – Gender Based Violence

HPD – Health Promotion Division

ICCPR – International Covenant on Civil and Political Rights

NGO – Non-Governmental Organisation

NHPP – National Health Promotion Policy

SDG – Sustainable Development Goals

SGBV – Sexual and Gender Based Violence

UDHR – Universal Declaration on Human Rights

UK – United Kingdom

UN – United Nations

UNFPA – United Nations Population Fund

VAPPA – Violence Against Persons (Prohibition) Act

VAPPL - Violence Against Persons (Prohibition) Law

WHA – World Health Assembly

WHO – World Health Organisation

TABLE OF CONTENTS

Contents	Pages
Title Page - - - - -	ii
Certification - - - - -	iii
Approval - - - - -	iv
Dedication - - - - -	v
Acknowledgement - - - - -	vi
List of Cases - - - - -	vii
List of Statutes - - - - -	viii
List of Abbreviations - - - - -	ix
Table of Content - - - - -	xi
Abstract - - - - -	xv
 CHAPTER ONE – INTRODUCTION	
1.1 Background of the Study - - - - -	1
1.2 Statement of Problem - - - - -	3
1.3 Aims and Objectives - - - - -	4
1.4 Significance - - - - -	4
1.5 Scope and Limitations - - - - -	4
1.6 Research Methodology - - - - -	5
1.7 Chapter Analysis -- - - - -	6

CHAPTER TWO – FEMALE GENITAL MUTILATION

2.1 Definition - - - - -	8
2.2 Prevalence and Statistics - - - - -	9
2.3 Types of Female Genital Mutilation - - - - -	11
2.3.1 Toubia's Classification - - - - -	11
2.3.2 World Health Organisation's Classification - - - - -	12
2.4 Rationale - - - - -	12
2.4.1 Purity and Marriageability - - - - -	12
2.4.2 Culture - - - - -	13
2.5 Consequences - - - - -	14
2.6 Literature Review - - - - -	15

CHAPTER THREE – LEGAL AND INSTITUTIONAL FRAMEWORK

3.1 National Provisions - - - - -	26
3.1.1 The Constitution - - - - -	27
3.1.2 Violence Against Persons (Prohibition) Act - - - - -	29
3.1.3 Violence Against Persons (Prohibition) Law of Edo - - - - -	31
3.1.4 Violence Against Persons (Prohibition) of Imo - - - - -	32
3.1.5 Child Rights Act - - - - -	35

3.2 Regional Provisions - - - - -	36
3.2.1 African Charter on Human and People’s Rights - - -	36
3.2.2 African Charter on the Rights and Welfare of the Child - -	37
3.2.3 Protocol to the African Charter on Human and People’s Rights on the Rights of Women in Africa - - - - -	38
3.3 International Provisions - - - - -	40
3.3.1 United Nations Convention on the Elimination of all Forms of Violence Against Women - - - - -	40
3.3.2 International Covenant on Civil and Political Rights - - -	42
3.3.3 Universal Declaration on Human Rights - - - - -	43
3.3.4 United Nations Declaration on the Elimination of Violence Against Women-	44

**CHAPTER FOUR – INSTITUTIONAL FRAMEWORK AND ENFORCEMENT
PROTOCOL**

4.1 Institutional Framework - - - - -	47
4.1.1 National Policy and Plan of Action for the Elimination of Female Genital Mutilation in Nigeria - - - - -	47
4.1.2 The Nigeria Police Force - - - - -	49
4.1.3 Civil Societies - - - - -	51
4.1.4 National Health Promotion Policy - - - - -	52
4.1.5 United Nations General Assembly Worldwide Ban on FGM - - -	53

4.1.6 The United Nations Sustainable Development Goals 5 -	-	-	-	-	-	-	-	54
4.1.7 World Health Assembly -	-	-	-	-	-	-	-	55
4.1.8 United Nations Children’s Fund -	-	-	-	-	-	-	-	56
4.2 Comparative Analysis -	-	-	-	-	-	-	-	57
4.2.1 United Kingdom -	-	-	-	-	-	-	-	57
4.2.2 Kenya -	-	-	-	-	-	-	-	60
CHAPTER FIVE – CONCLUSION								
5.1 Summary -	-	-	-	-	-	-	-	64
5.2 Recommendations -	-	-	-	-	-	-	-	67
5.2.1 Provision of Improved Enforcement Authorities -	-	-	-	-	-	-	-	67
5.2.2 Sensitisation -	-	-	-	-	-	-	-	67
5.2.3 Support Systems -	-	-	-	-	-	-	-	68
5.2.4 Amendment of Statues --	-	-	-	-	-	-	-	68
5.2.5 Funding -	-	-	-	-	-	-	-	69
5.3 Areas for Further Studies -	-	-	-	-	-	-	-	69
5.4 Conclusion -	-	-	-	-	-	-	-	70
Bibliography -	-	-	-	-	-	-	-	71

ABSTRACT

Female Genital Mutilation (FGM) is a procedure that has no specific origin, one fact that can be agreed upon however is that there are no health benefits for the procedure. The research methodology employed in this study is the doctrinal method, which involves an in-depth examination of primary and secondary sources of information. FGM is any procedure that involves the cutting, removal, or scarification of the external female genitalia for non-medical reasons. It has been classified into four types; Type I (Clitoridectomy), Type II (Excision), Type III (Infibulation), Type IV (Unclassified). It is a procedure which has numerous side effects on the victim like bleeding, infections, septicaemia, dysmenorrhea, vaginal infections, genital scarring, death, amongst others, there have been various efforts taken to curb the menace, there have been local, regional or international legislation. Like the provisions of the Violence Against Persons (Prohibition) Act, the Violence Against Persons (Prohibition) Law of Edo State, the Childs Rights Act, the African Charter on Human and Peoples Rights, the Maputo Protocol, the United Nations Convention on The Elimination of All Forms of Discrimination Against Women, the International Convention on Civil and Political Rights, etc. Some policies that have been implemented in Nigeria also include the Nigeria National Health Promotion Policy, National Policy and Plan of Action for The Elimination of Female Genital Mutilation, and the work of various civil societies. It is found that while considerable progress has been made, there is more to do if FGM is to be eradicated by 2030. It is found that the most effective method of eradicating FGM is by sensitisation programmes where the general public is made aware of the physical and legal dangers of the procedure and these efforts need to be supported with corresponding funding in order to be able to sustain the progress that has already been achieved.

CHAPTER ONE

INTRODUCTION

1.1 BACKGROUND OF THE STUDY

The Nigeria Demographic and Health Survey of 2018¹ stated that 20% of women aged 15-49 are circumcised. The most common type of circumcision to occur is Type II, with 41% of women undergoing the procedure. 10% underwent a Type I procedure and 6% underwent Type III. It was also observed that circumcision rates are on the decrease, with 14% of women aged 15-19 being circumcised, as opposed to the 31% of women aged 45-49. By ethnicity, the Yorubas have the highest rate of circumcision at 35%, and the lowest rates at 1% each are the Tivs and Igalas. Geographically, The South-East and South-West have the highest rates of Circumcision at 35% and 30% respectively, the North-East have the lowest rates of 6%. 78% of women between the ages of 15-49 believe that circumcision is not a religious requirement, 67% believe that circumcision should not be continued.

Female Genital Mutilation/Cutting/Circumcision comprises all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons.²

The precise origin of the act is unknown, some scholars have suggested Ancient Egypt as the origin, stating discovered mummies with genital markings from Fifth

¹ National Population Commission (NPC) [Nigeria] and ICF. 2019. *Nigeria Demographic and Health Survey 2018*. Abuja, Nigeria, and Rockville, Maryland, USA: NPC and ICF < <https://dhsprogram.com/pubs/pdf/FR359/FR359.pdf> > accessed 19 February 2025.

² World Health Organisation 'Female Genital Mutilation' 31 January 2025 < <https://www.who.int/news-room/fact-sheets/detail/female-genital-mutilation> > accessed 17 December 2024.

century BC. Others theorize that began as an extension of slavery and slave trade, “extending from the western shore of the red sea to the southern, Western African regions or spread from the middle to Africa via Arab traders.”³ Mackie draws a relationship between Infibulation and slavery. Infibulation, derived from the Latin word ‘Fibula’ meaning a brooch or a pin, may have also been practiced on female slaves in Ancient Rome to avoid Sexual intercourse or pregnancies, in order to maximize their prices and increase their efficacy at work.⁴ It is also speculated that FGM existed prior to the expansion of Islam in Africa, even if religion was eventually used to justify it.⁵ However, unlike in the Bible where a covenant of male circumcision was made between God, Abraham and his descendants; there is however no such instruction in the monotheist religion. According to Thian, the excision may be justified with the circumstances surrounding Ibrahim, and his two wives Sarata and Haidara (known in the Bible/ to Christians as Abraham, Sarah and Hagar), where the conflict between the women led to Sarata excising Haidara.

Female Genital Mutilation is not prohibited in the Constitution of the Federal Republic of Nigeria 1999 as amended (CFRN 1999), it however has provisions against discrimination on the basis of place of origin, sex, religion, status, ethnic or linguistic association⁶; provisions recognising the dignity of the human person⁷; and the right to

³ J. Llamas, ‘Female circumcision: The History, The Current Prevalence and the Approach to a Patient’, 2017 < <https://med.virginia.edu/family-medicine/wp-content/uploads/sites/285/2017/01/Llamas-Paper.pdf> > accessed 15 December 2024.

⁴ G. Mackie, ‘Ending Footbinding and Infibulation’ *American Sociological Review* [1996] 61(6) < <https://www.jstor.org/stable/2096305> > accessed 15 December 2024.

⁵ A. Andro, M. Lesclingand and P. Reeve, ‘Female Genital Mutilation: Overview and Current Knowledge’ *Population* [2016] 21(2) 224-311 < https://www.cairn-int.info/article-E_POPU_1602_0224--female-genital-mutilation-overview-and.htm > accessed 15 December 2024.

⁶ Section 15(2) CFRN 1999.

life.⁸

Section 6 of the Violence Against Persons Prohibition Act 2015, titled the prohibition of female circumcision or genital mutilation, expressly prohibits mutilation of the girl child and women. Commission of the offence attracts a prison term of not more than four years, a fine not exceeding N200,000 or both. An attempt attracts a prison term of not more than 2 years, a fine not exceeding N100,000 or both. Aiding, abetting, or counselling another to commit the offence attracts similar sanctions as an attempt.

In The United Kingdom, the statute of interest is the Female Genital Mutilation Act of 2003⁹ which criminalises FGM and all acts except when done for medical purposes by qualified professionals¹⁰

1.2 STATEMENT OF PROBLEM

Despite the worldwide efforts to mitigate the occurrence of FGM, there are very few convictions and judgements on the subject matter. With a few cases identified in the United Kingdom and none identified in Nigeria. Given the statistics, this is far from the ideal situation. The law is based on doctrines and it is important to understand these doctrines, and even more to create avenues for the enacted legislations to be enforced. The research questions thence raised are;

1. What is FGM? What are the types? What reasons are given for its persistence?

⁷ *ibid*, Section 34 CFRN 1999.

⁸ *ibid*, Section 33 CFRN 1999.

⁹ 2003 c.31.

¹⁰ *ibid*, Section 1(2), (3), (4)

2. What are the National, Regional, and International provisions of the law concerning to FGM?
3. What are the existing enforcement mechanisms? How can they be improved upon?

1.3 AIMS AND OBJECTIVES

The aim of the study is to query the enforcement of existing statutes combating the perpetuation of FGM. Its objectives are

1. To identify reasons for the persistence of FGM as a practice.
2. To create a knowledge of the existing statutory and legal framework surrounding the occurrence of FGM.
3. To proffer solutions to the existing problems of enforcement.

1.4 SIGNIFICANCE

FGM is a basic human right violation, and the damage which it inflicts on its victims cannot be understated and is not worth any of the perceived 'benefits.' It is thence important to identify the ways in which perpetuation of the act can be curbed. There is a need to raise awareness of the effects of the practice in a blunt and honest manner and to provide methods of help to those who have already been subjected to the practice, also legal sanctions for the perpetrators.

1.5 SCOPE AND LIMITATIONS

The study defines and identifies types of FGM. It presents the reasons given and the historical progression of being recognised as a health violation as opposed to a cultural practice and the growing awareness of the dangers associated with the practice. It discusses the statutory, regional and international methods which Nigeria has signed into law/have

assented to for the purpose of combating the practice. It addresses agencies and Institutional methods that have been created to help curb the occurrence of the practice.

Geographically, information sources are focused on Nigeria and the United Kingdom, due to the similar legal systems run in the two regions.

The study however does not include Labiaplasty as a form of genital cutting and does not include the growing discourse of the 'husband stitch' as a form of FGM.

A limitation is that the Study mostly depended on information already available from other secondary sources - including statistics - to make inferences and conclusions which the study is based upon.

1.6 RESEARCH METHODOLOGY

The research methodology to be employed is the doctrinal legal research methodology. This is the main research methodology employed in the field of law. It involves the compilation and analysis of source materials in order to understand the law in relation to a specific subject matter. Doctrinal legal research (DLR) includes theories, history, comparative analysis, amongst others. It is library based or theoretical research.

A research problem has to be identified, then sources are to be compiled. The sources can be primary (which are the actual law) e.g. the Constitution, Case law, Statutes, and/or secondary sources which explain, analyse, or criticise the primary sources, e.g. Dictionaries, Encyclopaedias, textbooks, journals, law review, etc. The sources must thereafter be analysed and evaluated. Then it is to be applied and solutions rendered in whatever areas are deemed to be needing of improvement.

This method was considered appropriate because it is important to know and understand the provisions of the law in Nigeria concerning FGM. Information is sourced from the World Health Organisation (WHO), the United Nations Children’s Fund (UNICEF), the Nigerian Demographic and Health Survey (NDHS) 2018, amongst others to serve as a measure of the persistence of the offence and for information about FGM.

1.7 CHAPTER ANALYSIS

Chapter one provides a general look into Female Genital Mutilation (FGM), the subject matter of the study. There is a general background, a brief history of FGM, and some statutory provisions that were made to combat the offence. The study aims to create avenues for better enforcement mechanisms of the existing statutes. The study adopts library based/doctrinal research methodology and information is gathered from a combination of primary and secondary sources.

Chapter Two defines FGM, the types, how the term progressed from ‘Female Circumcision’ to ‘Female Genital Mutilation’. The reasons often provided for FGM. The consequences of FGM.

Chapter Three provides the legal framework around FGM; including domestic legislation and international treaties. We shall examine the Violence Against Persons (Prohibition) Act 2015, the Violence Against Persons (Prohibition) Law of Edo State, the African Charter on Human and People’s Rights, UN Convention on the Elimination of all forms of Discrimination Against Women, etc.

Chapter Four analyses the institutional framework surrounding FGM, including the Nigeria Police Force, Civil Societies, National Health Promotion Policy and other ways these FGM

laws may be enforced. The chapter also contains a comparative analysis of the legal provisions of FGM between Nigeria and the United Kingdom.

Chapter five contains the summary of findings, recommendations, areas for further studies, and a conclusion.

CHAPTER TWO

FEMALE GENITAL MUTILATION

2.1 DEFINITION

Female genital mutilation is a very pervasive act that encroaches into various parts of women's lives worldwide, the World Health Organisation estimates 230 million girls and women alive have undergone the procedure.¹ Female Genital Mutilation (FGM) comprises all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons.²

According to Althaus, it is the “partial or total cutting away of the external female genitalia”, also notes that it is often performed without Anaesthetics in septic conditions by people with little to no surgical knowledge.³

For Toubia, it is the “The ritual cutting of parts of a girl's genitals.”⁴ In another article she notes that female circumcision is intertwined with a woman's sexuality and reproduction in society.⁵

Throughout this research project, the terms; Female Genital Mutilation, Female Genital Cutting, Female Genital Circumcision, Excision will be used interchangeably depending on

¹ World Health Organisation 'Female Genital Mutilation' 31 January 2025 < <https://www.who.int/news-room/fact-sheets/detail/female-genital-mutilation> > accessed 17 December 2024.

