



LEGAL ANALYSIS OF FEMALE GENITAL MUTILATION IN NIGERIA.

Dr M.O. Izzi*

Amadi-Oparaeli, Njikenye**

ABSTRACT

This article examined Female Genital Mutilation, also referred to as FGM in Nigeria. FGM is internationally recognized as a violation of the Human Rights of girls and women. It involves the partial or total removal of the female genital organs for non-medical reasons. It was revealed that the practice predates Christianity and Islam. The article examined the consequences of FGM which include severe pain, hemorrhage, infections and so on. It has been discovered that most victims fail to report to appropriate authorities as they do not want to go against their custom. Also, lack of awareness of the existence of the Violence Against Persons (Prohibition) Act 2015 and weak penalties allotted to offenders is a big setback. The article also examined the concept of Human Rights in Nigeria, Identifying if laws exist that prohibit the practice, and why the practice persists. It was discovered that the practice is not only gender based, but is also hinged on culture and tradition. It is recommended that the Violence Against Persons (Prohibition) Act should be domesticated in all States, as it is only enforceable in Abuja, and has been domesticated in a few states such as Rivers State. The article further recommended that the sanctions for offenders should be stringent to deter offenders.

Keyword: mutilation, human right, torture, culture.

INTRODUCTION

The concept of Female Genital Mutilation (FGM) is recognized internationally as a violation of the Human rights of girls and women,¹ resulting to an extreme form of gender discrimination with significant and documented health threats and consequences. FGM comprises all procedures that involve the partial or total removal of the female genital organs for non-medical reasons.² It is sometimes called female circumcision or female genital cutting which is a term usually used in the discussion of traditional practice against women.

* Dr M.O Izzi, LL.B, LL.M, Ph.D(AAU) B.L. Associate Professor of Law, Former Head of Department of Public Law and Private & Property Law, Faculty of Law, Rivers State University, Port Harcourt, Nigeria. Email izzi.mabel@ust.edu.ng. +234 813 500 1979.

** Amadi-Oparaeli, Njikenye, LL.B, B.L. The Grace Chambers, 36 Mbonu Street, Dline, Port Harcourt, Rivers State, Nigeria. Email njikenyeoffice@gmail.com. +234 803 065 8869.

¹ World Health Organization, *Female Genital Mutilation Fact sheet* (Geneva: Switzerland 2014) 241.

² Ibid.



Historically, female genital mutilation is practiced as a result of patriarchal institutions; such institutions try to subjugate females and their sexuality as well.³ In a country like Nigeria that is patriarchal in nature, it is a common practice that a man should dominate the woman in different areas of life; the sexual life of a woman is not an exception.⁴ The belief in such society is that a man has the sole responsibility of bringing the sexual act to an end and not the woman. A woman is circumcised so she does not gain orgasm before the man and also to stop her from demanding for continuation of sex once the man has ended the act, as a circumcised woman does not enjoy sex as much as the uncircumcised.⁵

FGM has no health benefits; rather it has severe negative effects on the physical and mental health of women in both short and long terms. The most common short term effects include, severe pain, hemorrhage, and abscess from unsterile instruments. The long-term physical effects include, keloids, fistulas, recurrent infections, pain during sexual intercourse, menstrual problems and even infertility.⁶ In addition, serious psychological and emotional difficulties are associated with FGM; these include depression, anxiety, frigidity, stress, insomnia and so on.⁷ FGM is a human right issue, which has made some countries take workable steps to eradicate the practice. Nigeria is not left behind; Laws have been enacted prohibiting the practice of female genital mutilation.

In the light of this, the focal point of this paper is to examine the concept of female genital mutilation in Nigeria and the laws as they relate to the practice. An effort will also be made to proffer recommendations for the enforcement of these laws.

HISTORICAL BACKGROUND

Over the years, female genital mutilation has dominated public discourse. It was sometimes called female circumcision or female cutting. The term was usually used in discussions pertaining to traditional practice against women. The origin of FGM has not been established, but records show that the practice predates Christianity and Islam in practicing communities. The practice has been traced to Egypt about 200BC.⁸ Other views exist as to where the practice of female genital mutilation emanated from. In contrast to the belief that the practice

³ Y Olomjobi, *Human Rights on Gender, Sex and the Law in Nigeria* (1st edn, Princeton Publishing Co 2013) 66.

