

**FEMALE GENITAL MUTILATION AS SPECIES OF GENDER-BASED VIOLENCE: A CASE STUDY OF ABOH MBAISE LOCAL GOVERNMENT AREA OF IMO STATE, NIGERIA\***

**Abstract**

*There is no gain reemphasizing the fact that all human beings, both male and female are born equal. Yet, it seems this position is not well accepted in some geographical locations as there exist till date, some cultural practices that tend to undermine the protection and enforcement of women's human rights copiously enshrined in numerous Human Rights Legislations. One of such practices is what is known as and called female genital mutilations.<sup>1</sup>FGM is a cultural practice firmly embraced by most African societies and some third world countries which has no known medical relevance. It is not only a clear manifestation of gender based violence, but an act calculated to demean the women folk. This view is further buttressed by the fact that under the native laws and customs of Nigerian societies, including Aboh Mbaise people of Imo State, women are mythological conceptualized as being inferior to men and as such, subjugated under the men's folk. This paper carefully x-rayed the practice of FGM among the female population of an Igbo clan of Aboh Mbaise. It also x-rayed the dangers associated with this practice. Adequate and appropriate recommendations were made on how to eliminate this gender based violence called Female Genital Mutilation (FGM).*

**Keywords:** Aboh Mbaise, Female Genital Mutilation, Gender Based Violence, Human Rights Legislations, Practices, Protection, Women

**1. Introduction**

It is a well known fact that it is globally accepted that human rights are rights accorded to all humans by virtue of their birth as human beings. This is so, not minding the sex, colour, origin, status, *etce tera* of these humans. On the other hand, it is a notorious fact that there exist in most societies, discriminations/discriminatory practices, social stratification, prejudices and injustices which are ordinarily baseless, unfounded and highly unjustifiable, yet are still observed and regarded as proper and ethical in these societies. It is not out of place to state that these unwholesome practices obviously evolved from the historical, political, economic or religious experiences of these societies.<sup>2</sup> For instance, in the Africa's most populated country known as and called Nigeria, there exists the practice of FGM which is a practice hinged on the socio-cultural perception of women as being inferior to men.<sup>3</sup> It is therefore common practice to retrieve from the women folk, all qualities, rights and privileges they are naturally endowed with just to ensure that they are properly subjugated to men's rule and domination. Another reasoning behind this move is that if women are not divested of these rights culturally perceived as capable of placing them at par with men or even above men, they will definitely grow to wield more powers and influence capable of scuttling the authorities and headship inherent in the male dominated Nigerian societies. It is not in doubt that this misconceived perception gave birth to the idea of FGM. This surgical procedure is not only forcefully performed on women with or without their consent and authority; women are most often forced or coerced to comply with this age long cultural practices on the one hand, while young girls who lack the requisite capacity to volunteer consent for the performance of such procedure by virtue of their tender ages, are most commonly subjected to the procedure.<sup>4</sup> This horrendous cultural practice has continued to exist in Nigeria notwithstanding the well recognized human rights legal instruments globally articulated to curb human rights abuses against women. It must not be forgotten in a haste that FGM not only contravenes all known regional human right instruments, it also contravenes the constitutionally guaranteed right to life, especially when it results to death.<sup>5</sup> This work shall deeply consider and critically examine the meaning and nature of FGM, types of FGM, prevalence of FGM in Nigeria as a whole, and the Igbo clan of Abo

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<sup>1</sup> Hereinafter referred to as 'FGM'.

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

<sup>3</sup>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 18<sup>th</sup> April, 2023.

<sup>4</sup>*Ibid.*

<sup>5</sup>Constitution of the Federal Republic of Nigeria (As Amended), hereinafter referred to as 'CFRN' section 40.

Mbaise. It will also examine FGM as a *species* of gender based violence, the health challenges associated with the practice of FGM and thereafter x-ray the current position of FGM practice in Abo Mbaise, Imo State, Nigeria. Appropriate recommendations shall be made on the ways to eliminate this pandemic.