² *ibid.*,

³ F. Althaus, 'Female Circumcision: Rite of Passage or Violation of Rights?'. *International Family Planning Perspectives* [1997] (23) (3) < <https://www.jstor.org/stable/2950769> > accessed 6 January 2025.

⁴ N. Toubia, 'Female Circumcision/Female Genital Mutilation' *African Journal of Reproductive Health* [1998] (2) (2) < <https://www.jstor.org/stable/45120123> > accessed 7 January 2025.

⁵ N. Toubia, 'Female Circumcision as a Public Health Issue' *The New England Journal of Medicine* [1994] (331) (11) < <https://pubmed.ncbi.nlm.nih.gov/8058079/> > accessed 6 January 2025.

the term most fitting for the context in which it is used and except where explicitly stated the term ‘circumcision’ refers to female circumcision alone.

2.2 PREVALENCE AND STATISTICS

Between 2012 and 2020, about 35% of girls and women aged 15 – 49 years had undergone FGM in Africa, including 16.7% of girls aged 0.14 years.⁶ In Nigeria it is 19.5% of women aged 15 – 49 years old who have undergone FGM between 2012 and 2020.

According to the FGM/C Research Initiative⁷, the prevalence of FGM among women aged 15 – 49 in Nigeria has been deemed to be at 19.5%. The Geo-political zones with the highest prevalence are the South-East and the South-West with 35% and 30% of women aged 15 – 49 undergoing FGM. The states with the highest rates being Imo State, with 61.7%, Ekiti at 57.9%, Ebonyi at 53.2%. It is important to note that FGM rates are on the decline, as the prevalence rates in 2013 were 49% and 47.5% in the South-East and South-West respectively.⁸ Young girls are considered to be at risk of FGM if their mothers have been cut⁹

Among ethnic groups, the Yorubas have the highest rates at 34.7% as at 2018, as opposed to 54.5% in 2013, among the Igbos prevalence decreased from 45.2% to 30.7%. There was however an increase among the Kanuris, from 2.6% to 5.6%. The most prevalent age of

⁶ World Health Organization, March 2023 < https://files.who.int/afahobckpcontainer/production/files/iAHO_FGM_Regional_Fact_sheet.pdf > accessed 19 February 2025.

⁷ FGM/C Research Initiative < <https://www.FGMcri.org/country/nigeria/> > accessed 19 February 2025.

⁸ FGM/C Research Initiative, ‘FGM/C in Nigeria: Country Profile Update’ [2023] *28 Too Many* < [https://www.FGMcri.org/media/uploads/Country%20Research%20and%20Resources/Nigeria/nigeria_country_profile_update_v2_\(july_2023\).pdf](https://www.FGMcri.org/media/uploads/Country%20Research%20and%20Resources/Nigeria/nigeria_country_profile_update_v2_(july_2023).pdf) > accessed 6 January 2025.

⁹ S. Creighton and others, ‘Tackling Female Genital Mutilation in the UK’ *The British Medical Journal* [2019] (364) < <https://www.jstor.org/stable/26956502> > accessed 6 January 2025.

cutting is before the age of five, with 85% of women who had been cut aged 15 – 49 stating that they were cut before the age of five. The NDHS survey asked women aged 15-49, about the type of FGM they underwent, using ‘cut, flesh removed’, ‘cut, no flesh removed’, and ‘sewn closed’ as the categories. 44.1% did not know what type of cutting they underwent. ‘Cut, flesh removed’ was the most common type at 40.7%, ‘sewn closed’ was the least at 5.6%.¹⁰

Participants were also asked about the types of FGM which are particular to their locale and which may fall under ‘unclassified’ in the WHO method of classification. 40% of women had the Angurya method performed, 13% had Girishi cuts, and 7% had experienced the use of corrosive substances. Angurya is most common in the North-East at 91%, North-West at 81% and least common in the South-West at 5%. Women in rural areas were more likely to have Angurya cuts than women in the urban areas. The percentage of women with Angurya cuts decreased with education.

The term Female Genital ‘Mutilation’ is quite recent, as it was previously referred to as Female Genital Cutting or Circumcision.¹¹ Originally, when the United Nations investigated the practice in 1958 raising concerns over the health complications, it was referred to as a ‘custom involving ritual practice’, making it a cultural occurrence. It was on that basis that the World Health Organization (WHO) refused to recognise it; stating that it was a cultural issue and not related to health. In 1979, the WHO recognised it to be a dangerous practice: stating that while all societies have norms, cultures and behavioural expectations, it does not

¹⁰ National Population Commission (NPC) [Nigeria] and ICF. 2019. *Nigeria Demographic and Health Survey 2018*. Abuja, Nigeria, and Rockville, Maryland, USA: NPC and ICF < <https://dhsprogram.com/pubs/pdf/FR359/FR359.pdf> > accessed 19 February 2025.

¹¹ A.Andro, M. Lesclingand and P. Reeve, ‘Female Genital Mutilation: Overview and Current Knowledge’ *Population* [2016] 21(2) 224-311 < https://www.cairn-int.info/article-E_POPU_1602_0224--female-genital-mutilation-overview-and.htm > accessed 15 December 2024.

rule out the truth that some of these practices are harmful. The United Nations (UN) explicitly referred to FGM in the Declaration on the Elimination of Violence against Women in 1993. In 1994 the UN Sub-commission on the prevention of discrimination and Protection of Minorities adopted the first plan of action for the Elimination of Harmful Traditional Practices affecting the Health of Women and Children.

2.3 TYPES OF FGM

2.3.1 Nahid Toubia's method of classified FGM into two broad groups: Clitoridectomies (Type I and II procedures) and Infibulation (Type III and IV procedures).¹²

1. Type 1 (Clitoridectomy) This involves partial or total removal of the clitoris and/or the prepuce. This is commonly referred to as the Sunna circumcision.
2. Type 2 (Clitoridectomy or Excision) This involves the cutting of the clitoris with partial or total removal of the labia minora (the skin immediately surrounding the vaginal canal). The labia majora (the bigger set of skin housing the clitoris, urethra and vagina) may also be partially or completely removed. After healing, the clitoris is absent but the urethra and vaginal introitus are exposed.
3. Type 3 (Modified or Intermediate Infibulation), a mild form of infibulation.
4. Type 4 (Total Infibulation) involves the removal of the clitoris, the labia minora, incision of the labia majora to create raw surfaces that are stitched together to cover the urethra and the entrance of the vagina with skin, leaving a very small opening for urine and menstrual blood.

¹² *ibid*, n 5.

2.3.2 The World Health Organization has a slightly different way of classifying the types of FGM. Type I and II are the same as Toubia's classification, the difference lies in Type III and IV

Type III (Infibulation) is the narrowing of the vaginal opening through the creation of a covering seal. The seal is formed by cutting and repositioning the labia majora or minora, with or without the removal of the clitoral prepuce and glans.

Type IV (Unclassified) includes all other harmful procedures to the genitalia for non-medical purposes.¹³

2.4 RATIONALE

The practice of FGM subsists till date, and the places where it is practiced all have different reasons/functions for the continuation of the practice. These reasons, to these people are fully valid, they are;

2.4.1 PURITY AND MARRIAGEABILITY

There is a belief that by removing the external genitalia, sexual desire is minimised, thereby protecting a woman's virginity and honour. Some people believed that by circumcision, excessive sexual desires of a woman which could pose a danger to society could be reduced drastically and saw it as necessary. It was also believed to enhance male sexual pleasure and performance by narrowing the vaginal opening. These men experience pleasure through the

¹³ *ibid*, n 1.

tightened vaginal opening, a sexually passive partner or a woman in pain during sexual intercourse.¹⁴

In cultures where FGM is practiced, emphasis is placed on “virginity, purity and sexual restraint” and these all serve to ensure that the women of such cultures are marriageable. The rationale is that by reducing sexual pleasure, young women’s sexual morality and innocence would be maintained, making them candidates fit for marriage.¹⁵ For instance, uninfibulated women in Sudan during the 1970s were considered to be prostitutes. It also served as a class signifier, as high-class ladies were cut in order to make themselves appealing to wealthy men of their society.¹⁶

2.4.2 CULTURE

In some cultures, the progression of a woman from an adolescent to an adult includes FGC. Without it, they cannot benefit from the status which adulthood confers since they are still considered to be children.¹⁷

In some cultures, like the Mossi of Upper Volta and the Dogon of Mali, it is believed that circumcision is necessary as a baby could die if the head of a baby comes in contact with the clitoris during birth. The Bambara of Mali believe that the clitoris is poisonous and will kill a man if it comes in contact with the penis during intercourse, it is thought that the clitoris

¹⁴ D. Ghanim, *The Virginity Trap in The Middle East* (1st Edition, Palgrave Macmillan, 2015) 89.

¹⁵ J. Llamas, ‘Female circumcision: The History, The Current Prevalence and the Approach to a Patient’, 2017 < <https://med.virginia.edu/family-medicine/wp-content/uploads/sites/285/2017/01/Llamas-Paper.pdf> > accessed 15 December 2024.

¹⁶ C.T. Ross et al, ‘The Origins and Maintenance of Female Genital Mutilation Across Africa: Bayesian Phylogenetic Modeling of Cultural Evolution under the Influence of Selection’ *Human Nature* [2016] (27) (2) < <https://pubmed.ncbi.nlm.nih.gov/26846688/> > accessed 8 January 2025.

¹⁷ R. Kinyanjui, ‘Hidden Cost of Rejecting Female Genital Mutilation’ *Transformation* [2002] (19) (1) < <https://www.jstor.org/stable/43052524> > accessed 8 January 2025.

acts like a stinger during either act¹⁸. Some believe that a woman is impure if she has not been circumcised, there are particularly offensive insults meant to be offensive towards those who have not been cut, like “Bila Koro” meaning “you are dirty, you have not been excised”. It is also considered to be unpleasant to sight and touch, thereby removing the “ugly genitalia” signifies entry into maturity. The Mandingo people believe that it enhances fertility.¹⁹

2.5 CONSEQUENCES

The effects of FGM are mostly categorized into short and long-term consequences.²⁰ The short-term consequences include bleeding, infections (wound infections, septicemia, gangrene and tetanus), damage to other nearby organs, incomplete healing. Local sepsis and ulceration of the genital areas may also occur.²¹ Reisel further divided long term consequences into Gynaecological, obstetric and psychological effects.

Gynaecological effects include infections like chronic genital abscesses, vaginal infections, and blood borne infections. FGM has been suggested to be a risk factor for genitourinary disorders. It increases the risk of contracting Hepatitis B and HIV, especially due to the unsterilised and shared instruments used for the procedure. Genital scarring is also quite common among victims, keloids and inclusion cysts that could be painful. Some can even

¹⁸ A. Gibeau, ‘Female Genital Mutilation: When a Cultural Practice Generates Clinical and Ethical Dilemmas’ *Journal of Obstetric, Gynecological and Neonatal Nursing* [1998] (27) (1) < <https://pubmed.ncbi.nlm.nih.gov/9475132/> > accessed 8 January 2025.

¹⁹ L.J Kouba and J Muasher, ‘Female Circumcision in Africa: An Overview’ *African Studies Review* [1985] (28) (1) < <https://www.jstor.org/stable/524569> > accessed 8 January 2025.

²⁰ D. Reisel and S.M. Creighton ‘Long Term Health Consequences of Female Genital Mutilation (FGM)’ *Maturitas* [2015] (80) (1) < <https://pubmed.ncbi.nlm.nih.gov/25466303/> > accessed 8 January 2025

²¹ *ibid*, n 19.

require surgical removal. There can be menstrual difficulties, damage to the urethra can lead to fistulas and urinary strictures. It has also been suggested to lead to infertility.

Obstetric effects include difficulty during pregnancy and labour, post-partum difficulties also depending on the type of circumcision and the availability of healthcare to the victim.

Psychological effects include depression, anxiety, post-traumatic stress disorder. FGM damages sexual function due to the removal of the clitoris and related sexual organs. Some other health consequences include the inability to pass urine because of pain, swelling, and inflammation following the excision that may lead to Urinary Tract Infections²², this is most common with Infibulation since the urethra is covered. Death, shock, perinatal risks, mental health issues are also associated side effects.

2.6 LITERATURE REVIEW

Research into the subject matter of FGM is still ongoing, and from all indications and statistics the prevalence rates are reducing. It is however important to review and analyse the research work of people who have already conducted research in this field

One of the leading researchers in the field of Female Genital Mutilation is Toubia, a clinician and researcher on sexual and reproductive health and rights in the Middle East and Africa.²³ She is a leading voice pushing for the total abolishment of FGM, and her work is part of the foundation for most other papers in this field. Her article ‘Female Circumcision: as a Public Health Issue’²⁴ is very foundational for this research work as she explains the

²² *ibid*, n 3.

²³ ‘Nahid Toubia, Dr’ < <https://www.nairobisummiticpd.org/hlc-members/nahid-toubia> > accessed 19 February 2025.

²⁴ *ibid*, n 5.

procedure and how no matter how mild the excision might be, there is always damage to the clitoris. She explains the complications that can arise from an excision including haemorrhage, bleeding (which can lead to shock and death), infections, etc. She also explains some of the cultural motivations behind the procedure, noting that there is no 'ethical defence' that can be made to continue a practice which damages women's health and sexuality. She mentions ways in which those who have already been victimised can seek help. Stating that clitoridectomies have many effects, they however do not mechanically interfere with intercourse or labour. However, women who have been infibulated need to be deinfibulated before their first intercourse or vaginal examination can occur. They and their babies are at serious risk if they are not deinfibulated. She emphasises that her paper is not meant to be in any way legal or ethical, it is however important for medical practitioners to be up to date with the laws regarding FGM.

She also published an article titled 'Female Circumcision/Female Genital Mutilation'²⁵, where she states different initiatives which have been put in place to combat the procedure, like its criminalisation in Ghana in 1995, activism by women's groups, etc. She noted that since FGM is not a disease, more effort must be put into creating a change in attitudes towards FGM than on studies on its complications, or methods of disease eradication.

Another researcher whose work has contributed to this field of study is Dorkenoo, a Ghanaian activist. She was greatly influential in pushing the WHO towards adding FGM to their agenda. In her paper 'Combating Female Genital Mutilation: An Agenda for the Next Decade'²⁶, she adopts the WHO definition of FGM, and follows the WHO Technical

²⁵ *ibid*, n 4.

²⁶ E. Dorkenoo, 'Combating Female Genital Mutilation: An Agenda for the Next Decade' *Women's Studies Quarterly* (1990) (27) (1/2) 87-97 < <http://www.jstor.org/stable/40003401> > accessed 19 February 2025.

Working Group's classification of Types I, II, III, and IV. The practitioners being 'traditional practitioners with crude instruments and without anaesthetics', she also notes that affluent people are receiving FGM from qualified medical practitioners against WHO's opposition, medicalising the procedure. The age in which it is carried out varies from place to place, but most experts agree that the age of FGM is falling. She provides the religious and cultural reasons for the procedure. She categorised the health complications to be immediate complications, long-term complications, and psychosexual/psychological health. She noted some gaps in knowledge, including the lack of global surveys on the prevalence of FGM. Information available is dependent on fragmented data. For the complications, the complications are known, what is however not known is the actual prevalence of complications and the long-term effect in relation to gynaecological and obstetric morbidity and its impact on maternal and childhood mortality. She suggested adoption of a national policy to abolish FGM, sensitization and outreaches, and promotion of research and establishment of interagency coalitions with members of the relevant government agencies and training for health workers to enable abolition of FGM. She also notes that in order to sustain any progress that has been made, activities on FGM must be integrated into existing health education programs, reproductive health services etc.

