

FEMALE GENITAL MUTILATION: A SOCIO-CULTURAL MYTH ON THE RIGHTS OF NIGERIAN WOMEN*

Abstract

Right from the creation of man, human rights have been accorded to all human beings, both male and female. This notwithstanding, the protection and enforcement of women's human rights have not been hitch free as a result of the mythological conceptualization of women as being inferior to men under the Christian and Islamic religions on the one hand, and the regarding of women as chattels capable of being owned by men under the customary laws of both African and Nigerian societies. This high level of inequality between both sexes has resulted into the denial of some basic human rights of Nigerian women and the subjection of women to some obnoxious and discriminatory practices such as female genital mutilations.¹ This work critically examined the practice of FGM in Nigeria and found out that the reason behind this practice is based on socio-cultural myths. Recommendations were on the ways towards eliminating the pandemic called FGM.

Keywords: Female Genital Mutilation, Human Rights, Inequality, Socio-Cultural Myths, Nigeria, Women

1. Introduction

It is a well accepted fact that the principles of human rights postulate that human rights are the birth rights of all human beings irrespective of sex, colour, origin, status, *et cetera*. However, in every society, there exists social stratification, discriminations, prejudices and injustices which obviously evolved from the historical, political, economic or religious experiences of such society.² In Nigeria for instance, female genital mutilation exists as a result of the socio-cultural perception of women as being inferior to men for more than two thousand years now.³ As such, all qualities, rights and privileges women are naturally endowed with that are perceived as capable of placing them at par with men are scuttled by the male dominated Nigerian societies in order to subjugate women to men's domination. This idea led to the conception of FGM which is a procedure performed on women by partially or totally removing the external female genital and more often, the labia minora and the clitoris, in order to deny women the natural enjoyment of sexual activities.⁴ It is not in doubt that FGM is usually performed on young girls without their consent.⁵ In fact, these little girls cannot be said to have the requisite capacity to give their consent by virtue of their tender ages. Even adult females who pass through this procedure are either forced or coerced to do so to comply with this age long cultural practices of their societies. This age long tradition has persisted in Nigeria inspite of all known human rights legal instruments which Nigeria has acceded to. It is also known that FGM runs contrary to right to life guaranteed to all Nigeria citizens, especially when its performance results to death.⁶

This study shall examine the practice of FGM with a view to ascertain both its origin and the reason behind its practice; types of FGM, prevalence of FGM in Nigeria, FGM as a socio-cultural myth, health

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¹ Hereinafter referred to as 'FGM'.

² Lemechi, B. *Osu Na Ume the Igbo Untouchable Caste Systems*, (Owerri, Milestone Publishers Ltd. 2011,) p.5.

³ G Azuonwu., *et. al.* 'Female Genital Mutilation: A Dehumanizing Practice Against Womanhood in Nigeria', *International Journal of Research and Reports in Gynecology* 3(2) July, 2020, p.14. available at <http://www.sadiourarticle4.com/review-history/58.8869> accessed 6th March, 2021.

⁴ *Ibid.*

⁵ *Ibid.*

⁶ Constitution of the Federal Republic of Nigeria (As Amended), section 40, hereinafter referred to as 'CFRN'.

challenges associated with the practice of FGM, as well as the current position on the FGM practice in Nigeria. Recommendations shall be made on the ways to eliminate this scourge in Nigeria.

2. Definition of Relevant Terms

It must be stated at this juncture that an incisive journey into the mainstream of this discourse cannot progress without a clear understanding of the meaning of some concepts and terms used herein. The term 'Customary law' can be defined as 'a set of customs and traditions regulating the various kinds of relationships between members of a particular Community and of which the members recognize as binding on them'.⁷ In Nigeria for instance, customary law is classified into ethnic or non-Muslim customary law, and Muslim customary law.⁸ It must be explained that while the former is indigenous to Nigeria and largely unwritten, the latter is written and a Muslim law which is not indigenous to Nigeria, being a received customary law introduced into the country as part of Islam.⁹ Female genital Mutilation also known as female circumcision has been defined as 'all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs whether for cultural or other non-therapeutic reasons'.¹⁰ It is also worthy of note that the word 'right' as derived from the Latin word *rectus* denotes correct, straight, right as opposed to wrong, in accord with law, morality and justice.¹¹ Right has been more broadly defined as¹² '...those claims which are also supported by or in accord with some objective standards (or some general theory) whether those of code of morality or ethical theory, or those of political system, are usually and aptly called right'. Another term used in herein worthy of definition as a result of its relevance to this paper is the term 'human rights'. According to the Supreme Court of Nigeria,¹³

Human right is a right which stands above the ordinary laws of the land and which is in fact antecedent to the political society itself. It is a primary condition to a civilized existence, and what has been done by our Constitution since independence is to have these rights enshrined in the Constitution so that the right could be immutable to the extent of the non immutability of the Constitution itself.