## 2. Meaning and Nature of FGM

A lot ink has flown as numerous Authors have attempted to define FGM. FGM has simply 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.<sup>6</sup> Umeh *et. al.* tried to proffer a better definition of the term when he stated that: <sup>7</sup> FGM is a surgical procedure performed on women to either remove the external female genital and more often, the labia minora and the clitoris, partially or totally, so as to ensure that women are partially or completely denied of the natural enjoyment of sexual activities. It has been emphatically stated that ‘FGM is a violent damage done to the outset organ of females by excising parts of their female organs, i.e., vagina, thereby causing substantial and permanent damage to these females’.<sup>8</sup> It must be reiterated that the performance of FGM on women is not an easy venture but a herculean task which has various stages and dimensions. Arinze-Umeobi gave an account of how FGM is performed when she stated that:<sup>9</sup>

FGM is usually commenced by ceasing the little girl entirely nude in a sitting position on a low stool, with her arms tightly around the 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.

She went ahead to state that ‘the little girl who is a victim of FGM will remain devastated, incapacitated, and immobile for approximately forty days to at least allow for the formation of scar tissue’. Most often, FGM is performed on females on the approval of highly respected women in the Nigerian societies, engaging the services of local Barbers, Medical Doctors, traditional Birth Attendants and Health Workers, who most often embark on the operation without the use of anesthesia.<sup>10</sup> It must be pointed out that although the origin of FGM is uncertain and shrouded in secrecy,<sup>11</sup> it is however speculated that FGM originated in Africa’s oldest civilized nation called Egypt.<sup>12</sup> Despite this fact, there is abundant evidence that FGM has been practiced in Nigeria for more than thousands of years now.<sup>13</sup> It must further be stressed that FGM is embraced by both highly educated and enlightened individuals, including mothers who indulge in the practice without being bothered about the damage it may inflict on their female children and wards.<sup>14</sup> The practice of FGM is so rooted in Nigerian societies that it is unthinkable that there is no Nigerian woman that has not undergone this procedure.<sup>15</sup> As a matter of fact, a 2006 research showed that about 60% of the female population of Nigerian had undergone FGM.<sup>16</sup> On the other hand, a 2020 research estimated that about twenty million Nigerian women had undergone FGM.<sup>17</sup> It has been stated that this figure represents ten percent of about two hundred million females that had

<sup>6</sup>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 10<sup>th</sup> April, 2023.

<sup>7</sup>S Umeh *et. al.* ‘Female Genital Mutilation: A Socio-Religious Myths on the Rights of Nigeria Women’, *ACARELAR VOL. 2, 2021*, p.90.

<sup>8</sup>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](http://www.justice.gov/eoir/page/file/1194691/download) accessed 6th March, 2021.

<sup>9</sup>Arinze-Umobi, C. *Domestic Violence Against Women in Nigeria: A Legal Anatomy*, (Onitsha, Fo/Mech. Printing Publishing Co. Ltd, 2008) p. 72.

<sup>10</sup>U Epudu *et. al.* ‘The Epidemiology of Female Genital Mutilation in Nigeria-A Twelve Year Review’, *AFRIMEDIC Journal, Volume 6, No.1, January, 2018*, p.3.

<sup>11</sup> T Okeke et al., ‘An Overview of Female Genital Mutilation in Nigeria’, (2012) *Annals of Medical Research Vol. 2. No.1*. P.17.

<sup>12</sup> 28 Toomany, ‘Country profile:, FGM in Nigeria, Oct, 2016’, available at [http://www.28toomany.org/staticmedia/uploads/country%20Images/pdf/Nigeria\\_country\\_profile\\_final.compressed.pdf](http://www.28toomany.org/staticmedia/uploads/country%20Images/pdf/Nigeria_country_profile_final.compressed.pdf) accessed 30<sup>th</sup> January, 2023.