Osifo and Evbuomwan, Nigerian surgeons at the Paediatric Unit of the University of Benin Teaching hospital conducted research titled 'Female Genital Mutilation among Edo People: The Complications and Pattern of Presentation at a Paediatric Surgery Unit, Benin City'²⁷, where a study was conducted between January 2002 and December 2007 on 52 female

²⁷ D.O. Osifo and I. Evbuomwan, 'Female Genital Mutilation among Edo People: The Complications and Pattern of Presentation at a Paediatric Surgery Unit, Benin City' *African Journal of Reproductive Health* [2009] (13) (1) < <https://www.ajrh.info/index.php/ajrh/article/view/561> > accessed 8 January 2025

children between 10 days old and 18 years old who had come to the hospital for complications related to FGM. They defined FGM as ‘the surgical excision of the prepuce’. They noted that culture was the most prevalent reason given for excision among the Edo people at 49%, and 100% of the families believed that being uncut was a taboo. All 46 mothers admitted that they were also cut as children. Traditional practitioners were responsible for 94.1% of mutilation while 5.9% were mutilated by paramedical staff. The majority of children from rural areas had more complications, especially because medical attention was sought very late. Counselling was provided to the parents who brought their children, 91% agreed to stop, 9% refused saying that they would never break tradition and subsequently defaulted counselling. One death was recorded following FGM during the period.

Andro and Lesclingand in their paper titled ‘Female Genital Mutilation: Overview and Current Knowledge’²⁸ did a general overview of FGM, they also adopted WHO’s definition of FGM. They took an anthropological approach, stating the history where they noted that there is no precisely known origin for the procedure. They particularly note that evidence suggests that FGM existed in Africa long before the existence of Islam, even if religion was eventually used to legitimise and justify it. They note the ways it may present itself in the Western world, like the use of chastity belts, clitoridectomies which were believed to cure masturbation. How within recent times, gender reassignment surgeries have been described as genital mutilation by activists for the rights of those contained. Female circumcision was seen as an equivalent of male circumcision and how these approaches were challenged by feminist campaigns in the 1970s, They credited Sindzingre to be the first in the 1970s to

²⁸ *ibid*, n 11.

argue against excision as a rite of initiation; she said that female and male circumcision were in no way equal physically. They noted the progression of the international campaign against FGM, beginning from the United Nations Commission on Human Rights in 1952, the 1958 United Nations Economic and social council directly raising the issue of FGM and its harm. At the time it was seen as more of a cultural practice making the WHO refuse to involve itself seeing it as a cultural practice more than a health issue. They note one of the difficulties with the progression of the abolition of FGM to be the conflict within the bodies combating it. Even within the United Nations, the recognition of the rights of women, bodily integrity competes with sovereign autonomy and respect for traditions, the former principles however prevailed. They prevailed through the emphasis on the health effects on the victims that FGM came to be seen as not just a mere ritualistic and cultural practice but as a grave violation on the physical rights of women. They also state some of the legislative progress which had been made at the time when the article was published; they state that out of the 30 countries with the highest prevalence of FGM, 25 have passed legislations on the subject matter. They address the limitations which come with WHO's method of classification, particularly problems with data collection. Several studies which compared the data collected with clinical examinations found that there was a problem with identifying the categories, for example in regions where Type III is practiced, the women often reported it as Type I or Type II, because in practice the women did not always know what procedure was carried out on them. Also, the terms used by the respondents did not always correspond with the WHO'S descriptions.

The Nigeria Demographic and Health Survey of 2018²⁹ is a foremost source for statistics regarding health-related topics, it contains survey responses and statistics on various subject matter like fertility, family planning, infant and child mortality, Female Genital Mutilation, amongst others. The information it contains on FGM comes in both condensed and extended formats through the utilisation of Pie charts and tables.

Reisel and Creighton, in their paper ‘Long Term Health Consequences of Female Genital Mutilation’³⁰ where they address the effects of FGM by splitting them into short-term complications and long-term complications. The short-term complications are the effects experienced immediately following the excision and long-term complications are effects which are gotten in the long-term. They noted that some of the effects are not necessarily caused by the excision but are exacerbated by it. The data collection process may be flawed as the topic is sensitive, some women know they have been cut but not how they were cut, which can affect the terminology used to classify the excision and that UNICEF classifies FGM in a different manner to make it simpler to understand;

- i. Cut, no flesh removed,
- ii. Cut, some flesh removed,
- iii. Sewn closed,
- iv. Type not determined/not sure/does not know.

They also noted that some adverse effects of FGM may be viewed normal to some populations hence not reported as complications of the procedure.

²⁹ *ibid*, n 10.

³⁰ *ibid*, n 20.

Kouba's work 'Female Circumcision in Africa: An Overview'³¹ takes a more localised approach to the procedure, focusing on the geographic distribution in Africa and the terms used to describe the types of the procedure as the;

- i. Mild Sunna: the pricking of the clitoris with a sharp object leaving little or no damage.
- ii. Modified Sunna: the partial or total excision of the clitoris.
- iii. Clitoridectomy: the removal of part or all of the clitoris and some parts of the labia minora.
- iv. Infibulation/Pharaonic Circumcision: it entails Clitoridectomy, the removal of the labia minora as well as some parts of the labia majora which may then be sewn together by catgut or held together by thorns.
- v. Introcision: enlarging the vaginal orifice by tearing it downwards.

The practitioners varied amongst different ethnic groups in Africa, the majority are however village midwives. While they may be knowledgeable in the area of traditional medicine, they are not so on anatomy and hygiene. He states that there is no surgical technique that can repair the operations, but surgeons can act on the complications. He also provides some of the rationale, FC was originally a rite of passage from childhood to puberty to adulthood. Ethnic groups where it was still practised all had reasons why they believed it was necessary. The Mandingo people believed it enhances fertility. He notes that FC is not rooted in Islam but was later accepted by it. He suggests that in order to eliminate FGM there is no need for new laws, the ones already in place should be heavily enforced, and that any approach taken to eliminate FGM is going to be a long and drawn-out effort.

³¹ *ibid*, n 19.

Mackie in his work ‘Ending Footbinding and Infibulation: a Convention Account’³² writes about how footbinding in China and FGM – particularly Infibulation – have existed as traditional practices meant for enforcing men’s sexual dominance, however the Chinese were able to eliminate footbinding in a single generation, Infibulation still persists in Africa. He notes that both practices were nearly universal where practices and was done by even those who opposed it, both were to control sexual access in females and ensure chastity, necessary in order to get married properly and ethnic markers, both were carried out while young and for aesthetic reasons. Foot binding was a very painful process where a child’s four smaller toes were bent and bound in order to create a ‘bowed and pointed four-inch-long appendage.’ Complications included ulceration, paralysis, gangrene, roughly 10% of girls did not survive. It was a practice that was meant to appreciate small feet and remained due to male sexual interest. Infibulation takes place between birth or before the birth of the first child depending on the place, it is done privately among women amidst singing to drown out the victim’s screams. The legs are then tied together for several weeks in order to heal. FC is seen as a mother’s act of love to her daughter and as her wanting the best for her daughter. It was also a way of ensuring paternity and to provide assurance that offspring belong to the man biologically. Richer families also preferred male children because a polygynous man will produce a lot more children than a daughter would; the higher ranked the man, the more the consorts sought to attract them, and wanted to participate in rites which would signify purity. Families would advertise their daughter who had been cut as being honourable and faithful.

³² G. Mackie, ‘Ending Footbinding and Infibulation’ *American Sociological Review* [1996] 61(6) < <https://www.jstor.org/stable/2096305> > accessed 15 December 2024.

Gibeau in her essay ‘Female Genital Mutilation: When a Cultural Practice Generates Clinical and Ethical Dilemmas’³³ mentions how FGM is not a geographic procedure but a cultural one. She also notes that the imperial and colonial borders between countries in Africa can contribute in difficulty in stating the exact places that practice FGM. Although FGM is a degrading procedure, it is however seen as a rite of passage making it desirable. The ceremonies come with special food, clothes, information about some secret societies are shared: these communal practices and the status which accompanies it makes it difficult to eradicate. FGM is also important for the practitioners as it gives them a revered status in society for their roles. They are usually born into being practitioners having inherited the role from family or a caste they belong to. Ethical issues which can arise from FGM are also not easy to resolve: FGM is illegal on a child, but what if a woman requests it? How is her autonomy to be respected? What happens if a couple after the birth of a child request to be reinfibulated, the husband speaks on her behalf because he is culturally responsible for her. He speaks English, she doesn’t, he insists that she is above 18 and has chosen to be reinfibulated; how autonomous is her choice, what action do you take? She adopts Schwartz’s³⁴ opinion that all consent with relation to FGM cannot be given freely, as there is an inherent cultural coercion to give ‘consent.’ For medical practitioners partaking in FGM, Schwartz states that while FGM is the removal of an undiseased organ, there are however a vast array of similar procedures e.g. breast augmentation which are done to adhere to beauty standards which may not come naturally, thus there are already unnecessary procedures

³³ *ibid*, n 18.

³⁴ R.L Schwartz and D. Johnson and N. Burke, ‘Multiculturalism, Medicine and the Limits of Autonomy: The Practice of Female Circumcision’ *Cambridge Quarterly of Healthcare Ethics* [1994] (3) (3) < <https://www.cambridge.org/core/journals/cambridge-quarterly-of-healthcare-ethics/article/abs/multiculturalism-medicine-and-the-limits-of-autonomy-the-practice-of-female-circumcision/F3BBCE463062A499E30F4FD7A06D9684> > accessed 19 February 2025.

meant for cultural adherence and for the purpose of fitting into societally set standards. She theorises on possible reasons why FGM is still practiced, some sociopolitical theories state that FGM is carried out to oppress women and girls and control their sexuality. The practice still carries heavy cultural significance in some places where it is practiced making it difficult for prospective victims to turn down the procedure

Mandara in his article, 'Female Genital Mutilation in Nigeria'³⁵ refers to FGM as 'the collective name given to traditional practices involving cutting all or part of the female genitalia.' He lists the major forms of FGM performed in Nigeria as Female Circumcision, Gishiri cut and Hymenectomy. Female Circumcision is the partial or total removal of the external genitalia. Gishiri cut or 'Yankan Gishiri is a traditional surgical cut performed on any part of the vaginal wall using a razor blade or a pen knife. Unlike FC, Gishiri cuts are usually performed as a way of administering treatments for ailments like infertility, amenorrhea, obstructed labour, etc. Hymenectomy is the excision of the hymen performed by a traditional herbalist-barber on infants soon after birth. He notes the differences in the time when the procedure is performed. In some places, it is carried out as early as during the neonatal period or in some places it is delayed till the age of puberty or during a woman's first pregnancy. The procedure is usually carried out by traditional healers, traditional birth attendants, trained midwives and in some scenarios, doctors. He also notes the reasons often given for the perpetuation of the act; as a rite of initiation into womanhood or the tribe. In some communities, its practice is linked to religion, however there is nothing in the Bible or Qur'an supporting the act. It is also seen as an important way of protecting the virginity and sexual purity of girls until they are ready for marriage. He notes that the complications

³⁵ M.U Mandara, 'Female Genital Mutilation in Nigeria' *International Journal of Gynaecology and Obstetrics* [2004] (84) (3) < <https://pubmed.ncbi.nlm.nih.gov/15001386/> > accessed 11 January 2025

which arise from the act often depend on the type and extent of mutilation. A study was also carried out on 500 women who presented themselves to be surveyed. They obtained the personal knowledge and views of the women regarding FGM and supported it with physical examinations. The women were mostly Hausa (226), Yoruba (55), Igbo (11) and Others (166). A total of 197 (34%) were found to have some form of excision. 27 of which reported hymenectomy (but were excluded because it cannot be clinically detected). Out of the 170 who had detectable FGM, 77 were aware that their external genitalia had been cut, creating an awareness rate of 45%. A possible reason for this lack of awareness could be due to the age when the procedure is usually carried out and the fact that it is not openly discussed in communities where it is carried out. Most of the women reported that the procedures were carried out by herbalists.

CHAPTER THREE

LEGAL AND INSTITUTIONAL FRAMEWORK

Following the worldwide attempts to reduce and abolish the prevalence of female genital mutilation, Nigeria has also taken various steps to reduce the prevalence of the procedure in Nigeria. FGM is an offence in Nigeria per the provisions of the law and rightfully so. The national and international attention on FGM, spurred on especially by women's rights and women's health activists in addition to the fact that there was a boom in concern for the rights of individuals worldwide after World War II¹, of which the UDHR can be seen as a byproduct. It is a dastardly act which violates the rights of its victims and affects them for the rest of their lives in various aspects, be it disability due to complications, chronic pain or even death adding to that the fact that these effects are now known to people all around the world who are actively and consciously trying to reduce its occurrence. Thereby violating the victim's right to live a life free of pain, torture, inhuman treatment or right to life. There is a need to know the statutes which abound in the practice of FGM. An examination of the relevant statutes at the National, Regional and International level will be enlightening as to the violation of human and women's rights which FGM constitutes and will be helpful in knowing provisions of the law which may not directly prohibit FGM but can be used as a tool to combat it.

3.1 NATIONAL PROVISIONS

As has been stated earlier, Nigeria has taken legislative steps to curb FGM. A major problem with the eradication of FGM in Nigeria is that a majority of people who still engage in it see

¹ A. Gibeau, 'Female Genital Mutilation: When a Cultural Practice Generates Clinical and Ethical Dilemmas' *Journal of Obstetric, Gynecological and Neonatal Nursing* [1998] (27) (1) < <https://pubmed.ncbi.nlm.nih.gov/9475132/> > accessed 8 January 2025.

it as a necessary tradition which must be carried out regardless of current knowledge,² necessitating the use of legislative means to curb the procedure. From all indications and current statistics, the prevalence of FGM is decreasing. It is however important to completely abolish the procedure. There are different statutory provisions which can be applied to the offence of FGM either expressly or impliedly. There are federal and state statutory provisions which attempt to curb the offence.

3.1.1 THE CONSTITUTION

The Constitution³ is the foremost source of Nigerian law, it is the grundnorm from which all other statutory provisions in Nigeria stem from. The Constitution contains the most basic rights which can be afforded to an individual by virtue of being a citizen of Nigeria. The Constitution does not expressly contain a provision prohibiting FGM, it however contains provisions relating to the rights and wellbeing of Nigerian citizens which can be applied to and are violated by the practice of FGM.

Section 15(2) contains the provision against discrimination on the basis of place of origin, sex, religion, status, ethnic or linguistic association in order to aid national integration as a political objective of the Nigerian government. Section 17 contains the social objectives of the Nigerian government. Section 17(2) particularly provides against inhuman treatment of Nigerians. This discrimination could be extended to the discrimination that a woman could face from her peers and society if she rejects or refuses to undergo circumcision.⁴

² D.O. Osifo and I. Evbuomwan, 'Female Genital Mutilation among Edo People: The Complications and Pattern of Presentation at a Paediatric Surgery Unit, Benin City' *African Journal of Reproductive Health* [2009] (13) (1) < <https://www.ajrh.info/index.php/ajrh/article/view/561> > accessed 8 January 2025.

³ The Constitution of the Federal Republic of Nigeria 1999 (as amended) (CFRN).

⁴ R. Kinyanjui, 'Hidden Cost of Rejecting Female Genital Mutilation' *Transformation* [2002] (19) (1) < <https://www.jstor.org/stable/43052524> > accessed 8 January 2025.

