A CRITICAL EXAMINATION OF THE LEGAL AND MORAL IMPLICATION OF FEMALE GENITAL MUTILATION IN NIGERIA

BY

EWURUM, OLUCHUKWU OLIVIA
LAW/130033

DEPARTMENT OF LAW
BENSON IDAHOSAUNIVERSITY
BENIN CITY, NIGERIA.

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BEING A RESEARCH PROJECT SUBMITTED TO THE FACULTY OF LAW IN PARTIAL FULFILLMENT OF THE REQUIREMENT FOR THE AWARD OF BACHELOR OF LAWS (LL.B) DEGREE OF BENSON IDAHOSA UNIVERSITY. BENIN CITY, NIGERIA.

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CERTIFICATION

I, EWURUM, OLUCHUKWU OLIVIA with Matriculation Number LAW/130033 hereby certify that apart from the references made to other person's work which I have duly acknowledged, the entire work is the product of my personal research and this project has neither in whole nor in past been presented for other degree elsewhere.

_____ _____

EWURUM, OLUCHUKW OLIVIA Date
LAW/130033

APPROVAL

We hereby certify that EWURUM, OLUCHUKWU OLIVIA with Matriculation Number LAW/130033 completed this project in partial fulfillment of the requirement for the award of Bachelor of Laws Degree (LL.B.)

_____ _____

Mr O.L Obadan **Date**
Project Supervisor

_____ _____

Dr. (Mrs.) T.U. Akpoghome **Date**
Head of Department (Public Law)

_____ _____

Mrs. S.O. Idehen **Date**
Ag. Dean, Faculty of Law

DEDICATION

This project is dedicated to God and my Family, and to every strong woman, in the world, especially those who have been made to go through the pains of female genital mutilation.

ACKNOWLEDGMENT

This work is dedicated God Almighty who guided me through my academic pursuit down to the point of this research work. A special thanks to my parents Mr. & Mrs. Ewurum, for their unending support, love, sacrifices and care towards my academics and making me a better person in life.

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TABLE OFABBRIVIATIONS

FGM/C- Female genital mutilation/ cutting

WHO- World health organization

FC- Female cutting

FIGO- Federation international de gynecologie et d'obstetrique

UNICEF- The United Nations international childrens fund

ECA- European communities act

UDHR- The universal declaration of human right

ICCPR- International convention on civil and political right

ICESCR- International convention on social and cultural right

CEDAW- Convention on the elimination of all forms of discrimination against women

CAT- Convention against torture

ICN- International council of nurses

ICM- International council of midwives

FMOH- Federal ministry of health

OAU/AU- Organization of African unity/African union

PTSD- Post traumatic stress disorder

HTP- Human traditional practice

CAH- Congenital adrenal hyperplasia

UN- United nation

VAAP- Violence against persons prohibited

HIV- Human immunodeficiency virus

UTIS- Urinary tract infection

TABLE OF STATUTE

TABLE OF CONTENT

CHAPTER FOUR: EXAMINATION OF THE EFFECTS OF FEMALE GENITAL MUTILATION, LEGAL AND MORAL IMPLICATIONS OF FEMALE GENITAL MUTILATION IN NIGERIA

CHAPTER FIVE: RECOMMENDATION AND CONCLUSION

ABSTRACT

This research examines the concept of female genital mutilation or female genital cutting in Nigeria. God who created man and woman, put certain parts in place for different purposes and functions. Amongst those numerous parts include the reproductive organs in male and female called the penis and vagina respectively. The organs are responsible for excretion of waste product, agents of conception and consummation of a legal binding union between a man and a woman. Man, due to his ignorance has decided to alter Gods creation by an act called female genital mutilation. This research work would critically examine the types of female genital cutting, it would also talk about the health implications of female genital mutilation on the woman. This works discusses the legal and moral implication of female genital mutilation and the fact that the act is a violation of basic human right with statutory backing. This project work would recommend ways to further eradicate this act as attempt to combat this act has been a work in progress. This research work would serve as not just an academic work but a useful in informing them and educating them on the matter of female genital mutilation.

CHAPTER ONE: GENERAL INTRODUCTION

1.1 Introduction

This research examines the implication of female genital mutilation. This chapter critically examines and breaks down each chapter of the research work.