<sup>13</sup> P Ibekwe *et. al.* ‘Female Genital Mutilation in South Eastern Nigeria: A Survey of Current Knowledge and Practice’ (*Supra*), p117.

<sup>14</sup>Arinze-Umobi, C. ‘Domestic Violence Against Women in Nigeria: A Legal Anatomy’ (*Supra*), p. 72.

<sup>15</sup>*Ibid.*

<sup>16</sup> Eya, Patrick, *Education and Harmful Traditional Practices against Women in Nigeria*, *WOREC Journal of Gender Studies, Volume .1. No. 3, June, 2006*, p.93.

<sup>17</sup>G Azuonwu & R Ezekiel, ‘Female Genital Mutilation: A Dehumanizing Practice Against Womanhood in Nigeria’ (*supra*), p.17.

undergone FGM procedure globally.<sup>18</sup> It has been expressed that there is a strong indication that about three million women are liable to undergo the procedure annually.<sup>19</sup>

### **3. Types of FGM**

It is necessary at this juncture to actually determine whether there is only one form or forms of FGM. This will help to throw more light on the types, way and manner the practice of FGM is embraced and carried out by Nigerian societies. It has been reiterated that Nigeria is about the most multi-ethnic and populous nation in Africa with over two hundred and fifty ethnic groups, and over two hundred million people.<sup>20</sup> To start with, it must be pointed out at this juncture that FGM is classified into four major types as shall be comprehensively discussed hereunder.<sup>21</sup> Umeh *et. al.* also classified FGM into four major types, *viz.* Types I-IV.<sup>22</sup> He went on to explain thus:<sup>23</sup>

**Type I:** The FGM of this nature is most often referred to as ‘clitoridectomy’ and commonly involves the total or partial removal of the clitoris, leaving a small sensitive and erectile part of the vagina; or leaving out the prepuce in rear cases.

**Type II:** This form of FGM is also known as ‘excision’. It actually involves the partial or total excision of the clitoris and the labia minora; with or without the excision of the labia majora.

**Type III:** This form FGM is usually referred to 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. To achieve this, the Operator actually stitches the above stated victim’s vaginal parts, with or without removing the clitoris.

**Type IV:** The FGM of this nature is also known as ‘unclassified’, and actually involves use of other harmful procedures on the victim’s female genitalia; such as piercing, pricking scraping, incising and cauterizing the female genital areas.

Apart from the above stated facts, it is a notorious practice that in order to ensure that the female sensitive areas around the vaginal parts are either killed or waned through this type of FGM, for instance, through a systematic dropping of hot water on the clitoris and the general area of the female vulva.<sup>24</sup> It is clear that this practice can conveniently be classified under Type IV. It has further been reported that there are two other forms of FGM that can also be grouped under Type IV, namely: the ‘Anguyra cut’ and the Gishiri cut’. While the former has been explained to mean a form of traditional surgery or scrapping to remove hymen and often, tissue surrounding the vaginal orifice; the latter simply refer to a cut made in vaginal walls in cases of obstructed labour.<sup>25</sup> It has been generally observed that there is no uniformity as to the age women undergo FGM.<sup>26</sup> It is however evident that in most Nigerian societies, FGM usually takes place at infancy, although there is proof that about eighty-two percent of Nigerian women between the ages of 15-49 had undergone FGM before the age of five.<sup>27</sup> It must be expressly pointed out that FGM is the cultural requirement of some ethnic societies in Nigeria that females must undergo FGM during the birth of their first children, reason being that its performance is critical in order to ensure that such child does not touch its mother’s clitoris.<sup>28</sup> Similarly, it is culturally required in some Nigerian societies that FGM must be performed on a deceased woman who did not undergo the procedure before her death, on her before burial.<sup>29</sup>

### **4. Prevalence of FGM in Nigeria**

It must be pointed out that Nigeria is a multi- ethnic, multi -religious and multi- state entity. Thus, FGM prevalence in Nigeria differs from one ethnicity to another, one religion to another, as well as from one state to another. According to Umeh *et. al.*:<sup>30</sup> ‘the prevalence of FGM among some ethnic groups in Nigeria in

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<sup>18</sup>*Ibid.*

<sup>19</sup>*Ibid.*

<sup>20</sup> 28 Toomany, ‘Country profile: FGM in Nigeria’ Oct, 2016’, (*supra*).