⁴ (n3).

⁵ *ibid.*

⁶ WHO and UNICEF, 'Female Genital Mutilation: A joint WHO/UNICEF/UNFPA Statement (Geneva: Switzerland 1997).

⁷ (n1).

⁸ K G Fisaha, 'Female Genital Mutilation: A Violation of Human Rights' [2016] *Journal of Political Sciences and Public Affairs*; 198 <[http:// www.omicsonline.org/open-access/female-genital-mutilation-a-violation-of-human-rights-2332-0761-1000198](http://www.omicsonline.org/open-access/female-genital-mutilation-a-violation-of-human-rights-2332-0761-1000198)> accessed 8 July 2019.



started in Egypt, Reichert is of the opinion that FGM was first practiced in Rome, Ancient Greece, Tsarist Russian Federation and Pre-Islamic Arabia.⁹ Many believe the practice originated from early times in primitive communities that wished to exert control over the sexual behavior of women.

The word Female Genital Mutilation was referred to as Female Genital Circumcision, which implied equivalence in severity with male circumcision but there were outcries from advocates that argued this termed minimized the torture of the event. It is unlike male circumcision in which the male organ remains intact. Kenya Missionary council referred to it as the sexual mutilation of women in 1929, following the lead of Marion Scott Stevenson, a Scotland Missionary Church. In 1970, there was an increase in the usage of the word mutilation as against circumcision or cutting. Rose Oldfield Hayes, an American anthropologist used the term female genital mutilation in a paper titled American Ethnologist in 1975,¹⁰ four years later, Fran Hosken, an Austrian- America feminist writer, called it mutilation in her influential ‘The Hosken Report: Genital and Sexual Mutilation of Females’.¹¹ In 1991, the World Health Organization (WHO) used the word mutilation which was now preferred by those who work with practitioners and women’s groups.¹² Presently, the term ‘Female Genital Mutilation’ is used by a wide range of women’s health and human right organizations. It is distinguished clearly from male circumcision. The use of the word ‘Mutilation’ also emphasizes the gravity of the act and reinforces that the practice is a violation of women and girls basic human rights. Since 1994, the word has been used in several United Nation Conference documents and has served as a policy and advocacy tool.

The practice of FGM violates human rights which aspire to protect the dignity of all human beings. Human rights address issues of inequality in human relationships, particularly discriminatory practices which give one sex undue advantage over the other.¹³ At the regional level, the African Charter on Human and Peoples Rights, 1981 provides for equality of everyone before the Law.¹⁴ Article 5 prohibits all kinds of inhuman or degrading punishment and treatment, such as torture and cruel practices and recognizes the right to dignity of the human person. This clearly stipulates the right of every person to the enjoyment of the rights

⁹ E Reichert, ‘ Human Rights: An Examination of Universalism and Cultural Relativism’ [2006] (22) (1) *Journal of Comparative Social Welfare* 23-36 <<http://www.rsearchgate.net/publication/22880/480-Human-Rights-an-of-Examination-of-Universalism-and-Cultural-Relativism>> accessed 7 March 2019.

¹⁰ Rose Hayes, ‘American Ethnologist’ 1975.

¹¹ Fran Hosken, ‘The Hosken Report: Genital and Sexual Mutilation of Females’ 1994.

¹² WHO, 2008, 4,22.

¹³ W Benedek, *Understanding Human Rights* (3rd edn, NWV-Wissenschaftlicher Verlag Berlin 2012) 28.

¹⁴ ACHPR 1981, art 3.



and freedom enshrined in the charter without any form of discrimination on any basis, especially sex.¹⁵

The Constitution of the Federal Republic of Nigeria 1999(as amended) commits itself to gender parity in a number of its provisions but failed to mention the term female genital mutilation. Section 34 recognizes the respect for the dignity of an individual;¹⁶ frowning at the inhuman and degrading treatment of persons.¹⁷ Nigeria recognizes that female genital mutilation violates the girl's right and that it has no health benefit. In 2015, the Violence Against Persons (prohibition) Act was passed into law prohibiting the practice completely. Despite the laws in place, the practice is still perpetrated because of weak legislations and poor enforcement.

DEFINITION OF TERMS

An attempt will be made to define the meaning of key terms that are vital to the subject matter particularly as they relate to violation of human rights. The terms include;

Female Genital Mutilation.