Similarly, the term 'woman' has been defined as any member of the female sex, whatever her age or status.¹⁴ It is however submitted that this definition is faulty in that it failed to define a woman and her features, and did not include the girl child whose rights are most frequently violated, in the category of women. In the view of the writer, a woman can be defined as a female human being as opposed to man, with developed or partly developed female reproductive organs such as, the breast, womb, the vagina, *etce tera*. However, the question 'who is a woman' has been complicated by the existence of hermaphrodites, pseudo-hermaphrodites and advances in medical science which has made sex change operations feasible. In the case of *Corbett v Corbett*, the Petitioner and the Respondent were married, with the Petitioner knowing from the inception of the marriage that the Respondent had been registered at birth as a male but had undergone operation for the removal of the testicles, most of the scrotum and the construction of an artificial vagina sometime in 1960.¹⁵ The Court held that the respondent had remained at all material times, a biological male. This judicial precedence no doubt, laid to rest the controversy as to scientifically made women. It is however submitted that in the case of natural hermaphrodites, what should be the determinant factor in deciding their sex is their most developed sexual organs.

⁷Nwebo, O. *Law And Social Justice In A Developing Society (A Critical Approach)*, (Owerri, Universities Press Limited, 1995) p.78.

⁸ *Ibid*.

⁹ Obilade, A. *The Nigerian Legal System*, (Ibadan, Spectrum Law Publishing, 2000) p. 83.

¹⁰ P Ibekwe *et. Al*. 'Female Genital Mutilation in South Eastern Nigeria: A Survey of Current Knowledge and Practice' *Journal of Public Health and Epidemiology Vol. 4 (5) May, 2012*, p.117, available at <http://www.academicjournals.org/JPHE> accessed May, 2021.

¹¹ Ngwakwe, E. *Issues in Human Right Guarantees*, (Owerri, Hudson – Jude Press Ltd, 2008) p.1.

¹² Dowrick, F. (ed) *Human Rights, Problems, Perspective and Texts*, (U. K, Saxon House, Westmeal, 1979) p .8.

¹³ *Ransome – Kuti v A.G. Federation* (1985) S. C. P.246.

¹⁴ Section 91 *Labour Act*, Cap L1, Laws of Federation of Nigeria, 2004.

¹⁵ (1971) 31 M.D.L.R.244.

3. Female Genital Mutilation

It has been stated that the origin of the practice of FGM in Nigeria is shrouded in secrecy and uncertainty.¹⁶ There is however speculation that FGM originated in ancient Egypt.¹⁷ This notwithstanding, FGM has been practiced in Nigeria for more than thousands of years by Muslims, Christians and even heathens applying types of FGM varying from culture to culture, as well as the location of the people, either rural or urban.¹⁸ Even educated and enlightened mothers indulge in the practice FGM without actually bothering about the damage such practice may cause to their female children and wards.¹⁹ It was estimated in 2006 that about 60% of Nigerian female population have undergone one or a combination of the forms of FGM.²⁰ By the year 2020, it was estimated that about twenty million Nigerian women had undergone FGM.²¹ This represents 10% of the about two hundred women that had undergone the procedure worldwide.²² As a matter of fact, FGM is regarded so normal in Nigeria that Nigerians cannot imagine a woman who has not undergone this procedure.²³ It has also been estimated that three million women worldwide are liable to undergo FGM annually.²⁴ Although FGM most likely takes place in Nigeria during childhood, it has been confirmed that about 82% of women aged 15-49 had undergone the procedure before the age of five.²⁵ However, in some ethnic groups in Nigeria, women undergo the procedure during the birth of their first children, just because it is widely believed that its performance is critical for such child not to touch its mother's clitoris.²⁶ It has also been reported that in some communities, if it is discovered that a deceased woman did not undergo the procedure before her death, FGM must be performed on her before burial.²⁷

FGM has been described as a violent damage caused to the outset organ of a group of people that can bear children or produce eggs, by excising parts of their female organs, ie, vagina, thereby causing substantial damage.²⁸ Obviously, it is because of the harmful physical, psychological and human rights consequences associated with such procedure that made it to be tagged 'female genital mutilation'. Arinze-Umobi stated that:²⁹

The ordeal of a woman undergoing FGM includes: ceasing the little girl entirely nude in a sitting position on a low stool, with her arms tightly around her chest by at least three women; one or two of the women will hold the girl's thighs apart by force in order to open wide the vulva; then the person that carries out the procedure takes razor and excises the clitoris, from top to bottom of the small lip and then repeatedly scraps the flesh from the inside of the large lip.

After this operation, there is no doubt that the little girl will remain immobile for approximately forty days to at least allow for the formation of scar tissue. The most unfortunate incident is that FGM is most commonly performed on females by highly respected women in the community, including traditional

¹⁶ T Okeke *et al.*, 'An Overview of Female Genital Mutilation in Nigeria', (2012) *Annals of Medical Research Vol. 2. No.1*. P.17.

¹⁷ 28 Too many, 'Country profile: FGM in Nigeria' Oct, 2016', available at http://www.28toomany.org/static/media/uploads/country%20Images/pdf/Nigeria_country_profile_final.compressed.pdf accessed 30th May, 2021

¹⁸ P Ibekwe *et. al.* 'Female Genital Mutilation in South Eastern Nigeria: A Survey of Current Knowledge and Practice' (*Supra*), p117.

¹⁹ Arinze-Umobi, C. *Domestic Violence Against Women in Nigeria: A Legal Anatomy*, (Onitsha, Fo/Mech. Printing Publishing Co. Ltd, 2008) p. 72.

²⁰ Eya, Patrick, *Education and Harmful Traditional Practices against Women in Nigeria*, *WOREC Journal of Gender Studies, Volume .1. No. 3, June, 2006*, p.93.

²¹ G Azuonwu. & R Ezekiel, 'Female Genital Mutilation: A Dehumanizing Practice against Womanhood in Nigeria' (*supra*), p.17.