The Fundamental human rights of Nigerians are contained in chapter IV of the Constitution. Section 33(1) contains the provision assuring Nigerians of their right to life, except where they are to be executed as a court sentence. A complication of FGM is death, having been found to have caused more deaths than any other enteric infections.⁵ In situations where FGM leads to the death of its victims, they have been denied of their right to life.

Section 34 contains the provisions relating to the dignity of the human person.

- (1) Every individual is entitled to respect for the dignity of his person, and accordingly
 - (a) no person shall be subject to torture or to inhuman or degrading treatment;
 - (b) no person shall be held in slavery or servitude; and
 - (c) no person shall be required to perform forced or compulsory labour

This can be applied to cover the barbaric nature of circumcision as the procedure inherently robs its victims of their dignity as humans.⁶ In *Uzoukwu v Ezeonu*,⁷ inhuman treatment was held to mean ‘any barbarous or cruel act or acting without feeling for the suffering of the other.’ Torture was given its dictionary definition of putting a person to some form of pain which could be extreme, it could be physical brutalization of the human person or mental torture. All of these are recognised effects of FGM.

⁵ L. Ramsey, ‘Female Genital Mutilation found to be a leading cause of death in girls and young women in Africa’ *News Medical* 17 August 2023, <https://www.news-medical.net/news/20230817/Female-Genital-Mutilation-found-to-be-a-leading-cause-of-death-in-girls-and-young-women-in-Africa.aspx> > accessed 19 February 2025.

⁶ P. Pullella, ‘Pope says Female Genital Mutilation affronts dignity, must end’ *Reuters* (Vatican City, 6 February 2022) < <https://www.reuters.com/world/europe/pope-says-female-genital-mutilation-affronts-dignity-must-end-2022-02-06/> > accessed 5 February 2025.

⁷ [1991] 6 NWLR (pt200) 708.

Section 42 recognises a person's right to freedom from discrimination, stating:

1. A citizen of Nigeria of a particular community, ethnic group, place of origin, sex, religion or political opinion shall not, by reason only that he is such a person: -
 - a. be subjected either expressly by, or in the practical application of, any law in force in Nigeria or any executive or administrative action of the government, to disabilities or restrictions to which citizens of Nigeria of other communities, ethnic groups, places of origin, sex, religions or political opinions are not made subject; or
 - b. be accorded either expressly by, or in the practical application of, any law in force in Nigeria or any such executive or administrative action, any privilege or advantage that is not accorded to citizens of Nigeria of other communities, ethnic groups, places of origin, sex, religions or political opinions.
2. No citizen of Nigeria shall be subjected to any disability or deprivation merely by reason of the circumstances of his birth.
3. Nothing in subsection (1) of this section shall invalidate any law by reason only that the law imposes restrictions with respect to the appointment of any person to any office under the State or as a member of the armed forces of the Federation or member of the Nigeria Police Forces or to an office in the service of a body, corporate established directly by any law in force in Nigeria.

3.1.2 VIOLENCE AGAINST PERSONS (PROHIBITION) ACT

The Violence Against Persons (Prohibition) Act (VAPPA)⁸ is a leading statute in Nigeria which aims to combat violence against persons. It is notably only enforceable in the Federal Capital Territory and serves as a blueprint for all other states of Nigeria who have the discretion to enact their own versions of the statute. The act aims to eliminate all forms of violence, both in public and private life and to and to ensure maximum protection, and

⁸ 2015.

effective remedies and punishment for victims and perpetrators respectively and all related matters⁹

Nigeria has a lot of cultural practices that are harmful to individuals, and due to the inherently patriarchal society we live in, there are more harmful practices which affect women and girls. The VAPPA combats these practices in its provisions.¹⁰

Section 6 outrightly prohibits FGM;

1. The circumcision or genital mutilation of the girl child or woman is hereby prohibited.
2. A person who performs Female Genital Mutilation or engages another person to carry out such circumcision or mutilation commits an offence and is liable on conviction to a term of imprisonment not exceeding 2 years or to a fine not exceeding ₦100,000 or both.
3. A person who attempts 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 ₦100,000 or both.
4. 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 ₦100,000 or both.

By the existence of these additional provisions, it places criminal liability on not just the person who carries out the procedure, but also on those who knowingly permitted it and advocated for it. It does not expressly define FGM, but it defines harmful traditional practices to mean

all traditional behaviour, attitudes or practices, which negatively affect the fundamental rights of women, girls, or any person and includes harmful widowhood practices, denial of inheritance or succession

⁹ *ibid*, Explanatory Memorandum.

¹⁰ A. Lewis, 'Everything You Need to Know About The Law That Could Reduce Gender-Based Violence in Nigeria' *Global Citizen* 27 August 2021 < <https://www.globalcitizen.org/en/content/everything-you-need-to-know-vapp-nigeria/> > accessed 7 February 2025.

rights, female genital mutilation or female circumcision, forced marriage and forced isolation from family and friends.¹¹

The provision against harmful traditional practices is contained in Section 20 and makes it an offence to carry out a harmful traditional practice.¹² Before the implementation of VAPPA, various states had passed their own legislations aimed at criminalising the act.¹³

In addition to that, any person who wilfully causes or inflicts injury on another is liable on conviction to a prison term not exceeding 5 years and a fine of not more the ₦100,000 or both.¹⁴

3.1.3 VIOLENCE AGAINST PERSONS (PROHIBITION) LAW (EDO)

The Violence Against Persons (Prohibition) Law (VAPPL) of Edo state¹⁵ is Edo State's own version of the VAPPA. It has the same objectives as the VAPPA. Section 8 creates a provision against infliction of physical injury, section 8(1) states that any person who wilfully causes or inflicts injury on another by means of blows or use of any weapon or any object is liable on conviction to a prison term of 5 years or ₦300,000 or both.

Section 11 is the provision which expressly prohibits FGM. It states that circumcision or genital mutilation of a girl or woman is prohibited.¹⁶ A person who performs or engages another to perform the offence is liable on conviction to a prison term of 4 years or a fine not exceeding ₦300,000 or both.¹⁷ A person who attempts to commit the offence is liable on

¹¹ *ibid*, 8, Section 46.

¹² *ibid*, 8, Section 20(1).

¹³ Like the Edo State Female Genital Mutilation (Prohibition) Law (1999), Bayelsa State Female Genital Mutilation (Prohibition) Law (2004), the Girl Child Marriages and Female Circumcision (Prohibition) Law (2000).

¹⁴ *ibid*, Section 2(1).

¹⁵ 2021.

¹⁶ *ibid*, Section 11(1).

¹⁷ *ibid* Section 11(2).

conviction to a prison term of 2 years or a fine of ₦300,000 or both.¹⁸ A person who incites, abets, aids or procures another to commit the offence is liable on conviction to the punishment prescribes in subsection 2.¹⁹ A person who receives another (unless to hand over to authorities) or assists them with the knowledge that the person committed the offence is an accessory after the fact and is liable on conviction to a prison term of 2 years or a fine not exceeding ₦300,000 or both, this particular provision is an addition not contained in the VAPPA and is an addition that is peculiar to the Edo state VAPPL.

Section 77 defines circumcision to mean ‘the cutting off of all or part of the external genital organs of a girl or woman for non-medical reasons.’ It also includes FGM as a harmful traditional practice, defining harmful traditional practices as

all traditional behaviours, attitudes or practices, which negatively affect the fundamental rights of women, girls, or any person and includes any harmful widowhood practices, denial of inheritance or succession rights, female genital mutilation or female circumcision, forced marriage and forced isolation from family and friends.

3.1.4 VIOLENCE AGAINST PERSONS (PROHIBITION) LAW (IMO)²⁰

As the state with the highest prevalence rates of FGM in Nigeria,²¹ it is important to know the provisions of the law relating to FGM in the State. The interpretation Section²² of the Act defines FGM to mean –

cutting of all or part of the external female sex organs of a girl or woman on the ground of traditional or religious practices which includes

¹⁸ *ibid*, Section 11(3).

¹⁹ *ibid*, Section 11(4).

²⁰ Imo State of Nigeria Law No. 8 of 2021.

²¹ FGM/C Research Initiative < <https://www.FGMcri.org/country/nigeria/> > accessed 19 February 2025.

²² *ibid*, n 20, Section 2.

- a. clitoridectomy, which involves the removal of the prepuce of the hood of the clitoris itself and the posterior;
- b. excision which involves the removal of the clitoris along with parts of the labia minora or all of it;
- c. infibulations, otherwise known as “Pharoanic circumcision” which involves the removal of the clitoris, the labia minora and the adjacent media part of the labia majora in the anterior two-thirds, whether or not the two sides of the vulva are stitched together or merely an opening of the sides of a pin head to allow the flow of urine and menstrual blood;
- d. introcision, including “gishiri cuts”;
- e. ‘argunya cuts’, this is scraping or cutting of the vagina;
- f. pricking, piercing, or incising of the clitoris or labia;
- g. cauterisation, that is, searing of the clitoris, labia and vagina with hot iron or caustic in order to make seem insensitive;
- h. introduction of corrosive substance and herbs in the vagina in order to desensitise it; and
- i. other forms of Female Genital Mutilation

This definition of FGM by the Imo state VAPPL is far-reaching and considers various forms of FGM known from research. a similarly comprehensive approach to legislation on FGM is taken in Section 9, which prohibits FGM. It states

- 1. Any form of genital mutilation of the girl child or woman is prohibited.
- 2. A person who knowingly on the ground of traditional or religious practices, separates or surgically alters the normal healthy functioning genital tissue/organ of a female; circumcises, pricks, cuts or infibulates the whole or any part of the labia majora or minora of a female genital organ or engages another to carry out such mutilation, commits an offence and is liable on conviction to a term of imprisonment not exceeding 14 years or a fine not below N500,000.00 or to both such term of imprisonment and fine.
- 3. Where death occurs as a result of female genital mutilation or the victim dies within 1 year from the injuries inflicted during the act, the offender shall on conviction be liable to life imprisonment;
- 4. A person who attempts to commit the offence provided for in subsection (2) of this section, is guilty of an offence and is liable on conviction to a term of imprisonment not

exceeding 7 years or a fine not exceeding N300,000.00 or to both such term of imprisonment and fine.

5. A person who incites, aids, abets, receives or counsels another person to commit the offence provided for in subsection (2) of this section, is guilty of the offence and is liable on conviction to a term of imprisonment not exceeding 5 years or to a fine not exceeding N200,000.00 or to both such term of imprisonment and fine.
6. Any female who willingly submits herself for the performance of Female Genital Mutilation, is guilty of an offence and is liable on conviction to a term of imprisonment not exceeding 3 years or to a fine not exceeding N200,000.00 or to both such term of imprisonment and fine.
7. It shall not be a defence to any offence committed under this Section, that the victim consented to have Female Genital Mutilation performed on her or that the victim's parents or legal guardians consented to the practice.

The approach of the Imo state law considers the concept of consensual FGC and outlaws it; this is quite important because while the girl/woman may have willingly decided to be cut, decisions which people make (good or bad) are shaped by social conditioning and the norms of the society they belong to. Choices are not made in a vacuum.²³ If a lady feels that without FGC she would never get married (or whatever perceived benefits it accrues), that choice to be cut is never fully hers no matter how it is framed.²⁴ The act also penalises a person who violates the right to life of a victim due to FGM carried out within a period of one year, a notable addition.

²³ V. Patel, 'Opinion| 'Choice Feminism' Ignores Institutional Issues, Prevents Change' 29 January 2023 < <https://dailyillini.com/opinions-stories/2023/01/29/opinion-choice-feminism-ignores-institutional-issues-prevents-change/> > accessed 15 February 2025.

²⁴ M. Tyler, 'No, Feminism is not About Choice' *THE CONVERSATION* (29 April 2019) < <https://theconversation.com/no-feminism-is-not-about-choice-40896> > accessed 15 February 2025.

3.1.5 CHILDS RIGHTS ACT (CRA)²⁵

This is the leading statute in Nigeria with regards to the affairs of children and their wellbeing, it is relevant because the girl child is the most vulnerable demographic in the discussion of FGM. It was designed as a way to assimilate the principles of the United Nations Convention on the Rights of the Child.²⁶ The act in Section 1 states that the best interest of a child shall be considered in every action that is to be taken concerning a child. Every child has a right to survival and development.²⁷ Section 10 guarantees a child's right to freedom from discrimination on the basis of sex, religion, place of origin or political opinion.

Section 11 contains the right of a child to dignity it states thus;

Every child is entitled to respect for the dignity of his person, and accordingly, no child shall be-

- (a) subjected to physical, mental or emotional injury, abuse, neglect or maltreatment, including sexual abuse;
- (b) subjected to torture, inhuman or degrading treatment or punishment;
- (c) subjected to attacks upon his honour or reputation; or
- (d) held in slavery or servitude, while in the care of a parent, legal guardian or school authority or any other person or authority having the care of the child.

This provision of the law serves to protect children from all treatment that could be classified as torture, degrading treatment, or abuse, and as already been established, FGM fits into what can be defined as a type of abuse.

²⁵ 2003.

²⁶ 'Understanding the Childs Rights Act Nigeria' *Asabe Wazari Justice Advocacy Initiative* < <https://awjai.org/understanding-the-child-rights-act-nigeria/> > accessed 6 February 2025.

²⁷ *Ibid*, 25, Section 4.

Section 13 relates to a child's right to health and health services, subsection 1 particularly states that a child has the right to enjoy the best mental, physical and spiritual health. This is however a provision that is at the State's discretion to adopt and pass as a law.

3.2 REGIONAL PROVISIONS

Due to the budding recognition of FGM as a grievous human rights violation, different international and regional (African) bodies and organisations have taken steps to abolish its occurrence. Nigeria, as an African country is signatory to various conventions and treaties which protect the rights of Africans. These provisions are mostly treaties concerning the rights of party state citizens and can be extended to cover the rights of girls and women in various aspects like the right to life, right to freedom from inhuman treatment, amongst others which FGM violates. In Nigerian law, regional and international treaties are required to be ratified before they can have any legitimacy in the legal process, and they cannot exceed the force of law of any existing Nigerian statute.²⁸

3.2.1 AFRICAN CHARTER ON HUMAN AND PEOPLES RIGHTS

There had been a worldwide drive to expressly state and protect the rights of people, one of the ways it manifested was the African Charter on Human and Peoples Rights (ACHPR). This is also known as the Banjul Charter, was enacted under the supervision of the African Union. Article 1 of the charter entitles individuals of party states to enjoy rights without distinction to race, ethnic group, sex, colour, amongst others. Article 4 acknowledges human beings as inviolable and creates a right to life and no one may be denied of this right. Article 5 addresses the right to the respect of dignity of the human

²⁸ Section 12 CFRN 1999.

person. All forms of degradation like slavery, slave trade, torture, cruel, inhuman or degrading punishment and treatment shall be prohibited.

3.2.2 AFRICAN CHARTER ON THE RIGHTS AND WELFARE OF THE CHILD²⁹

This Charter addresses the rights of children, and provides a regional treaty by which the rights of children can be enforced in Africa by signatory nations. Female children are the demographic of individuals who are at the most risk of FGM.³⁰ creating a necessity for laws meant to protect children from all forms of violence and abuse. A child, for the purpose of the charter is defined to be a person under the age of 18.³¹ A child is entitled to enjoy freedoms recognised in the charter irrespective of the child/ their parent's sex, colour, race, ethnic group, amongst others.³² In all things that concern a child, the best interest of that child is the most important factor to consider.³³ Party states are encouraged to take necessary steps to ensure that the health of children are preserved, the charter lists some of these objectives like; to reduce infant and child mortality rate, to ensure adequate nutrition and to integrate basic health care programs into national development plans.³⁴ Section 16 contains a provision against child abuse and torture, it put on party states a responsibility to create legislation to protect children from all forms of torture, inhuman and degrading treatment.