<sup>21</sup>Country Policy and Information Note on Nigeria: Female Genital Mutilation (FGM), Version 2.0. August, 2019’, p.17, available at [www.justice.gov/eoir/page/file/1194691/download](http://www.justice.gov/eoir/page/file/1194691/download) accessed 6th January, 2023.

<sup>22</sup> S Umeh *et. al.* ‘Female Genital Mutilation: A Socio-Religious Myths on the Rights of Nigeria Women’ *Op. Cit.* P. 92.

<sup>23</sup>*Ibid.*

<sup>24</sup>Country Policy and Information Note on Nigeria: Female Genital Mutilation (FGM), Version 2.0. August, 2019’(*Supra*), p.17

<sup>25</sup>*Ibid.*

<sup>26</sup> S Umeh *et. al.* ‘Female Genital Mutilation: A Socio-Religious Myths on the Rights of Nigeria Women’ *Op. Cit.* P. 92.

<sup>27</sup> *Ibid.*

<sup>28</sup>*Ibid.*

<sup>29</sup>Country Policy and Information Note on Nigeria: Female Genital Mutilation (FGM), Version 2.0. August, 2019’(*Supra*), p.19.

<sup>30</sup> S Umeh *et. al.* ‘Female Genital Mutilation: A Socio-Religious Myths on the Rights of Nigeria Women’ *Op. Cit.* P. 93.

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%. Research has shown that the highest prevalence of FGM among the thirty-six states of Nigeria is found in Osun state in the South-West Geo-Political Zone of Nigeria, which is put at seventy-seven percent.<sup>31</sup> This is closely followed by Ebonyi state in the South-East which has seventy-four percent.<sup>32</sup> It must be stated on the other hand that Kano state has prevalence of thirteen percent; Kaduna state in the same geo-political zone has prevalence of thirty-four percent, while Katsina state in the North-West has the lowest prevalence of FGM in Nigeria with 0.1%.<sup>33</sup> This analysis simply attests to the fact that FGM is widespread and most prevalent in the Southern Nigeria.<sup>34</sup> It is well noted that the most commonly practiced type of FGM in Nigeria is Type II which has prevalence of 62.6%.<sup>35</sup> This is closely followed by Types I and II which have prevalence of 5.3% and 5.1% respectively.<sup>36</sup> It must be pointed out on the other hand that while Types I and II are most commonly practiced in Northern part of Nigeria, while Types III and IV are commonly practiced in Southern part of Nigeria.<sup>37</sup>

### 5. Physical and Health Challenges Associated with FGM

It is a notorious fact that considering the way and manner FGM is performed, women who underwent FGM are often exposed to, and actually encounter a good number of short- and long-term health challenges. As earlier stated, FGM is an act of cutting some parts of female genitalia, definitely with some objects. It must be emphasized that FGM performance with the use of knife or other cutting equipment, the mere sight of which, or at least the slightest idea of the victim that there will be an imminent surgical interference in highly sensitive areas such as the female genitalia, is sufficient to trigger off physical and psychological trauma. This most often throws victims of FGM into panic, anxiety, nightmare, and at the same time, instill a sense of humiliation on the victim.<sup>38</sup> This experience will definitely trigger off psychological trauma that may lead to low self esteem, demoralization, and most times victims may be forced to consider suicide.<sup>39</sup> Apart from this, there is abundant evidence that 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 that may lead to anorgasmia and frigidity.<sup>40</sup> Stretching this further, Abdel –Azim stated that:<sup>41</sup>

Patients with vaginal obstetric fistula may also develop urinary or faecal incontinence that may result into physical, socio-cultural and psychological problems. Victims may or may not consummate their marriages several weeks after marriage purely as a result of tight infibulations. In some instances, consummation may take up to two years to complete just to enable the victim seek medical help for infertility. In other severe cases where husbands are unable to penetrate into the vaginae of their wives which became too tight as a result of FGM performed on these wives, resort is had to anal sexual intercourse as the only source of consummation of marriage.