²² *Ibid.*

²³ *Ibid.*

²⁴ *Ibid.*

²⁵ 28 Toomany, 'Nigeria: The Law and FGM' June, 2018, p.1. Available at <http://assets.publishing.service.gov.uk>>accessed 30th May, 2021.

²⁶ *Ibid.*

²⁷ *Ibid.*

²⁸ Country Policy and Information Note on Nigeria: Female Genital Mutilation (FGM), Version 2.0. August, 2019', p.22, available at www.justice.gov/eoir/page/file/1194691/download accessed 6th March, 2021.

²⁹ Arinze-Umobi, C. 'Domestic Violence Against Women in Nigeria: A Legal Anatomy' (*Supra*), p. 72.

Birth Attendants, local Barbers, Medical Doctors and Health Workers usually without the use of anaesthesia.³⁰

4. Types of FGM

It must be pointed out that Nigeria is made up of about two hundred million people, with over two hundred and fifty ethnic groups.³¹ FGM is rampantly practiced among these ethnicity although the forms of FGM practiced vary from society to society, and from ethnicity to ethnicity.³² FGM is generally classified into four major types as discussed below.

Type I: This type of FGM which is usually referred to as ‘clitoridectomy’ involves the partial or total removal of the clitoris, leaving a small sensitive and erectile part of the female genitals,; or in rear cases, only the prepuce is left out.³³

Type II: This type of FGM which is referred to as ‘excision’ and involves the partial or total excision of the clitoris and the labia minora; with or without the excision of the labia majora.³⁴

Type III: This form FGM is known as ‘infibulations’ and actually involves the narrowing of the vagina by creating a covering seal, which seal is formed by cutting and repositioning the labia minora or, labia majora.³⁵ This is achieved by stitching the aforementioned vaginal parts with or without removing the clitoris.³⁶

Type IV: This form of FGM otherwise known as ‘nclassified’ involves the use of other harmful procedures on the genital such as scraping, incising, piercing, pricking and cauterizing the female genital areas.³⁷ According to Arinze-Umobi, this type of F.G.M. may also be performed by a systematic dropping of hot water on the clitoris and the general area of the female vulva, so that the sensitivity of that area is generally killed or waned.³⁸ Similarly, ‘Angurya’ cut which is a form of traditional surgery or scraping to remove hymen and often tissue surrounding the virginal orifice, is performed in Nigeria.³⁹ Similarly, ‘Gishiri’ cut which refers to cut made in vaginal walls in cases of obstructed labour, is also performed in Nigeria.⁴⁰

It has been proven that the most common type of FGM practiced in Nigeria is type II, with 62.6% of women having undergone this procedure.⁴¹ On the other hand, while 5.8% of women have undergone Type I procedure which is nicked ‘clitoris nicked’ or ‘no flesh removal’, 5.3% of women have undergone type III procedure⁴² Similarly, while *Angurya* cuts have been performed on 24.9%; *Gishiri* cuts have been performed on 5.1% women, who may have also experienced other or unclassified types of FGM.⁴³ It must be pointed out at this juncture that although FGM is widely practiced in Nigeria, the types of FGM practiced vary from ethnicity to ethnicity, and location to location. It has been confirmed that while type II is about the most prevalent form of FGM practiced in Nigeria and in fact, globally, as it accounts for 80% of the procedure practiced; type III which is the most severe form of FGM accounts for 15% of all FGM procedures performed in Nigeria.⁴⁴ There is abundant evidence showing that while types I and II are most commonly practiced in Southern parts of Nigeria, types III and IV are commonly

³⁰ U Epu du *et. al.* ‘The Epidemiology of Female Genital Mutilation in Nigeria-A Twelve Year Review’, *AFRIMEDIC Journal*, Volume 6, No.1, January, 2018, p.3.

³¹ 28 Toomany, ‘Country profile: FGM in Nigeria’ Oct, 2016’, (*supra*).

³² Country Policy and Information Note on Nigeria: Female Genital Mutilation (FGM), Version 2.0. August, 2019’ (*Supra*), p.17,

³³ *Ibid.*

³⁴ *Ibid.*

³⁵ *Ibid.*

³⁶ *Ibid.*

³⁷ Arinze-Umobi, C. *Domestic Violence against Women in Nigeria: A Legal Anatomy*, Op. Cit. P.72.

³⁸ *Ibid.*

³⁹ Country Policy and Information Note on Nigeria: Female Genital Mutilation (FGM), Version 2.0. August, 2019’, Op. Cit. P.17.

⁴⁰ *Ibid.*

⁴¹ National Bureau of Statistics/BS//UNICEF, ‘Multiple Indicator Cluster Survey (MICS), 2016 – 17’ February, 2018, available at <http://www.unicef.org/nigeria/media/1406/file/Nigeria-MICS-2016-17.pdf> accessed 10th July, 2019.