The World Health Organisation defines female genital mutilation as the procedure that involves the partial or total alteration or causing of injury in the genital organs of females, without medical reasons.¹⁸ The procedure has no health benefit¹⁹ rather it causes complications on the girls and women that undergo it. The practice is recognized internationally as a violation of the human rights of women and girls.²⁰ World Health Organisation views FGM as causing harm to the girl or women as it destroys healthy female genital tissues, thereby interfering with the natural functions of the victims' bodies. In all of WHO's disagreement with the practice, it omitted to explain the procedure as a harmful cultural practice which is in contrast to the view of regional instruments.²¹ International human right conventions oblige Member States of the United Nations to respect and ensure the protection and promotion of human rights, including the rights to non-discrimination, to integrity of the person, and to the highest attainable standard of physical and mental health.

¹⁵ Africa Charter on Human and Peoples' Rights 1981, art 2.

¹⁶ CFRN 1999(as amended), s(1).

¹⁷ CFRN 1999, s 34(1)(a).

¹⁸ World Health Organization, 'Female Genital Mutilation' Geneva 2018 <<http://www.who.int/media centre / factsheets/fs241/en>> accessed 20 JuneV2019.

¹⁹ *ibid.*

²⁰ *ibid.*

²¹ Protocol of the African Charter Human and People's Rights on the Rights of Women in Africa, art 5(d).



Section 34(1) of the constitution recognizes respect for the dignity of an individual,²² frowning at the inhuman and degrading treatment of persons.²³ It is clearly seen that the practice of female genital mutilation is a sort of torture, inhuman and degrading treatment as the girls and women who undergo the procedures are usually held against their will during the process. The practice also violates the constitutional provision against discrimination on ground of sex, ethnic group, religion, and so on.²⁴ Although the Constitution commits itself to gender parity in a number of its provisions, the word female genital mutilation was never mentioned.

Buckie is of the view that FGM involves force and threat that causes physical pains, injury and degradation on the girl or woman.²⁵ Buckie defined female genital mutilation as a practice involving force and threat that causes physical pains, injury and degradation on the girl or woman.²⁶ Okolo's definition of female genital mutilation is that it involves the process whereby a woman's sense organ is tampered with through the art of stitching or excising part of it. It captures the evil of the practice, as it talks about inflicting injuries on a woman making the process damaging.²⁷

The United Nations under the Beijing Declaration and the Platform for Action gave a more detailed definition of female genital mutilation which covers women and early marriage. The practice results to immense anguish to the girl or woman who undergoes it. It sees it as a type of violence that is gender-based which is capable of resulting into sexual, physical and mental harm to women. The practice constitutes an element of coercion and deprivation of liberty. It doesn't matter whether it occurs in public or in private life.²⁸

Human Right

Kayode Eso JSC defined human rights as a right that stands above the ordinary laws of the land and in fact is antecedent to the political society itself. It is a primary condition to a civilized existence, and what has been done by our (Nigeria) Constitution since independence

²² CFRN 1999 (as amended) s 34(1).

²³ S 34(1)(a).

²⁴ CFRN 1999(as amended) s 42(1).

²⁵ E O Buckie, *Women Advancement and the Nigerian Environment* (Winifred Publishers 2003)201.

²⁶ *ibid*.

²⁷ G Okolo's, *Socio-Economic and Cultural Condition for the Girl-Child* (Clesto Press 2005) 119.

²⁸ Beijing Declaration and Platform for Action, The Fourth World Conference on Woman held in Beijing from 4th to 15th September 1995, Stop the Violence against Women: A project of the Advocates for Human Rights <www.stopaw.org/beijing_declaration_and_platform_for_action> accessed 10 May 2019.



is to have these rights enshrined in the Constitution so that the rights could be immutable to the extent of the non-immutability of the Constitution itself.²⁹

The Universal Declaration Human Rights 1948 states that freedom, equality and solidarity are the pillars of human rights. It guarantees equality such as equal protection against all forms of discrimination, including the full protection of women against all forms of harmful traditional/cultural practices.³⁰

Ogbu described human rights as such rights that everyone has, not because they are provided by law but because they are rational and moral creatures.³¹ It is a morally justifiable claim that every human being should be able to make upon society.³² Human rights address issues that concern discriminatory and harmful practices which give one sex undue advantage against the other.