1. States Parties to the present Charter shall take specific legislative, administrative, social and educational measures to protect the child from all forms of torture, inhuman or

²⁹ CAB/LEG/24.9/49 (1990).

³⁰ National Population Commission (NPC) [Nigeria] and ICF. 2019. *Nigeria Demographic and Health Survey 2018*. Abuja, Nigeria, and Rockville, Maryland, USA: NPC and ICF
<<https://dhsprogram.com/pubs/pdf/FR359/FR359.pdf>> accessed 19 February 2025.

³¹ *ibid*, n 29, Article 2.

³² *ibid*, n 29, Article 3.

³³ *ibid*, n 29 Article 4.

³⁴ *ibid*, n 29, Article 14(2).

degrading treatment and especially physical or mental injury or abuse, neglect or maltreatment including sexual abuse, while in the care of a parent, legal guardian or school authority or any other person who has the care of the child.

2. Protective measures under this Article shall include effective procedures for the establishment of special monitoring units to provide necessary support for the child and for those who have the care of the child, as well as other forms of prevention and for identification, reporting referral investigation, treatment, and follow up of instances of child abuse and neglect.

3.2.3 PROTOCOL TO THE AFRICAN CHARTER ON HUMAN AND PEOPLES RIGHTS ON THE RIGHTS OF WOMEN IN AFRICA, ALSO KNOWN AS THE MAPUTO PROTOCOL³⁵

This protocol comprehensively provides for the rights of women and girls in Africa. The protocol guarantees rights to women like the right to take part in politics, autonomy, gender equality with men, and aims to put an end to harmful traditional practices, FGM inclusive.

Article II of the convention aims to eliminate discrimination against women, stating;

1. States Parties shall combat all forms of discrimination against women through appropriate legislative, institutional and other measures. In this regard they shall:
 - a. include in their national constitutions and other legislative instruments, if not already done, the principle of equality between women and men and ensure its effective application;
 - b. enact and effectively implement appropriate legislative or regulatory measures, including those prohibiting and curbing all forms of discrimination particularly those harmful practices which endanger the health and general well-being of women;

³⁵ African Union, < <https://au.int/en/treaties/protocol-african-charter-human-and-peoples-rights-rights-women-africa>> accessed 21 February 2025.

- c. integrate a gender perspective in their policy decisions, legislation, development plans, programmes and activities and in all other spheres of life;
 - d. take corrective and positive action in those areas where discrimination against women in law and in fact continues to exist;
 - e. support the local, national, regional and continental initiatives directed at eradicating all forms of discrimination against women.
4. States Parties shall commit themselves to modify the social and cultural patterns of conduct of women and men through public education, information, education and communication strategies, with a view to achieving the elimination of harmful cultural and traditional practices and all other practices which are based on the idea of the inferiority or the superiority of either of the sexes, or on stereotyped roles for women and men

Article III guaranteed the right to dignity of every woman,

- 1. Every woman shall have the right to dignity inherent in a human being and to the recognition and protection of her human and legal rights.
- 2. Every woman shall have the right to respect as a person and to the free development of her personality.
- 3. States Parties shall adopt and implement appropriate measures to prohibit any exploitation or degradation of women.
- 4. States Parties shall adopt and implement appropriate measures to ensure the protection of every woman's right to respect for her dignity and protection of women from all forms of violence, particularly sexual and verbal violence.

Article IV(1) provides for the respect that a woman's life is to be accorded and the integrity and security of her person and all forms of exploitation, cruel, inhuman or degrading punishment and treatment shall be prohibited. Article IV(2) provides for steps which party states are to follow to ensure that these rights are preserved. Article V tasks party states with condemning and prohibiting all forms of harmful traditional practices which violate the rights of women and are contrary to international standards, they shall take

methods including; creation of public awareness about such practices through formal and informal means,³⁶ legislation backed by sanction prohibiting all forms of FGM, scarification, medicalisation and para-medicalisation of FGM and all other practices,³⁷ provision of support systems for victims,³⁸ protection of women who are at risk of these harmful practices.³⁹ Thus section of the convention has expressly prohibited FGM in party states and urges states to take necessary means to eradicate the procedure

3.3 INTERNATIONAL PROVISIONS

Due to the worldwide awareness on the dangers of FGM and human rights violation which it constitutes, international organisations have taken steps to ensure that FGM is eradicated worldwide. Some do not outrightly prohibit FGM but can be applied to it due to the nature of the procedure and some outrightly prohibit the procedure.

3.3.1 THE UNITED NATIONS CONVENTION ON THE ELIMINATION OF ALL FORMS OF DISCRIMINATION AGAINST WOMEN (CEDAW)⁴⁰

This convention is a foremost legal authority for the rights of women worldwide, it aims to achieve equality through the foundational principles of non-discrimination, state obligation

³⁶ *ibid*, n 35, Article V(a).

³⁷ *ibid*, n 35, Article V(b).

³⁸ *ibid*, n 35, Article V(c).

³⁹ *ibid*, n 35, Article V(d).

⁴⁰ UN WOMEN < <https://www.un.org/womenwatch/daw/cedaw/text/econvention.htm> > accessed 21 February 2025.

and substantive equality.⁴¹ It was adopted on the 18th of December, 1979, and is said to act as an international bill of rights for women⁴²

Article 1 of this charter determines discrimination against woman to mean any distinction, exclusion, or restriction which is made on the basis of sex with an aim to undermine women.

Article 2 encourages party states to condemn discrimination against women and it suggests some measures which a state may follow, stating thus;

- (a) To embody the principle of the equality of men and women in their national Constitutions or other appropriate legislation if not yet incorporated therein and to ensure, through law and other appropriate means, the practical realization of this principle;
- (b) To adopt appropriate legislative and other measures, including sanctions where appropriate, prohibiting all discrimination against women;
- (c) To establish legal protection of the rights of women on an equal basis with men and to ensure through competent national tribunals and other public institutions the effective protection of women against any act of discrimination;
- (d) To refrain from engaging in any act or practice of discrimination against women and to ensure that public authorities and institutions shall act in conformity with this obligation;
- (e) To take all appropriate measures to eliminate discrimination against women by any person, organization or enterprise;
- (f) To take all appropriate measures, including legislation, to modify or abolish existing laws, regulations, customs and practices which constitute discrimination against women;
- (g) To repeal all national penal provisions which constitute discrimination against women.

⁴¹ What is the CEDAW? < <https://pcw.gov.ph/convention-on-the-elimination-of-all-forms-of-discrimination/#:~:text=The%20CEDAW%20Convention%20is%20built,to%20the%20concept%20of%20equality> > accessed 6 February 2025.

⁴² B. Rana and V. Perrie, 'CEDAW: A Tool for Addressing Violence against Women' *70 Years of Development; The Way Forward* [2019] 111-130 < <http://www.jstor.com/stable/resrep24393.12> > accessed 6 February 2025.

Article 5 tasks party states with ensuring that they take all appropriate measures to modify the social and cultural patterns of conduct of men and women with the aim of eliminating prejudices. States Parties shall take all appropriate measures:

- (a) To modify the social and cultural patterns of conduct of men and women, with a view to achieving the elimination of prejudices and customary and all other practices which are based on the idea of the inferiority or the superiority of either of the sexes or on stereotyped roles for men and women;
- (b) To ensure that family education includes a proper understanding of maternity as a social function and the recognition of the common responsibility of men and women in the upbringing and development of their children, it being understood that the interest of the children is the primordial consideration in all cases.

Article 12 tasks party states with ensuring that women have equal access to healthcare as men.

1. States Parties shall take all appropriate measures to eliminate discrimination against women in the field of health care in order to ensure, on a basis of equality of men and women, access to health care services, including those related to family planning.
2. Notwithstanding the provisions of paragraph 1 of this article, States Parties shall ensure to women appropriate services in connection with pregnancy, confinement and the post-natal period, granting free services where necessary, as well as adequate nutrition during pregnancy and lactation.

3.3.2 INTERNATIONAL COVENANT ON CIVIL AND POLITICAL RIGHTS (ICCPR)⁴³

This is a treaty that engages party states to ensure that the political and civil rights of their citizens are adhered to. Article 6 of the covenant contains the right to life which shall be protected by law, it states thus; ‘Every human being has the inherent right to life. This right

⁴³ United Nations < <https://www.ohchr.org/en/instruments-mechanisms/instruments/international-covenant-civil-and-political-rights> > accessed 21 February 2025.

shall be protected by law. No one shall be arbitrarily deprived of his life.’ Article 7 contains the provision which states that no person shall be subject to torture, cruel or inhuman treatment, it states thus; ‘No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment. In particular, no one shall be subjected without his free consent to medical or scientific experimentation.’ Article 26 is a provision on equality before the law, stating thus; ‘All persons are equal before the law and are entitled without any discrimination to the equal protection of the law. In this respect, the law shall prohibit any discrimination and guarantee to all persons equal and effective protection against discrimination on any ground such as race, colour, sex, language, religion, political or other opinion, or national or social origin, property, birth or other status.’

3.3.3 UNIVERSAL DECLARATION ON HUMAN RIGHTS (UDHR)⁴⁴

This is a foremost provision of the law which concerns human rights which was adopted by the United Nations in 1948. It was considered to be a necessary step in ensuring the rights of citizens of party states are preserved. Article 1 is the provision on human dignity, it states that ‘All human beings are born free and equal in dignity and rights, they are endowed with reason and conscience and should act towards one another in a spirit of brotherhood.’ Article 3 is the provision on the right to life. Article 5 provides that ‘No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment.’

⁴⁴ United Nations < <https://www.un.org/en/about-us/universal-declaration-of-human-rights> > accessed 21 February 2025.

3.3.4 UNITED NATIONS DECLARATION ON THE ELIMINATION OF VIOLENCE AGAINST WOMEN (DEVAW)⁴⁵

It is a resolution that was adopted by the United Nations General Assembly in 1994.

Article 1 defines violence against women to be

any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life

Article 2(a) provides some situations which qualify as violence against women to include-

Physical, sexual and psychological violence occurring in the family, including battering, sexual abuse of female children in the household, dowry-related violence, marital rape, female genital mutilation and other traditional practices harmful to women, non-spousal violence and violence related to exploitation.'

Article 3 contains the rights which women are entitled to;

- (a) The right to life;
- (e) The right to be free from all forms of discrimination;
- (f) The right to the highest standard attainable of physical and mental health;
- (g) The right to just and favourable conditions of work;
- (h) The right not to be subjected to torture, or other cruel, inhuman or degrading treatment or punishment.

Article 4 encourages party states to eliminate any harmful traditional practices;

States should condemn violence against women and should not invoke any custom, tradition or religious consideration to avoid their obligations with respect to its elimination. States should pursue by all appropriate means and without delay a policy of eliminating violence against women and, to this end, should:

- a. Consider, where they have not yet done so, ratifying or acceding to the Convention on the Elimination of All Forms of Discrimination against Women or withdrawing reservations to that Convention;

⁴⁵ A/RES/48/104.

- b. Refrain from engaging in violence against women;
- c. Exercise due diligence to prevent, investigate and, in accordance with national legislation, punish acts of violence against women, whether those acts are perpetrated by the State or by private persons
- d. Develop penal, civil, labour and administrative sanctions in domestic legislation to punish and redress the wrongs caused to women who are subjected to violence; women who are subjected to violence should be provided with access to the mechanisms of justice and, as provided for by national legislation, to just and effective remedies for the harm that they have suffered; States should also inform women of their rights in seeking redress through such mechanisms;
- e. Consider the possibility of developing national plans of action to promote the protection of women against any form of violence, or to include provisions for that purpose in plans already existing, taking into account, as appropriate, such cooperation as can be provided by non-governmental organizations, particularly those concerned with the issue of violence against women;
- f. Develop, in a comprehensive way, preventive approaches and all those measures of a legal, political, administrative and cultural nature that promote the protection of women against any form of violence, and ensure that the re-victimization of women does not occur because of laws insensitive to gender considerations, enforcement practices or other interventions;
- g. Work to ensure, to the maximum extent feasible in the light of their available resources and, where needed, within the framework of international cooperation, that women subjected to violence and, where appropriate, their children have specialized assistance, such as rehabilitation, assistance in child care and maintenance, treatment, counselling, and health and social services, facilities and programmes, as well as support structures, and should take all other appropriate measures to promote their safety and physical and psychological rehabilitation;
- h. Include in government budgets adequate resources for their activities related to the elimination of violence against women;
- i. Take measures to ensure that law enforcement officers and public officials responsible for implementing policies to prevent, investigate and punish violence against women receive training to sensitize them to the needs of women;
- j. Adopt all appropriate measures, especially in the field of education, to modify the social and cultural patterns of conduct of men and women and to eliminate prejudices, customary practices and all other practices based on the idea of the

- inferiority or superiority of either of the sexes and on stereotyped roles for men and women;
- k. Promote research, collect data and compile statistics, especially concerning domestic violence, relating to the prevalence of different forms of violence against women and encourage research on the causes, nature, seriousness and consequences of violence against women and on the effectiveness of measures implemented to prevent and redress violence against women; those statistics and findings of the research will be made public;
 - l. Adopt measures directed towards the elimination of violence against women who are especially vulnerable to violence;
 - m. Include, in submitting reports as required under relevant human rights instruments of the United Nations, information pertaining to violence against women and measures taken to implement the present Declaration;
 - n. Encourage the development of appropriate guidelines to assist in the implementation of the principles set forth in the present Declaration;
 - o. Recognize the important role of the women's movement and non-governmental organizations worldwide in raising awareness and alleviating the problem of violence against women;
 - p. Facilitate and enhance the work of the women's movement and non-governmental organizations and cooperate with them at local, national and regional levels;
 - q. Encourage intergovernmental regional organizations of which they are members to include the elimination of violence against women in their programmes, as appropriate.

Article XIV contains the right to reproductive rights; it contains some reproductive and general health rights which a woman has and measures that party states may take to protect those rights and this provision is important because the practice of FGM is a violation on the reproductive rights of its victims especially due to its gynaecological effect.

CHAPTER FOUR

INSTITUTIONAL FRAMEWORK AND COMPARATIVE ANALYSIS

Nigeria has an array of systems set up to combat the occurrence of FGM. As it stands, the 6th of February is the International Day of Zero Tolerance for Female Genital Mutilation and is a day where all organisations concerned condemn the practice. The condemnation of FGM has become a world-wide concerted effort and this chapter serves to bring awareness to some of the ways which Nigeria has endeavoured to bring the procedure to an end.

4.1 INSTITUTIONAL FRAMEWORK

4.1.1 NATIONAL POLICY AND PLAN OF ACTION FOR THE ELIMINATION OF FEMALE GENITAL MUTILATION IN NIGERIA¹

This policy was introduced under the supervision of the Federal Ministry of Health, along with the co-operation of the Federal ministries of Women Affairs, Youth Development, Education and other bodies. The policy bequeaths Nigeria with the status of the country with the third highest number of women who have undergone FGM, with an estimated 19.9 million survivors. It addresses the gender inequality in Nigerian culture, noting how the patriarchal system affects how women conduct themselves, for example FGM is seen as a requirement for marriage in some societies. It summarises that FGM is an age-old norm which is based on social, cultural and religious beliefs founded and maintained on discrimination, patriarchal system and other systems which show in gender inequality and suppression of the female sexuality. The policy succinctly explains a view of the gender inequality that can contribute to FGM, stating Within the patriarchal culture, gender

¹ 2021-2025

inequality is entrenched, with women having little or no voice, and little or no control over important aspects of life, including but not limited to sexuality. Men and boys are understood to be more important than women and girls, and many cultural norms and practices including FGM are built upon these foundations. There is an understanding that men's sexuality is more important and takes precedence over that of women. FGM promotes and sustains the idea that women are incapable of controlling their sexuality and maintaining chastity on their own.