⁴² *Ibid.*

⁴³ *Ibid.*

⁴⁴ Country Policy and Information Note on Nigeria: Female Genital Mutilation (FGM), Version 2.0. August, 2019’, Op. Cit. P.17,

practiced in Northern parts of Nigeria.⁴⁵ Apart from the practice of more severe forms of FGM such as *Angruya* cuts, *Gishiri* cuts and uses of corrosive substance made to tighten the vagina in some Northern parts of Nigeria, it has been confirmed specifically that types III and IV of FGM are mostly practiced in Nasarawa and Kaduna states of the North-Central and North-West, with women that have undergone these procedures put at 22% and 21% respectively.⁴⁶

5. Prevalence of FGM in Nigeria

Although prevalence of FGM varies across all ethnic groups, religion and regions in Nigeria, there is evidence that prevalence of FGM is not influenced by the women's place of residence or sojourn.⁴⁷ In Nigeria for instance, prevalence of FGM appears to be highest amongst wealthier, educated and urban areas resident women in Nigerian, although evidence abound that these women are least likely to allow their own daughters to be cut before the age of 15.⁴⁸ It has also been shown that while 32% of Nigerian women resident in urban areas have been circumcised, only 19% of rural women have undergone FGM.⁴⁹ Similarly, the percent of Nigerian women practicing traditional religions that have undergone FGM is 34%, Christianity-29.3%, and Islam-20.1%.⁵⁰ The prevalence of FGM among some ethnic groups in Nigeria in accordance with their respective populations is as follows: Hausa-19.4%, Fulaani-13.2%, Yoruba-54.5%, Igbo-25.2%, Ijaw-11%, Ekoi-56.9%, Igala-0.5%, Kanuri-2.6%, Tivs-0.3%.⁵¹ It is correct to state that among the thirty-six states of Nigeria, Osun state in the South-West Nigeria has the highest prevalence of FGM in Nigeria with 77%, followed by Ebonyi state in the South-East with 74%.⁵² Kastina state in the North-West has the lowest prevalence of FGM in Nigeria with 0.1%, Kano state has prevalence of 13%, while Kaduna state in the same North-West has prevalence of 34%.⁵³ It is evident from the above analysis that FGM is widespread in the Southern part of Nigeria compared to Northern part Nigeria, although in the latter, more severe forms of FGM such as *Angruya* cuts, *Gishiri* cuts and uses of corrosive substance are made to tighten the vagina.⁵⁴

It has also been reported that while 18.4% of Nigerian girls aged 15–49 years have undergone FGM, 25.3% of daughters aged 0-14 years have also undergone the procedure.⁵⁵ Research has shown that 82% of women underwent FGM procedure before the age of five; 4% of women underwent the procedure between the ages of five and nine years; and while 5% of women underwent the procedure between the ages five and fourteen years, while 7% of women underwent the procedure from the age of fifteen and above.⁵⁶ Research has shown that the highest FGM prevalence in women between 15–49 years of age is in the South-East with 32.5%; 41.1%; in the South-West, 23.3%, in the South-South, 19.3%; in the North West, while the North-East has the lowest prevalence with about 1.4% prevalence.⁵⁷ It must be pointed out at this juncture that although FGM is performed few days after birth,⁵⁸ there are indications that the ages at which Nigerian women undergo the procedure vary from one ethnicity to another.⁵⁹ This is because while 38% of Ijaw/Izon women usually undergo the procedure from age fifteen and above; most women from the South Eastern states of Abia, Enugu and Imo undergo the procedure

⁴⁵ G Azuonwu . & R Ezekiel, 'Female Genital Mutilation: A Dehumanizing Practice against Womanhood in Nigeria', *Op. Cit.* P 15.

⁴⁶ Daniyan *et al.*, Review of the Prevalence of Female Genital Mutilation in Nigeria: Epidemiology', quoted by G Azuonwu *et al* 'Female Genital Mutilation: A Dehumanizing Practice Against Womanhood in Nigeria', *Op. Cit.* P. 15.

⁴⁷ *Ibid.*

⁴⁸ *Ibid.*

⁴⁹ Country Policy and Information Note on Nigeria: Female Genital Mutilation (FGM)', *Op.Cit.* P.21.

⁵⁰28 Toomany, 'Country profile: FGM in Nigeria' Oct, 2016', *Op.Cit.*

⁵¹ *Ibid.*

⁵² Country Policy and Information Note on Nigeria: Female Genital Mutilation (FGM)', *Op.Cit.* P.17.

⁵³ *Ibid.*

⁵⁴ *Ibid.*

⁵⁵ National Bureau of Statistics/BS//UNICEF, 'Multiple Indicator Cluster Survey (MICS), 2016 – 17' February, 2018, *Op. Cit.*

⁵⁶ Nigerian Populations Commission, 'Nigeria Demographic and Health Survey, 2013', published in June, 2014, p.345, available at <http://dhsprogram.com/publications/publications-FR93DHS-FinalReports.cfm>- accessed 30th July, 2019.

⁵⁷ National Bureau of Statistics/BS//UNICEF, 'Multiple Indicator Cluster Survey (MICS), 2016 – 17', *Op. Cit.*

⁵⁸United Nations Population Fund – FGM Frequently Asked questions, December, 2015, available at <http://www.unfpa.org/resources/female-genital-mutilation-fgm-frequently-asked-questions#age> accessed 20th July, 2019.