It must be noted that in all cases of FGM, the realization that the hardship faced by victims of FGM and the betrayal perceived by victims against their parents and family members who forcefully pushed them to undergo FGM, obviously leaves an indelible psychological trauma on these victims.

On the other hand, it must be noted that apart from the aforesaid psychological challenges faced by victims of FGM, victims are also prone to other dangerous health challenges associated with the practice of FGM. Obi and Igbinalolor summarized these challenges thus:<sup>42</sup>

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, clitoridal retention cysts, dermoid cysts, virginal lacerations during coitus, straining at micturition,

<sup>31</sup>Country Policy and Information Note on Nigeria: Female Genital Mutilation (FGM)', *Op.Cit.* P.17.

<sup>32</sup>*Ibid.*

<sup>33</sup>*Ibid.*

<sup>34</sup>S Umeh *et. al.* 'Female Genital Mutilation: A Socio-Religious Myths on the Rights of Nigeria Women' *Op. Cit.* P. 94.

<sup>35</sup> 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 30<sup>th</sup> January, 2023.

<sup>36</sup> *bid.*

<sup>37</sup> *bid.*

<sup>38</sup>G Azuonwu & R Ezekiel, 'Female Genital Mutilation: A Dehumanizing Practice Against Womanhood in Nigeria', (*supra*), p.17.

<sup>39</sup>S Umeh *et. al.* 'Female Genital Mutilation: A Socio-Religious Myths on the Rights of Nigeria Women' *Op. Cit.* P. 93.

<sup>40</sup> S Abdel –Azim, 'Psychosocial and Sexual Aspects of Female Circumcision', *African Journal of Urology*, 2013, p.141-142, available at <http://www.ajo.info/index.php/aju/article/view/95973/85321-141-142> accessed 15<sup>th</sup> February, 2023.

<sup>41</sup>*Ibid.*

<sup>42</sup>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.

genital tract lacerations, especially during vaginal delivery, obstructed labour, increased cases of caesarean deliveries, postpartum haemorrhage, and prenatal deaths.

Stretching this further, Ivazzo *et. al.* stated that:<sup>43</sup>

FGM victims also encounter ‘maternal and foetal deaths, obstructed and prolonged labour(which may eventually lead to obstetric fistula (s) and Vesico Vaginal Fistula),genitourinary tract infections, damage to the genitalia, genital tissue scars, anemia.<sup>44</sup>Most often; FGM is carried out using unsterile equipment, without antiseptics, or antibiotics and in the absence of aseptic conditions.<sup>45</sup>

Apart from the fact that this situation obviously increases the risk of primary infections, it has been scientifically confirmed that FGM performed in such manner above discussed most often expose victims to *Chlamydia trachomatis*, *Neisseria gonorrhoea*, *Trichomonas vaginalis*, *Pseudomonas pyocyanea*, *Staphylococcus aureus*, Human Immunodeficiency Virus and *Clostridium tetani*.<sup>46</sup> It has also been reported that urological complications may occur following FGM operation.<sup>47</sup>Undoubtedly, medical developments resulting from FGM operation such as tetanus and haemorrhage may lead to shock and eventual death of victims.<sup>48</sup>