Female genital mutilation (FGM) is defined by the World Health Organization (WHO) as all procedures which involve partial or total removal of the external female genitalia and/or injury to the female genital organs, whether for cultural or any other non-therapeutic reasons.[1] In Nigeria, subjection of girls and women to obscure traditional practices is legendary, FGM is an unhealthy traditional practice inflicted on girls and women worldwide. FGM is widely recognized as a violation of human rights, which is deeply rooted in cultural beliefs and perceptions over decades and generations with no easy task for change.[2]

FGM is widespread in Nigeria. Some socio cultural determinants have been identified as supporting this avoidable practice. FGM is still deeply entrenched in the Nigerian society where critical decision makers are grandmothers, mothers, women, opinion leaders, men and age groups.[3]FGM is an extreme example of discrimination based on sex. Often used as a way to control women's sexuality, the practice is closely associated with girls marriage-ability.[4] Mothers chose to subject their daughters to the practice to protect them from being ostracized, beaten, shunned, or disgraced.[5] FGM was traditionally the specialization of traditional leaders' traditional birth attendants or members of the community known for the trade. There is, however, the phenomenon of "medicalization" which has introduced modern health practitioners and community health workers into the trade.[6] The WHO is strongly against this medicalization and has advised that neither FGM

[1]World Health Organization: Female Genital Mutilation: An overview.*Geneva: World Health Organization;* 1998.
[2]UNICEF. Children's and Women's right in Nigeria: A wake up call. Situation Assessment and Analysis. Harmful Traditional Practice (FGM) Abuja NPC and UNICEF Nigeria. 2001:195–200
[3]WHO Elimination of FGM in Nigeria Plot 617/618 Diplomatic drive, Central District Abuja. Family Health Department, Federal Ministry of Health Phase II Federal Secretariat Abuja. 2007 Dec
[4]Mackie G. Ending footbinding and infibulation: A convention account. *Am Socio Rev*. 1996;61:1009.
[5]UNICEF. Overview of FGM/Cutting. Nigeria FGM/Cutting country profile. UNICEF Nigeria DHS. 2003
[6]*Ibid*

must be institutionalized nor should any form of FGM be performed by any health professional in any setting, including hospitals or in the home setting.

Nigeria, due to its large population, has the highest absolute number of female genital mutilation (FGM) worldwide, accounting for about one-quarter of the estimated 115–130 million circumcised women in the world. The national prevalence rate of FGM is 41% among adult women. Evidence abound that the prevalence of FGM is declining. The ongoing drive to eradicate FGM is tackled by World Health Organization, United Nations International Children Emergency Fund, Federation of International Obstetrics and Gynecology (FIGO), African Union, The economic commission for Africa, and many women organizations. However, there is no federal law banning FGM in Nigeria.FGM is widely practiced in Nigeria, and with its large population, Nigeria has the highest absolute number of cases of FGM in the world, accounting for about one-quarter of the estimated 115–130 million circumcised women worldwide. In Nigeria, FGM has the highest prevalence in the south-south (77%) (among adult women), followed by the south east (68%) and south west (65%), but practiced on a smaller scale in the north, paradoxically tending to in a more extreme form. Nigeria has a population of 150 million people with the women population forming 52%.[7] The national prevalence rate of FGM is 41% among adult women. Prevalence rates progressively decline in the young age groups and 37% of circumcised women do not want FGM to continue.[8]

1.2 **Background of Study**

FGM is a practice whose origin and significance is shrouded in secrecy, uncertainty, and confusion.[9] The origin of FGM is fraught with controversy either as an initiation ceremony of young girls into womanhood or to ensure virginity and curb promiscuity, or to

[7]Adegoke P. Ibadan University Humanist Society. Female Genital Mutilation: *An African Humanist view*. 2005 Nov

[8]UNICEF. Children's and Women's right in Nigeria: A wake up call. Situation Assessment and Analysis. Harmful Traditional Practice (FGM) Abuja NPC and UNICEF Nigeria. 2001:195–200.

[9]Odoi AT. Female genital mutilation. In: Kwawukume EY, Emuveyan E. E,. "Comprehensive Gynaecology in the Tropics."*1st ed. Accra: Graphic Packaging Ltd;* 2005. pp. 268–78

protect female modesty and chastity.[10] The ritual has been so widespread that it could not have risen from a single origin.[11]

Until the 1950's, FGM was performed in England and the United States as a common treatment for lesbianism, masturbation, hysteria, epilepsy and other so called "female deviances". In a study in Kenya and Sierra Leone it was revealed that most protestants opposed FGM while majority of Catholic and Muslims supported it continuation. FGM takes place in parts of the Arabian, Peninsula i.e. Yemen and Oman, and is practiced by the Ethiopian Jewish Falachas some of whom have recently settled in Israel. It is also reported that FGM is practiced among Muslim population in parts of Malaysia, Pakistan, Indonesia, and the Philippines.[12] As a result of immigration and refugee movement, FGM is now being practiced by ethnic minority population in other parts of the World such as USA, Canada, Europe, Australia and New Zealand. According to Foundation for Women's Health Research and Development[13]it is estimated that as many as 6,500 girls are at risk of FGM within U.K every year.