⁵⁹ Nigerian Populations Commission, 'Nigeria Demographic and Health Survey, 2013', *Op. Cit.*

before age five.⁶⁰ However, evidence abound that women from the North-East undergo the procedure at the age of fifteen or above.⁶¹

It is apposite to state here that prevalence of FGM among the women of the age under consideration in urban areas, which is 23.4%, seems to be higher than that of women in rural areas which is 15.6%.⁶² It has been established that the highest prevalence of FGM for girls under 0 – 14 years is North West with 56%, South West 21.6%, North Central 16.1%, South East, 12.7%, South-South, 6.1%, and North East, 1.4%.⁶³ It has also been established that Girls in the age bracket under consideration that have undergone the procedure in the urban areas in Nigeria accounts for 20.5%, while their counterparts in the rural areas account for 28.8%.⁶⁴

6. FGM as a Socio-Cultural Myth

It is correct to state at this juncture that although both Christians and Muslims practice FGM in Nigeria, there is no perceived religious prerequisite or injunction emanating from these two Abrahamic faiths that sanctions FGM.⁶⁵ It is equally correct to state that none of the Holy books of these religious faiths namely, the Holy Bible and Holy Koran recommends or approves FGM either as a ritual or part of fulfillment for the faith.⁶⁶ A thorough examination of the two Holy Books shows that only the Holy Bible recommends that circumcision be performed on the male descendants of Abraham.⁶⁷ On the other hand, the practice of FGM has no medical benefit, but rather, uncountable serious health challenges/problem.⁶⁸ In the light of the above, it can safely be concluded that FGM is practiced to satisfy cultural and ethnic identity.⁶⁹ According to Saracoglu and Ozutur, the cultural beliefs behind FGM include ‘initiation into womanhood; to control a woman’s sexuality, ie, as a means of preventing promiscuity/prostitution, as well as satisfaction of some customary beliefs about physical cleanliness’.⁷⁰ Similarly, a woman with great community pressure to have FGM performed on her because her clitoris or genitals are dirty, dangerous or constitutes a source of irresistible temptation, will most likely submit to the performance of the procedure in order to be relieved psychologically, especially where other females have undergone the procedure.⁷¹ This is because an uncircumcised non-infibulated girl remains an object of ridicule whom no one in the community will ask for her hand in marriage.⁷²

It is also believed in some Nigerian communities that FGM increases sexual pleasure for the men and thus, a religious duty that must be performed by all women.⁷³ As such, women are under social and peer pressure to undergo the procedure in order not to risk victimization and stigma if they refuse to undergo the procedure.⁷⁴ The above assertions are based on the fact that in Nigeria, a woman’s social standing or position in her community is linked with the issue of sex control, reason being that it is culturally believed that the natural destiny of every woman is marriage and subsequent procreation.⁷⁵ This explains why the fight towards the elimination of F.G.M. appears to be an uphill task.⁷⁶ Worst still, in areas where virginity at marriage is highly valued and where pre-marital pregnancy is frowned at,

⁶⁰ National Bureau of Statistics/BS//UNICEF, ‘Multiple Indicator Cluster Survey (MICS), 2016–17’, *Op. Cit.*

⁶¹ *Ibid.*

⁶² *Ibid.*

⁶³ Country Policy and Information Note on Nigeria: Female Genital Mutilation (FGM)’, *Op. Cit.* P.17,

⁶⁴ *Ibid.*

⁶⁵ Y Olomjobi, (Human Rights on Gender, Sex and the Law in Nigeria, Pricenton Publishing Co., Lagos, 2013) p.19.

⁶⁶ *Ibid.*

⁶⁷ Genesis 17 verse 9-14 (KJV).

⁶⁸ H Bodurin, ‘Female Genital Mutilation: Perceptions and Beliefs in a Nigerian Rural Community, quoted by G Azuonwu . *et. al* ‘Female Genital Mutilation: A Dehumanizing Practice Against Womanhood in Nigeria’, *Op. Cit.* P.16

⁶⁹ M Saracoglu & H Ozutur, Female Circumcision Andrology and Gynecology: Current Research, quoted by G Azuonwu . *et. al* ‘Female Genital Mutilation: A Dehumanizing Practice Against Womanhood in Nigeria’, *Op. Cit.* P.15

⁷⁰ *Ibid.*

⁷¹ *Ibid.*

⁷² *Ibid.*

⁷³ T Okeke et al., ‘An Overview of Female Genital Mutilation in Nigeria’, *Op.Cit.* P,71.

⁷⁴ *Ibid.*

⁷⁵ Arinze-Umobi, C. Domestic Violence against Women in Nigeria: A Legal Anatomy, *Op. Cit.* P. 68.

⁷⁶ *Ibid.*

parents sternly endeavour to exercise maximum control over their daughters' movement just to ensure that they do not lose their virginity or become pregnant before marriage.⁷⁷

It is submitted that the reasons for the practice of FGM is shrouded in cultural mythology as it is based on the false assumption that women are inferior to men. FGM is thus one of the calculated modes used by culture and religion to deny Nigerian women of their human rights contrary to the concept of universality of human rights. More so, FGM is a harmful traditional practice which expressly offends the provisions of the Constitution of Nigeria which states that:⁷⁸ 'Every individual is entitled to respect to the dignity of his person and accordingly, no person shall be subjected to torture or to inhuman or degrading treatment.

FGM is also prejudicial to woman's right to life, bodily integrity, health and sexuality,⁷⁹ as well as the health of the child which the Nations of the world have been urged to protect.⁸⁰ FGM is more condemnable considering the fact that it is usually carried out either without the consent of the victim, or with her consent tainted with coercion or undue influence.⁸¹ This is because in most cases, the consent of FGM victims are sidetracked and such consent is gotten from either the victims' parents or their grandparents.⁸² The Court has held in the case of *Prince v Massachusetts* that:⁸³ 'Parents may be free to make martyrs themselves, but it does not follow that they are free to make martyrs of their children before they have reached the age of full and legal discretion, when they can make the choice for themselves'.