## **6. FGM as Gender Based Violence**

As earlier stated in this work, FGM can simply be described as a violent damage done to the outset of females’ genital organs thereby causing substantial and permanent damage to these females.<sup>49</sup> Arinze-Umeobi took time to analyze the procedure involved in the performance of FGM and the traumatic experience faced by victims, as earlier discussed in this work.<sup>50</sup> Thus, FGM has far reaching harmful physical, psychological and human rights consequences. Annoyingly, FGM has no proven or known medical benefit, but rather, a practiced that is aimed at satisfying cultural requirement and fulfilling ethnic identity.<sup>51</sup> It is a notorious fact that the cultural beliefs behind FGM include: initiation into womanhood; controlling women’s sexuality, ie, as a means of preventing promiscuity/prostitution, curtailing the excesses of women, ensuring purported physical cleanliness, increasing sexual pleasure for men, eliminating women equality with men, *etc.*<sup>52</sup> While confirming this assertion, Saracoglu and Ozutur submitted that:<sup>53</sup>

Customarily, women most often have great community pressure exerted on them to have FGM performed on them simply because their clitoris or genitals are dirty, extremely dangerous and or, constitutes irresistible temptation. They thus succumb to FGM just to be relieved of socio-cultural and psychological pressure, especially where a good number of their fellow females have undergone the procedure.<sup>54</sup>Otherwise these uncircumcised females will remain objects of ridicule and hence, unfit to enter into marriage contract.

It is therefore submitted that FGM is a mere intimidation against women, a harmful traditional practices, as well as a gender violence of the highest order. Violence Against Persons Prohibition Act, 2015 defines ‘intimidation’ to mean ‘the altering or conveying of a threat or causing any person to receive a threat, which includes fear, anxiety, or discomfort’.<sup>55</sup> It also defines ‘violence’ to mean:<sup>56</sup> any act or attempted act, which causes or may cause any person physical, sexual, psychological, verbal, emotional or economic harm whether this occurs in private or public life in peace time and in conflict situations. In the same vein, ‘harmful traditional practices’ have been defined to mean:<sup>57</sup> all traditional behaviour, attitude or practices, which negatively affect the

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<sup>43</sup>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 17<sup>th</sup> December, 2022.

<sup>44</sup>S Abdel –Azim, ‘Psychosocial and Sexual Aspects of Female Circumcision’, *Op. Cit.*

<sup>45</sup>C Ivazzo *et. al.* ‘Female Genital Mutilation Review of Clinical Evidence’, *Op. Cit.* p. 1137.

<sup>46</sup>*Ibid.*

<sup>47</sup>*Ibid.*

<sup>48</sup>S Umeh *et. al.* ‘Female Genital Mutilation: A Socio-Religious Myths on the Rights of Nigeria Women’ *Op. Cit.* P. 95.

<sup>49</sup>Country Policy and Information Note on Nigeria: Female Genital Mutilation (FGM), Version 2.0. August, 2019’(Supra), p.17.

<sup>50</sup>Arinze-Umobi,C. ‘Domestic Violence Against Women in Nigeria: A Legal Anatomy’(Supra), p. 72.

<sup>51</sup>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

<sup>52</sup>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

<sup>53</sup>*Ibid.*

<sup>54</sup>*Ibid.*

<sup>55</sup> Hereinafter referred to as ‘VAPP Act’, section 46.