Right against Torture and Inhuman Treatment

The right against torture and inhuman treatment protects the dignity of the human person. Under the National law, it is clearly stated that: ‘Every individual is entitled to respect for the dignity of his person, and no person shall be subjected to torture or to inhuman or degrading treatment’.³³

International and regional human rights instruments³⁴ also provide for the right against torture and inhumane treatment. Torture has been defined as the deliberate infliction of pain (physical or mental) for a purpose desired by the perpetrator. It is an instrument used to impose the will of the strong over the weak by suffering and degrading them.³⁵

Beyond treaty obligation, the right against torture is a custom under international law. Thus, the UN Special Rapporteur on Violence against Women reported that cultural practices that involve pain and anguish and contravene physical integrity, amounting to torture under customary international law, will attract strict penal sanctions and maximum international scrutiny regardless of ratification of CEDAW.³⁶ The same position was maintained by the

²⁹ *Ransome Kuti v. Attorney General of the Federation* (1985) 2 NWLR (Pt 6) 211, 229-230.

³⁰ UN Charter 1945, adopted at San Francisco, USA on 26 June, 1945.

³¹ O.N Ogbu, *Human Rights Law and Practice in Nigeria: An Introduction* (Enugu: CIDJAP Publishers 1999)1.

³² S McFarland, ‘Human Rights 101: A Brief College-level overview <https://www.aaas.org/sites/default/files/content_files/humanrights20101> accessed 14 April 2019.

³³ CFRN 1999, s 34(1).

³⁴ UDHR 1948, art 5.

³⁵ CAT 1984, art 1.

³⁶ UN Special Rapporteur on Violence against Women, 1994-2009.



House of Lords and it was argued and submitted that FGM leads to severe pain and shock. It is a violation of the right against torture and as such, should be eradicated.³⁷

Right to life

African regional human rights system in Article 16 recognizes the right to enjoy the best attainable state of physical and mental health. Women's Rights Protocol makes it mandatory for State Parties to ensure that the right to health of women, including the right to control their fertility, is respected and promoted. The African Charter also makes it explicit that the family 'shall' be protected by the State which shall take care of its physical and mental health.³⁸ Right to health includes 'the enjoyment of the highest attainable standard of physical and mental health' In Nigeria, although the right to health is not a justiciable right, it is argued that the right to life will be meaningless if Nigerian women and female children cannot enjoy the right to health. The constitution also postulated that the health of all people is fundamental in the attainment of peace and security which is dependent on the fullest cooperation of individuals and states.

Nature and forms of Female Genital Mutilation

The World Health Organization has classified four types of Female genital mutilation, they include; Type 1 which is often referred to as clitoridectomy. This is the partial or total removal of the clitoris. Type 2 is often referred to as 'excision'. This is the partial or total removal of the clitoris and the labia minora with or without excision of the labia majora. This practice of this type varies from one community to another.³⁹ Type 3 also called 'infibulation', this is the narrowing of the vaginal opening through the creation of a covering seal. The seal is formed by cutting and repositioning the labia minora, or labia majora, sometimes through stitching, with or without removal of the clitoris. And the last form is known as Type 4 with the term 'Unclassified', this includes all other harmful procedures to the female genitalia for non-medical purposes, e.g. pricking, piercing, incising, scraping and cauterizing the genital area surrounding the vagina orifice or cutting of the interior and sometimes posterior vaginal wall; introduction of corrosive substances into the vagina wall to cause bleeding or herbs into the vagina with the aim of tightening or narrowing it; and any other procedure that falls under the definition of female genital mutilation given above.

³⁷A [FC] and others v Secretary of State for the Home Department (2005) 2 CHR, 58.

³⁸African Charter, art 18(1).

³⁹Somso Kizor, 'Female Genital Cutting/Mutilation: 4 Types You Never Knew'. < <http://healthfacts.ng/female-genital-cutting-mutilation-4-types-you-never-knew->> accessed 09 November 2019.



Rationale for the practice of Female Genital Mutilation.