The policy has different outcomes which it aims to achieve, and different objectives and the strategies for accomplishing these outcomes. The expected outcome 1 in the policy aims to achieve elevated rates of the public knowledge of the ills of FGM and its effects and its consequent abandonment. Specific objective 1 aims to increase knowledge of the consequences of FGM by 100% by 2025, specific objective 2 aims to reduce the number of people advocating for the continuation of FGM by 50% in 2025, specific objective 3 aims to promote male involvement and leadership in efforts of eliminating FGM, specific objective 4 aims to enhance a change in the conversation surrounding by targeting various sub-groups of the general public, all these specific objectives are objectives of which their accomplishment will lead to the expected outcome 1. Strategy 1.1 (for the accomplishment of the expected outcome 1) is to support public enlightenment and education, Strategy 1.2 is to support the advocacy of stakeholders, Strategy 1.3 is to motivate individuals and communities in the pursuit of social change. All these strategies are the ways which the expected outcomes can be arrived at. Some of the other expected outcomes include

- ♠ Empowerment programmes for women aimed at ending FGM.²

² *ibid*, 1, Expected Outcome 2.

- ♣ Provision of timely and professional service to victims aimed at mitigating the effects of FGM.³
- ♣ Mobilisation of resources to support the elimination of FGM.⁴

It contains the agencies and ministries to be concerned with the implementation of the policy at the federal, state and local government level. The policy is set to be reviews every five years.

4.1.2 THE NIGERIA POLICE FORCE

The Nigerian police force is the chief enforcement authority in Nigeria. It was established by a provision of the constitution⁵ which also states that that no other police force shall be established for the federation or any part of it. The current law regulating the operations of the police in Nigeria is the Nigeria Police Act.⁶ The objectives of the act are contained in Section 2 to be provide a police force that is responsive to the needs of the general public and in its operations follows the values of fairness, justice and equity,⁷ to reposition the police force to uphold and protect the rights of every Nigerian in its operations,⁸ to effectively empower the police to prevent crimes without threatening the liberty and privacy of persons in Nigeria,⁹ to empower the police in its execution of functions,¹⁰ and to respect the rights of victims and aid in the understanding of their needs. As has already been established, FGM is a gross violation of the rights of its victims and the police, by virtue of

³ *ibid*, 1, Expected Outcome 3.

⁴ *ibid*, 1, Expected Outcome 6.

⁵ Section 214(1) CFRN 1999.

⁶ 2020.

⁷ *ibid*, Section 2(a).

⁸ *ibid*, Section 2(b).

⁹ *ibid*, Section 2(d).

¹⁰ *ibid*, Section 2(e).

these objectives, the police have a responsibility to ensure that the rights of women and girls are not violated by the act of FGM, and to enforce the provisions of the VAPPL with care and respect/regards for the well-being of any persons who have already been victimised.

Section 4 contains the primary functions of the Nigerian Police Force, some of which are; to protect from and detect crimes and to protect the rights and freedoms of Nigerians as provided in the Constitution, and any other extant laws,¹¹ to protect the lives and properties of Nigerians,¹² to enforce all laws and regulations without prejudice to the enabling acts of other security agencies,¹³ discharge their duties (within or outside Nigeria) as may be required by law,¹⁴ adopt or accept community partnership in the course of carrying out their duties.¹⁵ The import of these duties is that the police has a duty to enforce the provisions of the law which are meant to protect women and girls from FGM and when the person has already been victimised, a duty to deal with the victim with appropriate care or direct them to the appropriate facilities.

The provisions of section 4 above also means that the police have a duty to ensure that perpetrators of the offence are persecuted, ensuring that the perpetrators are persecuted under the VAPPA/VAPPL (depending on the location of the offence) and that they get the appropriate sentence befitting for the offence.

¹¹ *ibid*, Section 4(a).

¹² *ibid*, Section 4(c).

¹³ *ibid*, Section 4(d).

¹⁴ *ibid*, Section 4(e).

¹⁵ *ibid*, Section 4(h)

The Nigerian police have condemned the act,¹⁶ and created a gender unit which has a mission to ‘investigate all sexual and gender-based violence (SGBV) and prosecute the offenders.’¹⁷ One of the motivating factors for the creation of this unit was the presence of inherently sexist traditions and norms which exist unconsciously, or ignorantly in the various ethnic groups in Nigeria and they inhabit the perpetrators of gender-based violence (GBV), therefore the perpetrators must be punished in order to serve as deterrents to other perpetrators.¹⁸

4.1.3 CIVIL SOCIETIES

Civil societies are defined as

a sphere of action that lies between the state and society and is made up of civic groups, civil society organisations, and non-governmental organisations. These all work to represent and promote certain special interests or raise public awareness of civic duties and political rights. Civil society provides ways for people to help society through volunteerism.¹⁹

It is an important way for a coalition of people to fight for a cause that they believe in. A civil society serves as an instrument for combating corruption and pressurising the government,²⁰ and holding the government accountable. They provide services and advocate for/raise awareness for issues and aiding marginalised voices in the advocacy for change.²¹

¹⁶ J. Oluwole, ‘FGM; Police Mobilise Against Perpetrators in Ekiti’ *Premium Times* (3 November 2022) < <https://www.premiumtimesng.com/regional/ssouth-west/563305-FGM-police-mobilise-against-perpetrators-in-ekiti.html?tztc=1> > accessed 10 February 2025.

¹⁷ Lagos Command, NPF, Gender and Child Unit <<https://www.npf.gov.ng/lagos/service/details/14#:~:text=MISSION%3A%20Our%20mission%20is%20to,creating%20awareness%20about%20SGBV%20amongst> > accessed 10 February 2025.

¹⁸ Z. Jonathan, ‘Police Inaugurates Gender Unit to fight Sexual, Gender-Based Violence’ *Punch* (13 May 2016) < <https://punchng.com/57036-2/> > accessed 10 February 2025.

¹⁹ K. Downey, ‘Civil Society | Definition, Organization & Importance’ *Study.com* (November 2023) < <https://study.com/academy/lesson/what-is-a-civil-society-definition-examples.html> > accessed 11 February 2025.

²⁰ United States Department of State Archive < <https://2001-2009.state.gov/p/inl/rls/rpt/fgcrpt/2001/3156.htm> >

²¹ R. Cooper, ‘What is Civil Society, its role and value in 2018?’ *K4D Helpdesk Report* October 2018 < https://assets.publishing.service.gov.uk/media/5c6c2e74e5274a72bc45240e/488_What_is_Civil_Society.pdf >

In Nigeria, civil societies have played a significant role in the progression of the battle against FGM as they have actively advocated against FGM and all forms of GBV. The Federación Internacional de Abogadas (FIDA), more commonly known as the Association of Women Lawyers have repeatedly advocated against all forms of GBV were an instrumental force in advocating for the implementation of the VAPPL in Edo State²² and have outrightly condemned the procedure as an evil act,²³ restating its unwavering support in the movement against FGM.²⁴

Another notable civil society is ‘28 too many’, an NGO that was created in 2010 by Dr. Ann-Marie Wilson which researches into FGM and has an aim to end FGM

The charity's objects are to promote, preserve and protect the physical and mental health of women by seeking to eradicate the practice of female genital mutilation (FGM) in Africa and the diaspora.²⁵

It operates in England and all other countries where FGM is practiced, Nigeria included.

4.1.4 NATIONAL HEALTH PROMOTION POLICY (NHPP)²⁶

This was a policy implemented by the Federal Ministry of Health in 2006 and was revised in 2019. This policy was made with the aim of strengthening the health promotion capacity of the national health system. The broad objectives of the policy are listed to be

²² FIDA Press Release, November 2024 < <https://fida.org.ng/fida-nigeria-statement-on-the-2024-16-days-of-activism-against-gender-based-violence/> > accessed 11 February 2025.

²³ A. Azi, ‘Female genital mutilation, an evil act – FIDA’ 6 February 2023 < <https://fida.org.ng/female-genital-mutilation-an-evil-act-fida/> > accessed on 11 February 2025.

²⁴ FIDA Nigeria Press Statement on the International Day of Zero Tolerance for Female Genital Mutilation, 5 February 2025 < <https://fida.org.ng/fida-nigeria-press-statement-on-the-international-day-of-zero-tolerance-for-female-genital-mutilation/> > accessed 11 February 2025.

²⁵ Charity Commission for England and Wales < <https://register-of-charities.charitycommission.gov.UK/en/charity-search/-/charity-details/5032015/charity-overview> > accessed 13 February 2025.

²⁶ National Health Promotion Policy 2019 < <https://faolex.fao.org/docs/pdf/nig229323.pdf> > accessed 13 February 2025.

- a. Foster health promotion interventions targeted at addressing social determinants of health, reducing inequities, and tackling priority burden of diseases in Nigeria.
- b. Facilitate health promotion interventions in support of Government's efforts directed at ensuring and sustaining healthy behaviour, healthy lifestyle, and enabling environment including healthy public policy.
- c. Enhance human resource and capacity strengthening for the delivery of health promotion interventions.
- d. Strengthen systems to monitor, evaluate and manage evidence related to health promotion interventions.

Objective 1 particularly seeks to promote health interventions targeted at addressing social determinants of health. Amongst the action points promotion of reproductive health that increases access and utilisation of health services that prevent and address determinants of reproductive health such as hygiene, legal aids against GBV including FGM, women empowerment and encouragement of safer sex practices.

It also provides that a Health Promotion Division (HPD) shall exist in the Ministry of Health at the National and State level. At the Local Government level, a Health Promotion Unit shall exist in the Primary Healthcare Department.

4.1.5 UNITED NATIONS GENERAL ASSEMBLY WORLDWIDE BAN ON FGM²⁷

This is a resolution that was adopted by the United Nations on the 20th of December, 2012. In the resolution, the UN recalled the various treaties which have been signed in its member states which aim to end FGM. The resolution raised concerns about the rising medicalisation of FGM i.e. medical professionals performing the procedure. The resolution affirmed the harmful nature of FGM and the threat it poses to the health of women. The document emphasizes that the empowerment of women and girls is key to ending the cycle of

²⁷ United Nations General Assembly A/RES/67/146 2012, <
<https://documents.un.org/access.nsf/get?OpenAgent&DS=A/RES/67/146&Lang=E> > accessed 13
February 2025.

discrimination and violence which women face. It engages states to create methods of sensitisation and condemn all harmful traditional practices that affect girls and women, particularly FGM. It encourages states to create support systems to those who have already fallen victim to the procedure and who are at risk of the procedure and tasks states to put effort into honouring the international treaties that they have already signed concerning FGM. Calls on states to create legislation with appropriate enforcement mechanisms. It suggests a variety of methods which states can employ to ensure that FGM is brought to an end, like the inclusion of boys and men in the FGM education process, observation of the International Day of Zero Tolerance for FGM and using the day as an opportunity to spread awareness about FGM.

4.1.6 THE UNITED NATIONS SUSTAINABLE DEVELOPMENT GOALS 5²⁸

The sustainable Development Goals (SDGs)²⁹ are an initiative taken by countries in the world, developed and developing in a global partnership. They recognise that ending poverty and other deprivations go hand-in-hand with ways to increase health, education and economic growth. It is an offspring of ‘The 2030 Agenda for Sustainable Development’³⁰ which aim to achieve its objectives through the SDGs.

The SDG 5 is to ‘Achieve gender equality and empower all women and girls’³¹ which as the name states, focuses on empowering women and achieving gender equality, of which target

²⁸ United Nations Department of Economic and Social Affairs < <https://sdgs.un.org/goals/goal5> > accessed 13 February 2025.

²⁹ United Nations Department of Economic and Social Affairs < <https://sdgs.un.org/goals> > accessed 13 February 2025.

³⁰ United Nations Department of Economic and Social Affairs < <https://sdgs.un.org/2030agenda> > accessed 13 February 2025.

³¹ *ibid*, n 28.

5.3³² indicates a goal to eliminate all harmful practices, such as childhood and forced marriages and FGM, with the indicators (the metrics employed by the SDG to measure growth) being

- Indicator 5.3.1 proportion of women aged 20-24 years who were married or in a union before 15 years and before 18 years of age.
- Indicator 5.3.2 proportion of women between the ages of 15-49 years who have undergone FGM by age.

4.1.7 WORLD HEALTH ASSEMBLY (WHA)

Due to the immense danger that FGM poses to the health of women and girls, the World Health Organisation has condemned its occurrence. Their definition and categorisation of FGM is the most accepted worldwide. During the 61st World Health Assembly, the WHO passes various resolutions including Resolution WHA61.16³³ which is titled ‘Female Genital Mutilation.’ Wherein FGM was recognised as a violation on the rights of women and girls to enjoy the highest attainable standard of physical and mental health, raised concerns about the rising medicalisation of FGM, and all member states were urged to take various steps including the acceleration of actions towards the end of FGM, the enactment and enforcement of legislation to protect girls and women from all forms of violence, support of community-based efforts to end FGM, formulation and promotion of healthcare plans for women who have already undergone FGM especially pregnant women, development and reinforcement of support systems for victims.

³² United Nations Department of Economic and Social Affairs < https://sdgs.un.org/goals/goal5#targets_and_indicators > accessed 13 February 2025.

³³ World Health Organisation Sixty-First World Health Assembly, ‘WHA61/2008/REC/1’ 2008 < https://apps.who.int/gb/ebwha/pdf_files/wha61-rec1/a61_rec1-en.pdf > accessed 13 February 2025.

4.1.8 UNITED NATIONS CHILDRENS FUND (UNICEF)

Female Genital Mutilation is mostly performed on children or on very young children making it an area of concern for UNICEF whose utmost concern is the affairs of children. It has referred to the act as ‘one of the worst forms of human rights violations, deeply rooted in gender equality.’. it launched a programme in collaboration with the United Nations Population Fund (UNFPA) called the ‘UNFPA-UNICEF Joint Programme on the Elimination of Female Genital Mutilation.’ It was launched in 2008 in 17 countries in Africa and the Arab states and aims to work with allies to change the social norms surrounding FGM while collaborating with governments to create effective response systems, and have encountered some considerable successes in their mission to end FGM like mass sensitization programmes, denouncement of FGM, amongst other things.³⁴ The 2023 Annual Report of the programme which had the theme ‘Addressing global Challenges with local solutions to eliminate Female Genital Mutilation’³⁵ addressed the progress made so far by the programme and the methods that were employed to achieve these results. The involvement of community leaders was noted to be a very effective method of creating social change, the programme exceeded its annual target for mass media reach over fourfold. Effective laws and policies targeting FGM was also raised as a way to combat FGM, with a total of 1,956 law enforcement staff receiving training on the application and enforcement of

³⁴ UNICEF, ‘UNFPA-UNICEF Joint Programme on the Elimination of Female Genital Mutilation’ last modified May 2024 < <https://www.unicef.org/protection/unfpa-unicef-joint-programme-eliminating-FGM> > accessed 12 February 2025.

³⁵ UNICEF-UNFPA, ‘2023 Annual Report of FGM Joint Programme: Addressing Global Challenges With Local Solutions to Eliminate Female Genital Mutilation’ 2024 < https://www.unicef.org/media/160196/file/2024%20FGM%20Annual%20Report_Local%20Solutions.pdf > accessed 13 February 2025

FGM laws and provisions, along with it rose the number of arrests from 174 in 2022 to 442 in 2023.

4.2 COMPARATIVE ANALYSIS

The worldwide nature of FGM means that countries where FGM is practiced, it is thereby important to analyse the existing legislative structure around FGM in other jurisdictions in order to put a spotlight onto what is lacking in the Nigerian legislation and vice-versa.