7. Health Challenges Associated with the Practice of FGM

It must be stated categorically that the belief that FGM protects women from sexually transmitted infections as is the case with male circumcision has long been disproved.⁸⁴ Contrary to male circumcision, the victims of FGM are usually prone to a number of short and long term health challenges associated with FGM. Some of these short and long term health challenges shall be fully discussed below.

8. Psychological Challenges

As stated earlier, the performance of FGM on women starts with the use of knife or other cutting equipment, the mere sight of which, or the slightest idea that there will be an imminent surgical interference in highly sensitive areas such as the female genitals is enough to trigger off physical and psychological trauma, night mare, panic, anxiety and a sense of humiliation on the part of the girl/woman.⁸⁵ In some severe cases of FGM, the excision of the clitoris or other parts of female genitalia may result to the reduction of sexual response which may in turn, lead to anorgasmia and frigidity.⁸⁶ Apart from this ailment, patient with vaginal obstetric fistula may also develop urinary or faecal incontinence that may result into physical, socio-cultural and psychological problems for the patient.⁸⁷ In some severe cases of FGM, consummation may take several weeks as a result of tight infibulations; or up to two years to complete, possibly to allow the wife seek medical help for infertility.⁸⁸ There have been instances where resort is had to anal sexual intercourse as the only source of consummation of marriage simply because husbands are unable to penetrate into the vaginae of their wives that are too tight as a result of FGM performed on these wives.⁸⁹ It is therefore submitted that the hardship faced by victims

⁷⁷ *Ibid.* P. 69.

⁷⁸ CFRN, section 42 (1).

⁷⁹ *Ibid.* Section 42 (1),

⁸⁰ Article 24 (3) of United Nations Convention on the Rights of the Child, 1989; Article 5 African Charter on Human and Peoples' Rights, 1986.

⁸¹ T Okeke et al., 'An Overview of Female Genital Mutilation in Nigeria', *Op.Cit.*

⁸² Toomany, 'Country profile:, FGM in Nigeria' Oct, 2016', *Op. Cit.*

⁸³ (1944) 321 U.S. 158.

⁸⁴ M Reyners, 'Health Consequences of Female Genital Mutilation', *Reviews in Gynecological Practice. 2004, Vol. 4, No. 4*, p. 242.

⁸⁵ G Azuonwu & R Ezekiel, 'Female Genital Mutilation: A Dehumanizing Practice Against Womanhood in Nigeria', (*supra*), p.17.

⁸⁶ S Abdel -Azim, 'Psychosocial and Sexual Aspects of Female Circumcision', *African Journal of Urology*, 2013, p.141-142, available at <http://www.aju.info/index.php/aju/article/view/95973/85321-141-142> accessed 15th May, 2021.

⁸⁷ *Ibid.*

⁸⁸ *Ibid.*

⁸⁹ *Ibid.*

of FGM as discussed so far as well as the betrayal perceived by victims against their parents and family members who made these victims to undergo FGM, no doubt constitute indelible psychological trauma to these victims.

9. Medical Challenges

Aside the psychological challenges faced by victims of FGM discussed above, victims of FGM also encounter other health challenges associated with the practice of FGM. These health challenges have been summarized by Obi and Igbinalolor to include:⁹⁰

severe pain, bleeding, post traumatic stress disorders, anxiety, depression, memory loss, eating and sleeping disorders, low libido, apareunia or dyspareunia, chronic pains, dysmenorrhoea, vaginal fistula, labial agglutination, hypertrophic scar/keloids, clitoral retention cysts, dermoid cysts, virginal lacerations during coitus, straining at micturition, genital tract lacerations, especially during vaginal delivery, obstructed labour, increased cases of caesarean deliveries, postpartum haemorrhage, and prenatal deaths.

According to Abdel-Azim, FGM victims also encounter 'genitourinary tract infections, damage to the genitalia, genital tissue scars, anemia, maternal and foetal deaths, obstructed and prolonged labour which may eventually lead to obstetric fistula (s) and Vesico Vaginal Fistula'.⁹¹ Apart from these medical challenges, FGM performed using unsterile equipment, without antiseptics, or antibiotics and in the absence of aseptic conditions increases the risk of primary infections.⁹² The isolated pathogens in the different types of infections were Human Immunodeficiency Virus, *Clostridium tetani*, *Chlamydia trachomatis*, *Neisseria gonorrhoea*, *Trichomonas vaginalis*, *Pseudomonas pyocyanea*, and *Staphylococcus aureus*.⁹³ Urological complications have also been reported to occur following FGM.⁹⁴ Death can result from infections including tetanus as well as haemorrhage that can lead to shock.⁹⁵ It is quite disappointing that irrespective of the health challenges enumerated above, there is no clear data on the mortality rate of the girls/women who underwent the FGM, although it is estimated that one out of every five hundred circumcisions result in death.⁹⁶ It is submitted that this development is disastrous and a dangerous omen for Nigeria which is ranked among the low economies, with limited healthcare.