<sup>56</sup>*Ibid.*

<sup>57</sup>*Ibid.*

fundamental right of women, girls, or any person and include harmful widowhood practices, denial of inheritance or succession rights, female genital mutilation, false marriage and forced isolation from family and friends'. It must further be stressed that FGM is a calculated attempt/ploy to deny or rob women of their human rights. It is an obvious disrespect to the concept of universality of human rights as well as a contravention of the express provisions of the Constitution of Nigeria which clearly provides that:<sup>58</sup> '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'. Worst still, FGM constitutes an act prejudicial and inimical to woman's right to life, bodily integrity, health and sexuality which the 1999 Constitution of Nigeria conferred on every Nigerian.<sup>59</sup> FGM also contravenes the internationally guaranteed right to health of the child.<sup>60</sup> It is very unfortunate and most disappointing to state further that FGM is usually carried out either without the consent of the victim, or with her consent tainted with coercion or undue influence.<sup>61</sup> This assertion is confirmed by the fact that most often, the consent of FGM victims are sidetracked on the pretext that once victims' parents or their grandparents have consented to the performance of FGM, the consents of the victims become inconsequential.<sup>62</sup> Obviously, this unhealthy development pushed the Court to hold in the case of *Prince v Massachusetts* that:<sup>63</sup> '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. Current State of FGM in Aboh Mbaise

Before delving into this sub-topic, it is necessary to consider the locality, subject of this research with a view to comply with accuracy standards. By way of commencement, it must be stated that Aboh Mbaise is one of the twenty seven Local Government Area Councils in Imo State, with its Headquarters at Abo.<sup>64</sup> Apart from the fact that Aboh Mbaise is made up of many Towns some of which are: Nguru, Uvuru, Mbutu, Okwuatu, Lorji, Amuzu and Enyiogugu, *etc*; it has an area of one hundred and twenty-four kilometers, and a population of approximately one hundred and ninety-five thousand, six hundred and fifty-two people as at the time 2006 Census was conducted.<sup>65</sup> The population for this study is comprised of women aged 15-49 years living mainly in Nguru, Uvuru, Mbutu, Okwuatu, Lorji, Amuzu, and Enyiogugu for at least in the last five years. This group of women was used because they are deemed to be well abreast with the current trends FGM. Oral interviews amongst women between the age bracket of 15-49 years were conducted. Responses to the oral interviews and questionnaires issued to them show that there is a dart in the practice of FGM in the area in relation to Types I-III. It was however discovered that the only form of FGM practiced in the locality is Type IV FGM, that is to say, the systematic dropping of hot water on the clitoris and the general area of the female vulva, and or the pressing in of the clitoris and the general area of the female vulva with or without the use of petroleum jelly such as Vaseline or other substances just to ensure that the females' sensitive areas around the vaginal parts are either killed or waned. These women admitted having this procedure performed on their female children and wards. They also admitted to have had same procedures performed on them after birth by their parents in accordance with cultural requirements. They did not seem to see anything wrong with this form of procedure either legally or health wise. They only see it as a means to curb the sexual excesses of girls/women. Although they admitted being aware of Laws prohibiting Types II-III of FGM, they seem not to be aware of any Law prohibiting this form of Type IV FGM. The truth is that even if such Laws exist, they will not be obeyed by them.

It is submitted that the increased practice of FGM in Abo Mbaise is a negation of the attempts made so far at the international, regional and national levels to eliminate this scourge called FGM. It must be pointed out that since the Convention for the Elimination of All forms of Discrimination Against Women, 1979 was articulated and ratified by most nations of the world, including Nigeria, there have been other efforts made globally to ensure that gender violence, such as FGM are eradicated. It must also be pointed out that apart from ratifying the Maputo Protocol, Nigeria was among the countries that sponsored the resolution at the 46<sup>th</sup> World Health Assembly in 1993 calling for the total and complete eradication of FGM globally.<sup>66</sup> Pursuant to this goal,

<sup>58</sup> CFRN, section 42 (1).

<sup>59</sup> *Ibid.* Sections 34 and 42 (1),

<sup>60</sup> Article 24 (3) of United Nations Convention on the Rights of the Child, 1989; Article 5 African Charter on Human and Peoples' Rights, 1986.

<sup>61</sup> T Okeke et al., 'An Overview of Female Genital Mutilation in Nigeria', *Op. Cit.*

<sup>62</sup> Toomany, 'Country profile: FGM in Nigeria Oct, 2016', (*supra*).

<sup>63</sup> (1944) 321 U.S. 158.