The jurisdictions which are going to be examined are the United Kingdom and Kenya, mainly because they are countries which also practice the common law system and Kenya is an African country, with a similar legal system as Nigeria.

4.2.1 THE UNITED KINGDOM (UK)

The extant statute prohibiting FGM in the UK is the Female Genital Mutilation Act of 2003³⁶. The statute prohibits the commission of FGM in all scenarios that are not medically necessary.³⁷ A person is guilty of an offense if they aid, abets or counsels a girl to mutilate her own genitals.³⁸ A person is guilty of an offence if they procure a person who is not a UK national or permanent resident to do FGM outside the UK.³⁹ The act is extended to any person who is a UK permanent resident or national who performs FGM outside the UK.⁴⁰

The penalty for the offence:⁴¹

³⁶ 2003 c.31.

³⁷ *ibid*, Section 1.

³⁸ *ibid*, Section 2.

³⁹ *ibid*, Section 3.

⁴⁰ *ibid*, Section 4.

⁴¹ *ibid*, Section 5.

- A. on conviction, to a prison term of not more than 14 years or a fine, or both.
- B. on summary conviction, to a prison term of not more than six months or a fine not exceeding the statutory maximum or both.

The provision for extra-terrestrial FGM is necessary due to the growing immigrant community which still participate in FGM and previously tried to circumvent the previous FGM law⁴² by going out of the country to perform FGM.

Despite the statutes which exist to curb FGM, there have been very few successful prosecutions, with none on the record in Nigeria. There is a difficulty in prosecution for very various reasons e.g. the perpetrators being relatives of the victims, the witnessed usually being people who believe that FGM is necessary, professionals being overly cautious to not be accused of racism and not being educated enough on FGM laws, the perpetrators being people who are good and caring outside the FGM, difficulty in finding perpetrators as they may not always be the parents.⁴³

In recent times however, there is a rise in prosecutions related to the offence in the UK. The first prosecution for FGM in the UK was in 2019⁴⁴, a Ugandan woman was sentenced to 11 years in prison for the mutilation of her then 3-year-old daughter, the daughter had been brought to the hospital where her parents claimed that she was bleeding because she fell on an open door. The medical professionals however found the cuts to be consistent with

⁴² Prohibition of Female Circumcision Act 1985 (c.38).

⁴³ D. Dias and F. Gerry and H. Burrage, '10 Reasons Why Our FGM Law has Failed – and 10 Ways to Improve it' *The Guardian* (7 February 2014) < <https://www.theguardian.com/commentisfree/2014/feb/07/fgm-female-genital-mutilation-prosecutions-law-failed> > accessed 17 February 2025.

⁴⁴ 'Ugandan mother jailed after becoming first convicted of FGM in UK' *France 24* (London, 8 March 2019) < <https://www.france24.com/en/20190308-ugandan-mother-jailed-after-becoming-first-convicted-fgm-UK> > accessed 17 February 2025.

intentional mutilation rather than an accidental fall. Her husband had however been acquitted. The prosecutors in the case noted a difficulty in prosecution because of the ‘young age and vulnerability of victims, and a reluctance to testify against their closest family.’

A recent landmark prosecution of Amina Noor⁴⁵ was the first of its kind. She had travelled with the child from London to Kenya for the purpose of committing FGM in 2006, and came to light after a decade when the child confided in a teacher at her school. She is the first person to be convicted of extra-terrestrial FGM in the UK under the FGM Act. She stated that she had been threatened with being cursed and disowned by her community if she didn’t partake and that it was a tradition that had been carried out for years.⁴⁶ This defence was rejected and she was sentenced to a prison term of fourteen years and her subsequent appeals rejected.

Another recent conviction is that of Emad Kaky, who had conspired to send a young girl from the UK to Iraq, where she would have been subsequently subjected to FGM and forced marriage. His plans were thwarted by a witness who arranged for the girl to be sent back to the UK and thereafter reported to the police, the girl was luckily unaware of his plans. He was sentenced to a prison term of four and half years some of the evidence being messages that were gotten from his phone that showed an intent to commit FGM. He defended these his actions stating that FGM was normal.⁴⁷

⁴⁵ *R v Noor* (2024) EWCA Crim 714.

⁴⁶ J. Warren, ‘Woman Jailed for Taking Girl for FGM Loses Appeal’ *BBC* (4 July 2024) < <https://www.bbc.com/news/articles/c4ngz2redmdo> > accessed 17 February 2025.

⁴⁷ ‘Ex-PhD Student Jailed for Conspiring to Commit Female Genital Mutilation against Young Girl’ *Sky News* (UK, 3 October 2024) < <https://news.sky.com/story/ex-phd-student-jailed-for-conspiring-to-commit-female-genital-mutilation-against-young-girl-13226679> > accessed 17 February 2025.

Nigeria has statutes in place like the UK, however it is important to imbibe the wave of prosecutions of FGM in order to serve as a deterrent and these cases should be publicised so that people are aware of the consequences which the action of FGM attract.

4.2.2 KENYA

In Kenya, the extant statute which prohibits FGM is the Prohibition of Female Genital Mutilation Act of 2011,⁴⁸ the definition of FGM is provided for in Section two, and it makes an exception for sexual reassignment procedures; thence, in Kenyan law, gender reassignment/ affirming / transitional surgeries do not fall under the category of FGM. The statute established an Anti-FGM board⁴⁹, which is to be a body corporate enjoying the benefits which accrue to a body corporate, including the ability to sue and be sued. Section four contains the composition of the board and Section 5 enumerates on the functions of the board, which are;

- a. design, supervise and co-ordinate public awareness programmes against the practice of female genital mutilation;
- b. generally advise the Government on matters relating to female genital mutilation and the implementation of this Act;
- c. design and formulate a policy on the planning, financing and co-ordinating of all activities relating to female genital mutilation;
- d. provide technical and other support to institutions, agencies and other bodies engaged in the programmes aimed at eradication of female genital mutilation;
- e. design programmes aimed at eradication of female genital mutilation;

⁴⁸ Laws of Kenya, CAP.62B 2011, as amended by the 24th Annual Supplement (Legal Notice 221 of 2023) on 31 December 2022 < <https://new.kenyalaw.org/akn/ke/act/2011/32/eng@2022-12-31> > accessed 17 February 2025.

⁴⁹ *ibid*, Section 3.

- f. facilitate resource mobilization for the programmes and activities aimed at eradicating female genital mutilation; and
- g. perform such other functions as may be assigned by any written law.

All other business which has to do with the board continues to be stated until section 18. Section 19 of the act prohibits FGM, including by medical personnels, also penalising death caused by FGM with life imprisonment.⁵⁰ A person who aids, abets, counsels or procures another to commit FGM or a person to do the procedure for another commits an offence.⁵¹ A person is guilty of an offence if they procure a person to commit FGM or transport a person out of Kenya for the purpose of committing FGM.⁵² A person who knowingly allows their premises to be used for FGM commits an offence.⁵³ A person who is found to be in possession of the tools required to commit FGM commits an offence.⁵⁴ A person who knows that FGM has been performed, is in the process of being performed, will be performed and fails to report to law enforcement is commits an offence.⁵⁵ Any person who mocks a woman who has not undergone FGM or mocks a woman for marrying a woman who has not undergone FGM commits an offence, and shall be liable on conviction to a prison term of not less than 6 months or a fine of not less than 50,000 shillings or both.⁵⁶ The penalty for an offence under the act is a prison term of not less than 3 years or a fine of not less than 200,000 shillings or both.

⁵⁰ *ibid*, Section 19(2).

⁵¹ *ibid*, Section 20.

⁵² *ibid*, Section 21.

⁵³ *ibid*, Section 22.

⁵⁴ *ibid*, Section 23.

⁵⁵ *ibid*, Section 24.

⁵⁶ *ibid*, Section 25.

The constitutionality of the act had been challenged in 2017, by Dr Tatu Kamau who contested that the statute denied women of the right and choice to practice their culture, the court ruled that FGM denied the victim`s right to health, human dignity, and in some cases, life, the practice also violates international human rights standards. Concerned societies lauded the decision as a show of commitment to the preservation of the rights of women.⁵⁷

It has however taken a surprising turn, as the statute has been used to convict more victims (minors inclusive) than perpetrators. In a report by the American Bar Association,⁵⁸ out of 137 persons who were before the courts, 55% were victims, 6% were cutters, 16% were premises owners and 23% were bystanders. It was reported that a majority of the evidence used in trials were the results of genital examinations performed while in custody and the issue of whether fully informed consent had been obtained before the examinations. Nearly three quarters of cases ended in guilty verdicts, the guilty mostly being victims of the procedure. As for penalisation, a fine was mostly imposed, of which payment to pay would attract imprisonment. So we can see that while there is active prosecution and utilisation of the FGM law, the prosecutions are skewing towards prosecuting the victims more than other perpetrators, especially the minors who were charged to court. The creation of an Anti-FGM board is also laudable as it creates an agency whose responsibility is to oversee the eradication of FGM.

⁵⁷ African Union Monthly Bulletin, May 2021 < <https://au.int/en/articles/kenyas-court-ruling-against-fgm-demonstrates-commitment-member-states-shun-practices#:~:text=On%20the%2017th%20March,right%20to%20uphold%20their%20culture.> > accessed 17 February 2025.

⁵⁸ Trial Watch Report, ‘Monitoring Prosecutions under the Prohibition of FGM Act in Kenya’ *Center for Human Rights, American Bar Association* (<https://www.americanbar.org/groups/human_rights/reports/kenya-pfgm-report/> accessed 17 February 2025.

From the both countries above, it would serve Nigeria well to imbibe proper enforcement mechanisms of the Anti-FGM laws, as there are already similar systems in place in Nigeria. Proper support systems should be put in place so that victims can feel safe to report FGM that has been committed against them.

CHAPTER FIVE

CONCLUSION

5.1 SUMMARY

The provisions of the law on FGM in Nigeria are far from being utilised to their fullest potential. This study found that Nigeria has a vast array of legal provisions at its disposal which would aid in the eradication of FGM. The efforts of the government and other organisations have yielded results, because the prevalence rates of FGM have reduced gradually, indicating progress. The most important law to consider are the Violence Against Persons (Prohibition) Act/Law of the various States which all prohibit FGM and each contain additional provisions to varying degrees like Imo State making it an offence to consent to the procedure.

The provisions of the regional charters which Nigeria has signed and assented to including the Banjul Charter which advocate for the right of a person to be treated with the dignity worthy of a human being, to be free from torture, and freedom from discrimination. The African Charter on the Rights and Welfare of the Child allocates the rights which a child has a right to enjoy; the right to be free from discrimination on the basis of gender, the right to be free from torture and the right to utmost health. The Maputo Protocol provides for the rights of women and children and tries to create avenues for the equality of men and women, for women to participate in politics, autonomy, and aims to put an end to harmful traditional practices, including FGM.

Nigeria has also signed international treaties which have an aim to empower women and provides for the rights of women. The Convention on the Elimination of all forms of

Discrimination Against Women is one, the convention re-emphasized the rights of women to be free from discrimination and suggests ways for States to discourage discrimination of women on the basis of gender, the suggestion of programmes that would aid in stopping social behaviours which lead to the discrimination of women.

The International Convention on Civil and Political Rights is a treaty that ensures that civil and political rights of citizens are not impeded upon. The right to life and the right to freedom from torture and equality before the law and freedom from discrimination.

The Universal Declaration on Human Rights, the foremost outline for the rights which a person has by virtue of being a human being, and the Declaration on the Elimination of Violence Against Women, which defined violence against women, situations that constitute violence against women, the rights of women, suggested methods for the state to take to eliminate harmful traditional practices, and the reproductive rights of women.

Institutional policies were adopted and were created in order to eliminate FGM and guarantee the health of Nigerians like the National Policy and Plan of Action for the Elimination of FGM in Nigeria: a policy that was enacted by the Federal Ministry of Health with a view to abolish the practice of FGM in Nigeria. It outlines various expected outcomes along with their specific objectives and strategies.

The Nigeria Police Force is an institution that will be helpful to the enforcement of the FGM laws. The primary functions of the Police, the duties of the Police, the objectives of the Police and the Gender Unit which has been created in the Police Force with an aim to investigate all GBV.

The role of civil societies in the widespread sensitisation of the general public about the effects of FGM, particularly FIDA pushing for the enactment of the VAPPL in Edo state and 28 Too Many, a non-profit which offers research towards the elimination of FGM in countries where it is practiced.

The National Health Promotion Policy is a policy that was enacted for the purpose of enhancing the health of Nigerians, Objective 1 of the policy particularly aims to promote reproductive health and provide legal services against GBV. It creates the Health Promotion Division at the Ministry of Health at the National and State level and the Health Promotion Unit in the Primary Healthcare Department of the Local Government.

The worldwide ban on FGM by the United Nations in 2012 where the various treaties which affirm the rights of women and the right to a healthy life were recalled, raised alarms about the medicalisation of FGM. It tasked states to provide support for those who are already victims of FGM and suggests a plethora of ways to eradicate FGM.

Sustainable Development Goal 5 which aims to achieve gender inequality and eradicate ways in which women are marginalised in society especially through child marriage and FGM. There is also the World Health Assembly's Resolution 61.16 which concerned the rights of women to the highest attainable standard of health and urging member states to take measures necessary for the eradication of FGM.

The UNFPA-UNICEF Joint Programme on the Elimination of FGM which has an aim to change the social norms relating to behaviours around FGM. The 2023 report showed some considerable success that had been achieved while some objectives were far from being achieved and needed to be focused on.

The comparative analysis addressed the laws prohibiting FGM in the United Kingdom and Kenya; the FGM Act of 2003 and The Prohibition of FGM Act of 2011 which contained similar provisions to the Nigerian VAPPA/VAPPL, with Kenya making an exception for Gender Re-assignment Surgery to not be classified as FGM. This shows a concerted effort worldwide to bring an end to FGM as a practice.

5.2 RECOMMENDATIONS

5.2.1 Provision of Improved Enforcement Authorities

The enforcement of the law prohibiting is lacking, evidenced by the lack of prosecutions for the offence of FGM. It is important to have a proper enforcement protocol for which the various protocols can follow to abolish FGM. There should be effective reporting systems for those who are at risk of being mutilated to report to the police, and hospitals should be mandated to report every case of FGM which they come across in the course of carrying out their normal duties, reason being that the more penalties and deterrents are handed out to perpetrators, the lower the occurrence of FGM becomes for fear of sanctions.

5.2.2 Sensitisation

The importance of sensitisation programmes cannot be overemphasised for its role in reducing the prevalence rates of FGM. The implementation of wide spread sensitisation at all levels of education regardless of the gender of the participants of the classes is advised. Religious bodies should organise programmes about the ills of FGM, especially since one of the reasons for FGM is to maintain purity, removing the stereotype of FGM being a method of ensuring purity will greatly aid in the disposal of FGM as a practice. Outside of these bodies, sensitisation programmes in market places, awareness programmes in places of work

and all other places where multiple people meet will be greatly instrumental to the abolishment of the practice.

5.2.3 Support Systems

Appropriate enforcement systems will yield no results if victims do not feel comfortable enough to report when they fall victim to the procedure. Counselling departments should be created for the specific purpose of offering aid to victims, they should provide services like psychological aid, housing for victims/people at risk, sexual therapy, and all other aid which victims may need. As seen from *R v Noor*, the victim's report to a figure of authority in her life was greatly instrumental for a successful conviction. In Kaky's situation where the support of a person who could send her back from Iraq was instrumental to saving her from mutilation and forced marriage.

5.2.4 Amendment of Statutes

The provisions of the VAPPA/VAPPL are quite commendable and are a bold step in the fight against FGM, there are however a few amendments that can be made in order to keep up with budding discoveries like

- ♠ Provisions against extra-terrestrial FGM.
- ♠ The inclusion of genital massages as a form of FGM.
- ♠ The recognition of the Husband Stitch as a form of FGM.
- ♠ Special penalties for medical personnel carrying out FGM.