10. The current position on the Practice of FGM in Nigeria.

Since the 20th Century, there have been dynamic activities of women and feminists towards the realization of women's human rights such that at the international women's conference held in Mexico in 1975, the period of 1975 to 1985 was declared as the 'international decade for women' by the United Nations.⁹⁷ It was during this period that the Convention for the Elimination of All forms of Discrimination against Women was proclaimed, precisely in 1979. Since then there have also been concerted efforts made globally to specifically eradicate FGM pandemic. Back home, Nigeria has ratified the Maputo Protocol and was among the countries that sponsored the resolution at the 46th World Health Assembly in 1993 calling for the worldwide eradication of FGM.⁹⁸ Today, there is monumental evidence that FGM in Nigeria is on the decline. This is probably not unconnected with the high level of education made available to Nigerian women, especially those in the Southern part of Nigeria. There is also various awareness programmes rolled out against FGM, such as the one championed by the first lady of Nigeria.⁹⁹ While acknowledging that FGM awareness was high in Nigeria in the past, awareness on the health consequences of FGM has been very poor among the Nigerian populace as it has been shown that among the persons interviewed, about 64.3% of

⁹⁰ A Obi & O Igbinalolor, 'Prevalence of Female Genital Mutilation and its Determinants Among Pregnant Women in Benin City, Nigeria', *Journal Of Community Medicine And Primary Health Care*, Vol. 30, No. 2, September 2018, p.13.

⁹¹ S Abdel-Azim, 'Psychosocial and Sexual Aspects of Female Circumcision', *Op. Cit.*

⁹² C Ivazzo *et. al.* 'Female Genital Mutilation Review of Clinical Evidence', 2013 *Archives of Gynecology and Obstetrics*, Vol. 287, No. 6. p. 1137 available at <http://mentshec.fun/85civOor.2> accessed 17th May, 2021.

⁹³ *Ibid.*

⁹⁴ M Reyners, 'Health Consequences of Female Genital Mutilation', *Op. Cit.* P. 242.

⁹⁵ *Ibid.*

⁹⁶ *Ibid.*

⁹⁷ U Nwaogu, 'Women and Violence Nigerian Institutions', *WOREC Journal of Gender Studies*, Volume1. No. 3. June, 2006, p. 78.

⁹⁸ 28 Toomany, Nigeria: 'The Law and FGM June, 2018', p.1 available at <http://assets.publishing.service.gov.uk> accessed 30th May, 2021.

⁹⁹*ibid.*

Nigerian women and about 62.1% of Nigerian men are of the firm view that the practice of FGM should be discontinued.¹⁰⁰

Furthermore, the decline of FGM is traceable to the passage of anti FGM Laws both at the National and State levels. In 2015 for instance, Nigeria put in place a federal Act that bans FGM and other harmful traditional practices against women and the girl child.¹⁰¹ The VAPP Act expressly criminalizes FGM and punishes those who perform, engage others to perform the procedure, and as well as those who cuts, incite, abate or counsel another to attempt or perform the procedure.¹⁰² Besides the VAPP Act, some States in Nigeria have passed Laws that ban FGM in such States. For instance, in Bayelsa State, there is ‘FGM (Prohibition) Law (2004)’; Rivers State has ‘Child Rights Law, 2009’; Enugu State has FGM (Prohibition) Law 2009’; Ebony State has ‘Law Abolishing Harmful Traditional Practices Against Women and Children, 2001’; Cross River State has ‘The Girl Child Marriages and Female Circumcision (Prohibition) Law, 2000’.

It must also be noted that prior to the passage of the VAPP Act, some states in Nigeria had passed various Laws dealing on child abuses, violence against women and girl child, as well as other Legal Instruments criminalizing the practice of FGM in some of these states. It is a thing of joy that as at June, 2018, about thirteen states in Nigeria, especially the Southern States, had enacted anti FGM laws.¹⁰³ However, although not much has been done by most Northern states of Nigeria towards passing anti FGM Laws, it has been stated that the Sharia Penal Codes which are applicable in some Northern states of Zamfara, Sokoto, Kebbi, Kaduna, and Kano states expressly prohibit various forms of psychological and physical violence against children.¹⁰⁴

There are also other enactments that prohibit the practice of FGM in Nigeria. For instance, the Medical Act spells out various punishments against Medical Practitioners that carry out FGM including striking out the names of such Practitioners from the Register of Medical Practitioners and or, suspension of such Medical Practitioners from medical practice for six months.¹⁰⁵ Similarly, under the National Health Act, it is provided that any person who removes tissue is liable to a fine of One Million Naira or to an imprisonment of two years, or both imprisonment and fine.¹⁰⁶

11. Conclusion and Recommendations

It is undisputable that FGM is a cruel procedure which is geared toward the dehumanization of the women folk. It is a discriminatory act and a pure reflection of the deep rooted inequality between men and women; as well as an outright violation of both the reproductive and human rights of women. Although the practice of FGM has been out rightly criminalized in some States of Nigeria through Legislations, yet, its practice still exists in most communities within the States that have passed FGM Laws.¹⁰⁷ It is concluded that the total eradication of FGM remains an uphill task and as such, it will entail more efforts on the part of the government and the people, as well as co-operation with international bodies, associations, Non-Governmental Organizations, etc, to change the cultural and religious mythological belief behind the continued practice of FGM practice. If not, the women folk will continue to witness deaths, diseases/infections, and the physical and psychological trauma associated with FGM from generation to generation. Having discovered that FGM is a product of gender inequality which has long ago permeated into both public and private life, and having proven that myth has metamorphosed into complete violations of women’s rights in spite of all known human right instruments, there is urgent need to curb this pandemic before it is too late. As a result of the seriousness of the human rights violations associated with FGM, various ways in which this culture based myth can be totally eradicated shall be discussed hereunder.