<sup>64</sup> About Aboh Mbaise Local Government Area (L.G.A.) available at [http://www. Manpower.com.ng/places/lga/330/aboh-mbaise](http://www.Manpower.com.ng/places/lga/330/aboh-mbaise) accessed 30th March, 2023.

<sup>65</sup> *Ibid.*

<sup>66</sup> Toomany, Nigeria: 'The Law and FGM June, 2018', p.1 available at <http://assets.publishing.service.gov.uk> accessed 30<sup>th</sup> May, 2021.

Federal and State governments of Nigeria initiated high level of education, sensitization, enlightenment as well as various awareness programmes to stamp out FGM in Nigeria.<sup>67</sup> There has since then been a proliferation of anti gender violence Legislations both at the Federal and State levels. For instance, VAPP Act was passed into law in 2015 which outrightly outlawed FGM and other harmful traditional practices against women.<sup>68</sup> It not only prescribes adequate punishment against those that perform or engage others to perform FGM, but also against those who cut, incite, abate or counsel others to attempt or perform FGM.<sup>69</sup> It is commendable that most States in Southern Nigeria, including Imo State have either domesticated the VAPP Act, or passed other anti FGM Laws, apart from the domestication of the Child Rights Act.

It must not be forgotten in a hurry that the fight against FGM did not stop by the passage of the above mentioned Acts. Evidently, there are also other enactments such as the Medical Act which punishes Medical Practitioners engaged in FGM activities through suspension of Medical Practitioners from medical practice for six months, or by striking out their names from the Register of Medical Practitioners.<sup>70</sup> In the same vein, the National Health Act provides that ‘any person who removes tissue stands the risk of a fine of One Million Naira or to an imprisonment for two years, or both imprisonment and fine’.<sup>71</sup>

### **8. Conclusions and Recommendations**

It can be safely concluded that although FGM is a discriminatory act and a cruel procedure geared toward the dehumanization of the women-folk, its practice is still on the increase in Abo Mbaise where the Type IV FGM is still embraced by natives and residents. This is so irrespective of the fact that FGM has been exposed among the populace through different awareness programs, as deep-rooted gender violence and an outright violation of both the reproductive and human rights of women. As a matter of fact, FGM has from time immemorial, permeated into both public and private life of natives and residents of Abo Mbaise people despite the fact that FGM has been outrightly banned nationally *via* legislation. If this development is not urgently curbed, women in Abo Mbaise will continue to experience violence, deaths, diseases/infections, coupled with the physical and psychological trauma associated with FGM. It is suggested that the fight to eliminate FGM in Abo Mbaise will remain an uphill task unless more efforts are made by the Imo State and Abo Mbaise Local Government to cooperate with law enforcement agents, other Human Right Commission, other Associations, Non-Governmental Organizations, *etc.*, to change the cultural and religious misconceived belief behind the continued practice of FGM, through strict enforcement of FGM Laws. There is also need for Abo Mbaise Local Government Council to collaborate with neighbouring communities and Security Agencies in Nigeria with a view to ending FGM. It is also suggested that the fight against FGM should also be taken to the School, Skill Acquisition Centers, village Meetings, *etc.* This is achievable through sensitization programs to be championed or organized by religious and traditional leaders, Town Unions, Youth Groups, and Faith based Organizations, informing the populace of the dangers inherent in the practice of FGM. Above all, women should be educationally and financially empowered. This is because only highly educated and financially stable women can rise up and resist FGM and its enforcers.

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<sup>67</sup>*ibid.*

<sup>68</sup>Violence Against Persons Prohibition Act, hereinafter referred to as ‘VAPP Act’.

<sup>69</sup>*Ibid.* Section 1 (2), (3) & (4).

<sup>70</sup>Medical and Dental Practitioners Act, Laws of the Federation of Nigeria 2004, section 16(2).

<sup>71</sup>National Health Act, Laws of the Federation of Nigeria 2014, section 48(3) (a).