There are some reasons for the practice of female genital mutilation. These reasons include;

a. Societal beliefs

Female genital mutilation represents society's control over women. This practice has the effect of perpetuating normative gender roles that are unequal and harmful to women. Men and women who support the practice intend to gain social standing and status within their community for upholding traditional cultural practices. There is usually a punishment for defaulters of the norm, such as ostracisation, condemnation and harassment.

Peers and family members reject girls who are uncircumcised and this is disastrous for them as they have no means of support and security.⁴⁰ There is often an expectation that men will marry only women who have undergone the practice. The desire for a proper marriage, which is often essential for economic and social acceptance, also fulfilling local ideas of womanhood and femininity may account for the persistence of the practice.⁴¹

b. Cultural belief

Most Communities that practice FGM are of the view that it is rooted in local culture and that the tradition that has been transitional from one generation to another should be protected. Culture and preservation of cultural identity serve as the underlying impetus for continuing the practice.

There is a strong link between FGM and marriageability. Virginity is a pre-requisite for marriage and is associated with female honour and decency.⁴² FGM is further seen as a means of preserving virginity for the benefit of men. It is also believed to ensure marital faithfulness and prevent promiscuity/prostitution. It is seen as an initiation to womanhood and an intrinsic part of a community's cultural heritage. The clitoris is also seen as being dangerous to a baby at birth if not cut. Thus, when it comes in contact with the baby's head it may kill the baby. In Ethiopia, according to FGM research, people believe that if a woman's clitoris is not cut, it may grow and resemble the men's penis and therefore cutting minimizes the growth rate and helps the women to maintain the femininity.⁴³

⁴⁰ C Momoh, Female Genital Mutilation: The Struggle Continues(Practicing Nursing 1999) 31.

⁴¹ J Masterson and J Swanson 'Female Genital Cutting: Breaking the Silence, Enabling Change' (*Washington DC International centre for Research on Women 2000*) <www.icrw.org/docs/FGMfinalpdf> accessed 17 May 2020.

⁴² A Kaplan and Others, 'Health Consequences of Female Genital Mutilation/Cutting in Gambia, Evidence into Action [2011] (8)(1) (26) *Reproductive Health Journal*.

⁴³ E Dorkenoo, Cutting the Rose, Female Genital Mutilation: The Practice and its Prevention (Minority Rights Publications 1995) 32.



c. Psychosexual and Religious reason

Some communities consider the female external genitalia as dirty and the removal of the clitoris or female genitalia will help reduce female sexual desires, maintain chastity and make girls 'clean' and aesthetically beautiful.⁴⁴ It also encourages loyalty and fidelity during marriage and most importantly guarantees male sexual pleasure.⁴⁵ Religious reasons are one of the covering for the practice of FGM. FGM is not required by any religion yet it is practiced by Muslims, Christians, animists and non-believers in some communities. However the practice of FGM predates Islam and Christianity and there is no concrete support that it is a religious requirement. Some Muslims practice it under the guided belief that it is demanded by Islamic faith. Van Rossem, a leading Islamic theologian refutes the argument that the practice is based on religious doctrine.⁴⁶ Among Christians, the bible only mentioned male circumcision without reference to female circumcision.⁴⁷

CONSEQUENCES OF FEMALE GENITAL MUTILATION

Female Genital Mutilation is associated with series of consequences. According to World Health Organization (WHO), the consequence of FGM varies based on the type of FGM, but ranging from immediate, short and long-term health complications.

The immediate consequences include severe pain, hemorrhage, urinary tract infection, and keloids. The short term complications sometimes result to high mortality risks as there are limited health care or sometimes no health care available in low-income economies; fainting, fever, urine retention due to pain sustained around the urethra.

Long term complications of female genital mutilation as identified by WHO include psychological trauma and flash back, post-traumatic stress disorder, vaginal closure due to scarring, cyst formation, Sexual dysfunction (painful intercourse), lack of pleasurable sensations or orgasm,⁴⁸ which may lead to marital conflict. Neuroma may develop as a result of entrapped nerves within the scar leading to severe pain especially during intercourse.⁴⁹

⁴⁴ A Leigh Trueblood, 'Female Genital Mutilation: A Discussion of International Human Rights Instruments, Cultural Sovereignty and Dominance Theory' [2000] (23) *Denver Journal of International Law and Policy* 488.

⁴⁵ R Van Rossem and others, 'The effects of Female Genital Mutilation on the onset of sexual activity and marriage in Guinea' [2009] (38) (2) *Archives of Asexual Behaviours*, 178 – 185.