Criminalizing FGM through Legislations

It is a well known fact that since the promulgation of the VAPP Act, the exact implementation of this Act is uncertain. This may not be unconnected with the obvious lacuna inherent in the VAPP Act that has greatly impaired its efficiency. Firstly, the VAPP Act is a federal Enactment which has not been domesticated by

¹⁰⁰*Ibid.*

¹⁰¹Violence against Persons Prohibition Act, hereinafter referred to as ‘VAPP Act’.

¹⁰²*Ibid.* Section 1 (2), (3) & (4).

¹⁰³28 Toomany, ‘Nigeria: The Law and FGM June, 2018’, *Op. Cit.* P.3.

¹⁰⁴*Ibid.*

¹⁰⁵Medical and Dental Practitioners Act, Laws of the Federation of Nigeria 2004, section 16(2).

¹⁰⁶National Health Act, Laws of the Federation of Nigeria 2014, section 48(3) (a).

¹⁰⁷Y Olomjobi, ‘Human Rights on Gender, Sex and the Law in Nigeria’, *Op. Cit.* P.19.

the Federating States. Secondly, VAPP Act failed to address cross-national border FGM. These lacuna may be behind the failure to identify any FGM case brought under the Act; or list of any arrest, or convictions of persons that underwent the procedure, or those that aided or abated FGM till date. This clearly shows that the exact implementation of this Act is uncertain. There is therefore urgent need to amend VAPP Act to fill up the aforestated lacuna, as well as mandating all the States in Nigeria to domesticate the VAPP Act before the end of 2021. In the same vein, FGM Legal Instruments in the forms of Conventions and Treaties should also be put in place at Regional and International levels with the aims of nipping the practice of FGM on the bud and to address cross-national border FGM issues.

Proper enforcement of FGM Legislation

It is envisaged that a strict enforcement of FGM Legislations in Nigeria may trigger an upsurge in the number of women going to perform the procedure in our neighbouring countries where such Legislations are inexistent, and then return to Nigeria. Unfortunately, the VAPPA failed to address cross-border FGM. It also failed to prohibit or punish FGM carried out by Nigerians in countries other than Nigeria. There is need for the collaboration of Security Agencies in Nigeria with a view to enforce FGM Legislations in Nigeria. There is also need for these Agencies to collaborate with their neighbouring counterparts such as Niger, Chad, Benue Republic, Cameroun, etc, in the fight against FGM. This will help checkmate movement across national borders in relation to the practice of FGM. This will go a long way to compliment the collaborative efforts of the Federal Ministry of Women Affairs and Social Development in implementing the National Policy of Action for the elimination of FGM in Nigeria from 2013–2017, which was launched in response to the passage of VAPP Act.

Introduction of Human Rights as a Course in Educational Institutions in Nigeria

There is also need to introduce Human Rights as a course in the curricula of Primary/Secondary and Tertiary education in Nigeria. Through this, the information about the health implications associated with FGM will be inculcated in Nigeria pupils and students. They will also understand that the belief behind the practice of FGM remains a myth and unreal. This way, FGM will become abhorrent to these pupils and students.

Women Empowerment

It is not in doubt that Education is vital to the total eradication of FGM in Nigeria.[There is therefore need to empower girls and women educationally and financially. This is because highly educated and financially stable women are less likely to subject themselves to FGM. They are also unlikely to subject their daughters and wards to FGM. These women are most likely to resist internal and external pressures to adhere to the practice of FGM. Hence, it is advocated that women be given access to business facilities and loans, as well as employment in sensitive and highly elevated offices. Unfortunately, access to qualitative education is restricted in rural areas, especially in the rural parts of Northern Nigeria where gender disparity in schooling still persists.¹⁰⁸ On the other hand, women should be allowed to join politics and to hold key elective positions in Nigeria such as President, Vice President, Senate President, Speakers, as enjoyed by their fellow women in civilized countries like the United States of America, United Kingdom, Germany, etc. This will aid women influence positive changes geared towards to eradication of FGM.

Sensitization

There is need to sensitize the Religious and Traditional Leaders in Nigeria about the vagueness of the belief in the practice of FGM. The Town Unions, Youth Groups, Faith based Organizational and other stakeholders must not be left out. These groups must be made to understand the physical and health consequences inherent in the practice of FGM, as well as the position of the law on coercing, aiding and abating those who practice or perform FGM. Religious and Traditional Leaders must denounce and outlaw the practice of FGM through Royal Orders and Doctrines. Religious and Traditional Leaders must establish bodies amongst Church groups and Traditional bodies such as Town Union and Youth wing that will enforce the protection of the Royal Orders and Doctrines. As a matter of fact, there is need for a collaboration of Religious and Traditional Leaders in the fight against FGM. It is commendable that the entire Ideato North Traditional Institution and Community Policing chaired by H.R.H. Eze Kosman Kanu, have outlawed FGM in the entire Ideato North L.G.A. this Traditional Institution decreed that any person caught indulging in FGM shall be liable to pay a fine of one hundred thousand naira.¹⁰⁹

¹⁰⁸ National Bureau of Statistics/BS//UNICEF, 'Multiple Indicator Cluster Survey (MICS), 2016 – 17', *Op. Cit.*

¹⁰⁹ Imo Broadcasting Corporation 9' o'clock am news, read on 16th April, 2021.