In Nigeria, of the six largest ethnic groups, the Yoruba, Hausa, Fulani, Ibo, Ijaw, and Kanuri, only the Fulani do not practice any form.[14] FGM varies from country to country, tribes, religion, and from one state and cultural setting to another, and no continent in the world has been exempted.[15] In most parts of Nigeria, it is carried out at a very young age (minors) and there is no possibility of the individual's consent.[16]

In Nigeria, FGM is being tackled by WHO[17], United Nations International Children Emergency Fund (UNICEF), Federation of International Obstetrics and Gynecology (FIGO), African Union, the Economic Commission for Africa (ECA), and many women organizations. Intensification of education of the general public at all levels has been done with emphasis on the dangers and undesirability of FGM. In 1995, Platform of Action

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[10]Asaad MB. "Female circumcision in Egypt: Social implications current research and prospects for change. Stud Fam Plan". (1980);11:3–16.
[11]*Ibid.*
[12]Hathout HM. "Some aspects of female circumcision. J Obstet Gynaecol"*Brit Emp.*1963;70:505–7.
[13]Hosken FP. The hosken report. 3rd Review ed. Vol. 18. Vienna Published by *Women's International Network News (WINN);* 1992. Genital and sexual mutilation of females; p. 4.
[14]Senior Cordinator for International women's Issues. Report on FGM or FG Cutting 2005.in http://www.onlinenigeria daily news (Accessed 21st November, 2017).
[15]*Ibid*, 7.
[16]*Ibid* 12
[17] The World Health Organization

adopted by the Beijing conference called for the eradication of FGM through the enactment and enforcement of legislation against its perpetrator.[18] As stated earlier there is no federal law prohibiting the practice of FGM in Nigeria, however several movements and associations have been formed over the century to act as a voice in speaking out against the practice of FGM and to educate the populace on its negative effect.

1.3 **Statement of Problem**

The term Female Genital Mutilation refers to all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organ for non-medical reasons. FGM has known health benefits on the contrary, FGM is recognized worldwide as a fundamental violation of the human rights of girls and women. It reflects deep-rooted inequality between the sexes and constitutes an extreme form of discrimination against women. It involves violation of rights of the children and violation of a person's right to health, security, and physical integrity, the right to be free from torture and cruel, inhuman, or degrading treatment, and the right to life when the procedure results in death. Furthermore, girls usually undergo the practice without their informed consent, depriving them of the opportunity to make independent decision about their bodies.

Amongst some tribal groups, FGM as a tribal traditional practice (our custom is a good tradition and has to be protected), as a superstitious belief practiced for preservation of chastity and purification,[19] family honor, hygiene, esthetic reasons, protection of virginity and prevention of promiscuity, modification of socio sexual attitudes (countering failure of a woman to attain orgasm), increasing sexual pleasure of husband, enhancing fertility and increasing matrimonial opportunities. Other reasons are to prevent mother and child from dying during childbirth and for legal reasons (one cannot inherit property if not circumcised).[20]However, the present medical research has discovered that the practice of FGM is much hazardous to the survival of the female being.

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[18]Paper presented at the International Conference on Population and Development (ICPD), Cairo 1994. Geneva: World Health Organization; 1994. World Health Organization: Health Population and development. WHO Position. WHO/AIE 1994:/94 – 2

[19]Verzin JA. Sequelae of female circumcision. Trop Doct. 1975;5:163–9.

[20]Worseley A. “Infibulation and female circumcision. A study of little – known custom”. (1938)45

The procedure has no health benefits for girls and women. Adverse consequences of FGM are shock from pain and hemorrhage,[21] infection, acute urinary retention following such trauma, damage to the urethra or anus in the struggle of the victim during the procedure making the extent of the operation dictated in many cases by chance,[22] chronic pelvic infection, acquired gynatresia resulting in hematocolpos, vulval adhesions, dysmenorrhea, retention cysts, and sexual difficulties with anorgasmia. Other complications are implantation dermoid cysts and keloids,[23] and sexual dysfunction.

Obstetric complications include perineal lacerations and inevitable need for episiotomy in infibulated paturients. Others are defibulation with bleeding, injury to urethra and bladder, injury to rectum, and purperial sepsis. Prolonged labor, delayed 2nd stage and obstructed labor leading to fistulae formation, and increased perinatal morbidity and mortality have been associated with FGM. The mental and psychological agony attached with FGM is deemed the most serious complication because the problem does not manifest outwardly for help to be offered. The young girl is in constant fear of the procedure and after the ritual she dreads sex because of anticipated pain and dreads childbirth because of complications caused by FGM. Such girls may not complain but end up becoming frigid and withdrawn resulting in marital disharmony.[24]

1.4 **Research Question**

This research will to answer two fundamental questions:

1) What are the Effects of Female Genital Mutilation?
2) What is the Legal and Moral Implications of female genital mutilation in Nigeria?