5.2.5 Funding

None of the methods provided in this study will be able to come to fruition if there are no funds to do so. The facilitation of funds to support these channels which have been created is very important for the overall execution of their duties. The government has a responsibility to fund the initiatives they have created for the purpose of abolishing FGM as it is the responsibility of the government to aid in the preservation of the health and the lives of its citizens. Civil societies can also organise charity events with a goal of raising funding for the research and elimination of FGM.

5.3 AREAS FOR FURTHER STUDIES

In the course of research for this study, some gaps of knowledge were identified and there is a need for these areas to be researched upon in order to aid in the current knowledge about FGM, they are:

- ♠ More detailed research into the medicalisation of FGM, and how to curb its occurrence amongst medical practitioners.
- ♠ The ‘Husband Stitch’ carried out on women by medical practitioners as a form of FGM.
- ♠ Ethical considerations on vaginal rejuvenation/Labiaplasty and the reasons why it is considered necessary by those who undergo it.
- ♠ Studies on the effects of genitalia massages for aesthetic reasons as a new form of FGM.

5.4 CONCLUSION

Despite the successes that have been accomplished towards the eradication of FGM, there is still a long way to go towards the total abolishment of the act. It is important that all agencies concerned co-operate in order to achieve this goal. FGM is a gross violation of the rights and autonomy of women and it is important for all agencies concerned to in their best efforts to eradicate the offence

.

BIBLIOGRAPHY

Books

Ghanim D, *'The Virginity Trap in The Middle East'* (1st Edition, Palgrave Macmillan, 2015) 89.

Journals

Althaus F, 'Female Circumcision: Rite of Passage or Violation of Rights?'. *International Family Planning Perspectives* [1997] (23) (3) < <https://www.jstor.org/stable/2950769> > accessed 6 January 2025.

Andro A, Lesclingand M and Reeve P, 'Female Genital Mutilation: Overview and Current Knowledge' *Population* [2016] 21(2) < https://www.cairn-int.info/article-E_POPU_1602_0224--female-genital-mutilation-overview-and.htm > accessed 15 December 2024.

Creighton S, and Others, 'Tackling Female Genital Mutilation in the UK' *The British Medical Journal* [2019] (364) < <https://www.jstor.org/stable/26956502> > accessed 6 January 2025.

Dorkenoo E, 'Combating Female Genital Mutilation: An Agenda for the Next Decade' *Women's Studies Quarterly* (1990) (27) (1/2) < <http://www.jstor.org/stable/40003401> > accessed 19 February 2025.

Gibeau A, 'Female Genital Mutilation: When a Cultural Practice Generates Clinical and Ethical Dilemmas' *Journal of Obstetric, Gynaecological and Neonatal Nursing* [1998] (27) (1) < <https://pubmed.ncbi.nlm.nih.gov/9475132/> > accessed 8 January 2025.

Kinyanjui R, 'Hidden Cost of Rejecting Female Genital Mutilation' *Transformation* [2002] (19) (1) < <https://www.jstor.org/stable/43052524> > accessed 8 January 2025.

- Kouba L J and Muasher J, 'Female Circumcision in Africa: An Overview' *African Studies Review* [1985] (28) (1) < <https://www.jstor.org/stable/524569> > accessed 8 January 2025.
- Llamas J, 'Female circumcision: The History, The Current Prevalence and the Approach to a Patient', 2017 < <https://med.virginia.edu/family-medicine/wp-content/uploads/sites/285/2017/01/Llamas-Paper.pdf> > accessed 15 December 2024.
- Mackie G, 'Ending Footbinding and Infibulation' *American Sociological Review* [1996] 61(6) < <https://www.jstor.org/stable/2096305> > accessed 15 December 2024.
- Mandara M U, 'Female Genital Mutilation in Nigeria' *International Journal of Gynaecology and Obstetrics* [2004] (84) (3) < <https://pubmed.ncbi.nlm.nih.gov/15001386/> > accessed 11 January 2025.
- Osifo D O and Evbuomwan I, 'Female Genital Mutilation among Edo People: The Complications and Pattern of Presentation at a Paediatric Surgery Unit, Benin City' *African Journal of Reproductive Health* [2009] (13) (1) < <https://www.ajrh.info/index.php/ajrh/article/view/561> > accessed 8 January 2025.
- Rana B and Perrie V, 'CEDAW: A Tool for Addressing Violence against Women' *70 Years of Development; The Way Forward* [2019] < <http://www.jstor.com/stable/resrep24393.12> > accessed 6 February 2025.
- Reisel D and Creighton S M, 'Long Term Health Consequences of Female Genital Mutilation (FGM)' *Maturitas* [2015] (80) (1) < <https://pubmed.ncbi.nlm.nih.gov/25466303/> > accessed 8 January 2025.
- Ross C T, et al, 'The Origins and Maintenance of Female Genital Mutilation Across Africa: Bayesian Phylogenetic Modeling of Cultural Evolution under the Influence of Selection' *Human Nature* [2016] (27) (2) < <https://pubmed.ncbi.nlm.nih.gov/26846688/> > accessed 8 January 2025.
- Schwartz R L and Johnson D and Burke N, 'Multiculturalism, Medicine and the Limits of Autonomy: The Practice of Female Circumcision' *Cambridge Quarterly of*

Healthcare Ethics [1994] (3) (3) <
<https://www.cambridge.org/core/journals/cambridge-quarterly-of-healthcare-ethics/article/abs/multiculturalism-medicine-and-the-limits-of-autonomy-the-practice-of-female-circumcision/F3BBCE463062A499E30F4FD7A06D9684> >
accessed 19 February 2025.

Toubia N, 'Female Circumcision as a Public Health Issue' *The New England Journal of Medicine* [1994] (331) (11) <<https://pubmed.ncbi.nlm.nih.gov/8058079/>> accessed 6 January 2025.

--'Female Circumcision/Female Genital Mutilation' *African Journal of Reproductive Health* [1998] (2) (2) <<https://www.jstor.org/stable/45120123> > accessed 7 January 2025.

Newspapers

--'Ex-PhD Student Jailed for Conspiring to Commit Female Genital Mutilation against Young Girl' *Sky News* (UK, 3 October 2024) <<https://news.sky.com/story/ex-phd-student-jailed-for-conspiring-to-commit-female-genital-mutilation-against-young-girl-13226679>> accessed 17 February 2025.

--'Ugandan mother jailed after becoming first convicted of FGM in UK' *France 24* (London, 8 March 2019) <<https://www.france24.com/en/20190308-ugandan-mother-jailed-after-becoming-first-convicted-fgm-UK> > accessed 17 February 2025.

Dias D and Gerry F and Burrage H, '10 Reasons Why Our FGM Law has Failed – and 10 Ways to Improve it' *The Guardian* (7 February 2014) <<https://www.theguardian.com/commentisfree/2014/feb/07/fgm-female-genital-mutilation-prosecutions-law-failed> > accessed 17 February 2025.

Jonathan Z, 'Police Inaugurates Gender Unit to fight Sexual, Gender-Based Violence' *Punch* (13 May 2016) <<https://punchng.com/57036-2/>> accessed 10 February 2025.

Oluwole J, 'FGM; Police Mobilise Against Perpetrators in Ekiti' *Premium Times* (3 November 2022) <<https://www.premiumtimesng.com/regional/ssouth-west/563305->

FGM-police-mobilise-against-perpetraors-in-ekiti.html?tztc=1 > accessed 10 February 2025.

Patel V, 'Opinion| 'Choice Feminism' Ignores Institutional Issues, Prevents Change' *The Daily Illini* 29 January 2023 < <https://dailyillini.com/opinions-stories/2023/01/29/opinion-choice-feminism-ignores-institutional-issues-prevents-change/> > accessed 15 February 2025.

Pullella P, 'Pope says Female Genital Mutilation affronts dignity, must end' *Reuters* (Vatican City, 6 February 2022) < <https://www.reuters.com/world/europe/pope-says-female-genital-mutilation-affronts-dignity-must-end-2022-02-06/> > accessed 5 February 2025.

Ramsey L, 'Female Genital Mutilation found to be a leading cause of death in girls and young women in Africa' *News Medical* 17 August 2023 <<https://www.news-medical.net/news/20230817/Female-Genital-Mutilation-found-to-be-a-leading-cause-of-death-in-girls-and-young-women-in-Africa.aspx> > accessed 19 February 2025.

Tyler J, 'No, Feminism is not About Choice' *THE CONVERSATION* (29 April 2019) <<https://theconversation.com/no-feminism-is-not-about-choice-40896> > accessed 15 February 2025.

Warren J, 'Woman Jailed for Taking Girl for FGM Loses Appeal' *BBC* (4 July 2024) <<https://www.bbc.com/news/articles/c4ngz2redmdo> > accessed 17 February 2025.

Online Publications

--'Female Genital Mutilation' World Health Organisation 31 January 2025 <<https://www.who.int/news-room/fact-sheets/detail/female-genital-mutilation> >accessed 17 December 2024.

- ‘Female Genital Mutilation’ World Health Organisation 31 January 2025
<<https://www.who.int/news-room/fact-sheets/detail/female-genital-mutilation>> accessed 17 December 2024.
- ‘Nahid Toubia, Dr’ < <https://www.nairobisummiticpd.org/hlc-members/nahid-toubia> >
accessed 19 February 2025.
- ‘Understanding the Childs Rights Act Nigeria’ *Asabe Wazari Justice Advocacy Initiative*
<<https://awjai.org/understanding-the-child-rights-act-nigeria/>> accessed 6 February 2025.
- African Union Monthly Bulletin, May 2021 < <https://au.int/en/articles/kenyas-court-ruling-against-fgm-demonstrates-commitment-member-states-shun-practices#:~:text=On%20the%2017th%20March,right%20to%20uphold%20their%20culture.>> accessed 17 February 2025.
- Charity Commission for England and Wales <<https://register-of-charities.charitycommission.gov.UK/en/charity-search/-/charity-details/5032015/charity-overview>> accessed 13 February 2025.
- FGM/C Research Initiative < <https://www.FGMcri.org/country/nigeria/>> accessed 19 February 2025.
- FGM/C Research Initiative, ‘FGM/C in Nigeria: Country Profile Update’ *28 Too Many* 2003
<[https://www.FGMcri.org/media/uploads/Country%20Research%20and%20Resources/Nigeria/nigeria_country_profile_update_v2_\(july_2023\).pdf](https://www.FGMcri.org/media/uploads/Country%20Research%20and%20Resources/Nigeria/nigeria_country_profile_update_v2_(july_2023).pdf)> accessed 6 January 2025.
- FIDA Nigeria Press Statement on the International Day of Zero Tolerance for Female Genital Mutilation, 5 February 2025 < <https://fida.org.ng/fida-nigeria-press-statement-on-the-international-day-of-zero-tolerance-for-female-genital-mutilation/>> accessed 11 February 2025

- FIDA Press Release, November 2024 < <https://fida.org.ng/fida-nigeria-statement-on-the-2024-16-days-of-activism-against-gender-based-violence/> > accessed 11 February 2025.
- Lagos Command, NPF, Gender and Child Unit <<https://www.npf.gov.ng/lagos/service/details/14#:~:text=MISSION%3A%20Our%20mission%20is%20to,creating%20awareness%20about%20SGBV%20amongst> > accessed 10 February 2025.
- National Health Promotion Policy 2019 < <https://faolex.fao.org/docs/pdf/nig229323.pdf> > accessed 13 February 2025.
- 'Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa' *African Union* < <https://au.int/en/treaties/protocol-african-charter-human-and-peoples-rights-rights-women-africa> > accessed 21 February 2025.
- UN WOMEN < <https://www.un.org/womenwatch/daw/cedaw/text/econvention.htm> > accessed 21 February 2025.
- UNICEF, 'UNFPA-UNICEF Joint Programme on the Elimination of Female Genital Mutilation' last modified May 2024 < <https://www.unicef.org/protection/unfpa-unicef-joint-programme-eliminating-FGM> > accessed 12 February 2025.
- UNICEF-UNFPA, '2023 Annual Report of FGM Joint Programme: Addressing Global Challenges with Local Solutions to Eliminate Female Genital Mutilation' 2024 < https://www.unicef.org/media/160196/file/2024%20FGM%20Annual%20Report_Local%20Solutions.pdf > accessed 13 February 2025
- United Nations < <https://www.ohchr.org/en/instruments-mechanisms/instruments/international-covenant-civil-and-political-rights> > accessed 21 February 2025.
- United Nations < <https://www.un.org/en/about-us/universal-declaration-of-human-rights> > accessed 21 February 2025.
- United Nations Department of Economic and Social Affairs < <https://sdgs.un.org/goals/goal5> > accessed 13 February 2025.

- United Nations Department of Economic and Social Affairs < <https://sdgs.un.org/goals> > accessed 13 February 2025.
- United Nations Department of Economic and Social Affairs < <https://sdgs.un.org/2030agenda> > accessed 13 February 2025.
- United Nations Department of Economic and Social Affairs <https://sdgs.un.org/goals/goal5#targets_and_indicators > accessed 13 February 2025.
- United Nations General Assembly A/RES/67/146 2012, <<https://documents.un.org/access.nsf/get?OpenAgent&DS=A/RES/67/146&Lang=E> > accessed 13 February 2025.
- United States Department of State Archive <<https://2001-2009.state.gov/p/inl/rls/rpt/fgcrpt/2001/3156.htm> > accessed 21 February 2025.
- What is the CEDAW? < <https://pcw.gov.ph/convention-on-the-elimination-of-all-forms-of-discrimination/#:~:text=The%20CEDAW%20Convention%20is%20built,to%20the%20concept%20of%20equality> > accessed 6 February 2025.
- World Health Organisation Sixty-First World Health Assembly, ‘WHA61/2008/REC/1’ 2008 <https://apps.who.int/gb/ebwha/pdf_files/wha61-rec1/a61_rec1-en.pdf > accessed 13 February 2025.
- World Health Organization March 2023 <https://files.aho.afro.who.int/afahobckpcontainer/production/files/iAHO_FGM_Regional_Fact_sheet.pdf > accessed 19 February 2025.
- Azi A, ‘Female genital mutilation, an evil act – FIDA’ 6 February 2023 <<https://fida.org.ng/female-genital-mutilation-an-evil-act-fida/> > accessed on 11 February 2025.
- Cooper R, ‘What is Civil Society, its role and value in 2018?’ K4D Helpdesk Report October 2018 <https://assets.publishing.service.gov.UK/media/5c6c2e74e5274a72bc45240e/488_What_is_Civil_Society.pdf > accessed 21 February 2025.

Downey K, 'Civil Society | Definition, Organization & Importance' Study.com (November 2023) < <https://study.com/academy/lesson/what-is-a-civil-society-definition-examples.html> > accessed 11 February 2025.

Lewis A, 'Everything You Need to Know About the Law That Could Reduce Gender-Based Violence in Nigeria' *Global Citizen* 27 August 2021 < <https://www.globalcitizen.org/en/content/everything-you-need-to-know-vapp-nigeria/> > accessed 7 February 2025.

National Population Commission (NPC) [Nigeria] and ICF. 2019. *Nigeria Demographic and Health Survey 2018*. Abuja, Nigeria, and Rockville, Maryland, USA: NPC and ICF < <https://dhsprogram.com/pubs/pdf/FR359/FR359.pdf> > accessed 19 February 2025.

Trial Watch Report, 'Monitoring Prosecutions under the Prohibition of FGM Act in Kenya' *Center for Human Rights, American Bar Association* (<https://www.americanbar.org/groups/human_rights/reports/kenya-pfgm-report/> accessed 17 February 2025.