⁴⁶ K Khaled and S Vause, 'Genital Mutilation: A Continued Abuse [1996] (103) *Journal on Obstetrics and Gynaecology* 87.

⁴⁷ The Holy Bible, Genesis 17:12.

⁴⁸ World Health Organization 2012.

⁴⁹ H Lightfoot- Klein 'The Sexual Experience and Marital Adjustment of Genitally Circumcised and infibulated Female in the Sudan' [1989] (26)(3) *Journal of Sex Research* 357.



Some other long term complications are fistula, calculus formation, dermoid cyst, keloid scar tissue and infertility

Infibulated girls or women experience more pain, as they go through double procedure, the closure and opening of the vagina. Childbirth often presents grievous challenge which sometimes leads to maternal mortality occasioned by complication arising during labour. During delivery, infibulated women are cut in the perineum area to aid safe delivery of the baby.⁵⁰ Victims often suffer long-term consequences of the abuse through both physiological and psychological complications and substantial complications during child birth.⁵¹ Some other complications include hematocolpos, dysuria and recurrent urinary infections and possible infertility.⁵²

Psychological Consequences of female genital mutilation

Female genital mutilation is associated with emotional and psychological trauma of the girls and women who undergo it. The procedure brings with it anxiety, depression, post-traumatic stress disorder (PTSD), neuroses and psychoses.⁵³ If not properly managed, some victims develop mental disorder later in life. Those who go through the procedure suffer from chronic pain syndrome, this makes them suffer from depression and sometimes they limit their social activities, it also gravitates to suicidal ideas. This also causes social isolation as a result of limited mobility.⁵⁴ It has been argued that girls and women who have experienced female genital mutilation are likely to experience cognitive dissonance if the norms of the procedure are not shared.⁵⁵ This disorder may lead to their distrust, withdrawal and deliberate refusal to communicate.⁵⁶

Olomjobi is of the view that the practice leads to sexual disorder which is capable of leading to anxiety and frigidity amongst married women.⁵⁷ This emotional torture makes women suffer from serious depression which could lead to promiscuity among women all in

⁵⁰ R Chibber and Others 'Female Circumcision: Obstetrical and Psychological Sequel Continues Unabated in the 21st Century' [2011] (24)(6) *Journal of Maternal-Fetal and Neonatal Medicine* 833.

⁵¹ D Bishai and Others, 'Estimating the Obstetrics Costs of Female Genital Mutilation in Six African Countries' [2010] (88)(4) *Bulletin of the World Health Organization*.

⁵² Ibid.

⁵³ J.Whitehom and others, 'Female Genital Mutilation: Cultural and Psychological Implication, Sexual and Relation; Cultural and Psychological Implication, Sexual and Relationship Therapy' (2002) 161 <<http://www.tandfonline.com/doi/pdf/10.1080/146811322>> accessed 25 May 2020.

⁵⁴ A Behrend and S Moritz, 'Post traumatic memory Disorders and Memory Problems after Female Genital Mutilation' [2005] (162)(5), *The American Journal of Psychiatry* 1000.

⁵⁵ H Burrage, *Eradicating Female Genital Mutilation: A UK Perspective* (Ashate Publishing Limited 2015) 99.

⁵⁶ Ibid.

⁵⁷ Y Olomjobi, *Human Rights on Gender, Sex and Law in Nigeria* (1st edn, Princeton Publishing Co 2013) 69.



the bid to search for sexual satisfaction.⁵⁸ The procedure is traumatic and sometimes results to a mental condition to the girls or women which may last for the rest of their lives.

Physiological consequences

The procedure also leads to physical effects on the victim such as shock, severe pain, hemorrhage which can end in death due to excessive loss of blood. Female genital mutilation also impairs on the kidney and causes kidney damage. Another physical consequence is chronic urinary infection and urinary stone.⁵⁹ Women who undergo the most dangerous form of female genital mutilation which is Infibulation, most times, suffer prolonged labour.⁶⁰

PROSPECTS ON ZERO RATE OF FGM IN AFRICA

Ending FGM is not a matter of choice but rather, a matter of right, health and safety; both physically and psychologically. It is a matter of equality, education and economic growth. FGM should be eradicated broadly, not just in Nigeria as it is a global practice. Every girl child and woman should enjoy her right of dignity, a chance to make her own decisions and shape her own future. The onus does not fall on an individual but on everyone, as a global community to end the practice worldwide. Eradicating FGM is very critical because girls who undergo the practice face short– term complications such as severe pain, excessive bleeding, infections, shock, difficulty in passing urine, etcetera. They also face long – term consequences for their sexual and reproductive health and mental health and it sometimes results to death.

In 2013, the UN General Assembly designated February 6th as the International Day of zero Tolerance for Female Genital Mutilation, with an aim of completely eradicating FGM by 2030. Since 2008, UNFPA, Jointly with UNICEF, leads the largest global programme to accelerate the elimination of female genital mutilation. The programme focuses on 17 countries in Africa and the Middle East and also supports regional and global initiatives. The partnership has experienced significant achievements. More than 3.3 million girls and women supported by the Joint Partnership have seen significant achievements.

There is presently a decline in the practice but that is not good enough, total eradication is achievable. The aim is to achieve a zero rate. Eliminating FGM is not just a goal in itself. It is also a pathway to progress in many other areas such as safe motherhood, health and well-being of girls and women, quality education, gender equality and economic

⁵⁸ (n57) 62.

⁵⁹ Y Olomajobi, *Human Rights on Gender, Sex and Law in Nigeria* (1st edn, Princeton Publishing Co 2013) 69.

⁶⁰ *ibid* 62.



prosperity for families, communities and the nations at large. In 2015, World Leaders backed the elimination of female genital mutilation as one of the targets in the 2030 Agenda for Sustainable Development Goal No5. The responsibility to achieve zero rate of FGM in Nigeria lies on everyone, from the government, religious leaders, civil society, faith based organizations, private sectors and other bodies. With this and other partners around the world we will achieve this aim.

CONCLUSION

FGM is an inhuman and degrading traditional practice; it is deeply embedded in culture and tradition. The practice violates the human rights of girls and women as well. The continuous practice of FGM in Nigeria is to promote custom and tradition in communities that practice it. There is an effort to end the practice but some victims do not report to the appropriate authorities, despite the introduction of the Violence Against Persons (Prohibition) Act 2015. The existence of this Act should help punish offenders and serve as a deterrent to others. Campaign and sensitization is paramount to ensure that the Act is domesticated in all states in Nigeria.

Sensitization, monitoring teams in communities that practice FGM, amendment of the Constitution of the Federal republic of Nigeria to specify clearly that female genital mutilation is a criminal offence and also more stringent sanctions for offenders are paramount to achieving a zero rate of female genital mutilation in Nigeria.

RECOMMENDATIONS

Presently, the Constitution of the Federal Republic of Nigeria (as amended) omitted the word female genital mutilation. Although the Constitution recognized the respect for dignity of a person in s34(1) and also frowns at subjection of a person to inhuman or degrading treatment and torture. It is not enough. The practice of female genital mutilation should be clearly stated as a criminal offence with huge sanctions stated for defaulters.

The Violence Against Persons (Prohibition) Act is very welcoming but its sanctions lack deterring effect therefore, there is a need for amendment. The fine for offenders as provided under Section 6 of the Act should be increased from N200,000.00 and N100,000.00 respectively to 10,000,000.00 and 5,000,000.00 respectively. This will serve as a deterrent. Section 27 of the Act also needs to be amended. It limits jurisdiction to only the High Court of the Federal Republic of Nigeria to handle matters in relation to female genital mutilation. The amendment should extend jurisdiction to High Courts of all states in Nigeria. States in



Nigeria yet to domesticate the Act should do so as domesticating VAPP Act shows responsibility to end the practice.

There is also the need for sensitization and awareness Campaign. It is paramount for individuals including the old, traditionalists and people alike to be sensitized on the ills of female genital mutilation and the harm associated with the practice. The media, NGOs, Women's Right Groups, and Civil Society should take this seriously.

There is need to create trusted, effective and efficient monitoring teams in different communities, to ensure the practice is not perpetrated. Their responsibility would be to ensure that any of such acts is reported to appropriate quarters. Funding will aid effectiveness and productivity. State Governments should be responsible for this. Inclusion of FGM as a subject from primary to tertiary level will also send home the message on the ills of the practice.