1.5 **Aims and Objective**

The study is on Female Genital Mutilation. The research aims at examining the legal & moral implication of female genital mutilation in Nigeria. The objectives of the study are as follows:

1) To find out factors that may otherwise influence the existence of FGM

[21] *Ibid.*
[22]*Ibid*, 12.
[23]Akpuaka FC. "Vulval adhesions following females circumcision in Nigeria". (1991)13
[24]Odoi AT. "Female genital mutilation. In: Kwawukume EY, Emuveyan EE, editors. Comprehensive Gynaecology in the Tropics".*1st ed. Accra: Graphic Packaging Ltd;* 2005. pp. 268–78.

2) To ascertain the implication of FGM for social work practice in Nigeria
3) To examine the medical harms that comes with the practice of FGM
4) To ascertain the legal pillars against the practice of FGM
5) To examine the laws that condemn FGM domestically within the Nigerian Jurisdiction and Internationally.

1.6 Research Methodology

This Research is primarily conducted with a qualitative approach. Several International treaty agreement will be considered therein, furthermore the work will make several reference to meetings and resolutions of the World Health Organization and the United Nations and in furtherance the African Union; the Charters of this organizations will be considered to drive the point of the Researcher. The Research will further explore materials such as journals, books, newspaper articles, internet sources, decided cases and statutes would also be used in this thesis.

1.7 Scope and Limitation

Given the broad nature of this Thesis, and considering the constraint of time, limitation of funds, lack of adequate space limiting the study, the scope of the study would therefore revolve around the problem of Female Genital Mutilation. The Scope of the study would hence revolve around the diverse laws and medical in put that would best aid the Researcher to examine the legal & moral implication of female genital mutilation in Nigeria.

1.8 Significance of Study

The reasons for FGM are diverse, often bewildering to outsiders and certainly conflicting with modern western medical practices and knowledge. The justification for the practice is deeply inscribed in the belief systems of those cultural groups that practice it. Custom and tradition are the main justification given for the practice. People adhere to this practice because it is part of their culture and fulfilling this aspect of culture gives them a sense of pride and satisfaction, however the opposite has been proven to be the case. in the light of this, this Research topic has been on the constant development and gaining more grounds. In light of the foregoing, this topic is of intrinsic importance because;

1) The outcome of this study will constitute a scientific body of knowledge that will become a point of reference for other scholars who would want to carryout similar research.
2) It will also add to existing knowledge of FGM in Nigeria.
3) This study will assist government in re-evaluating existing policies so as to come up with a more realistic programmes and policies towards the eradication of FGM in Nigeria.
4) This study acts as an eye opener to the hazards and dangers of FGM.
5) It examines the legislative protection and guarantee for the victims of FGM.

1.9 **Research Structure**

This Research is divided into five Chapters.

Chapter One: General Introduction. This Chapter states the purpose of this Research. It makes a comprehensive introduction and the Heralding Foundation of this Research for proper understanding. It goes further to set out the Research Questions to adequately guide the Reader. The Research Methodology adopted is also stated in this Chapter and finally the Research Structure.

Chapter Two: Chapter Two: This Chapter examines various texts of scholars on Female Genital Mutilation and evaluates the opinions of various Jurists and authors relevant to driving the aims and Objectives of this Research.

Chapter Three: This Chapter critically analysis the Effects of Female Genital Mutilation

Chapter Four: This Chapter examines the Legal and Moral Implications of female genital mutilation in Nigeria

Chapter Five: This Chapter addresses the Researchers Recommendation and Conclusion.

CHAPTER TWO: LITERATURE REVIEW

2.1 Introduction

This chapter examines the definitions and meaning of female genital mutilation and several unavoidable surrounding terms as proffered by scholars, it would go further to examine their position of several jurist as regards this research.

Female genital mutilation (FGM) has been recognized as a major reproductive health problem and a dehumanizing practice that has resisted change especially in developing countries. The practice of Female Genital Mutilation (FGM) is regrettably persistent in many parts of the world. This occurs commonly in developing countries where it is firmly anchored on culture and tradition, not minding many decades of campaign and legislation against the practice.[25] In other to properly understand and grasp the topic under discuss, this Chapter would examine the definitions and meaning of Female Genital Mutilation.

2.2 Review

According to Ibekwe et al,[26]Female genital mutilation comprises any procedure involving partial or total removal of the external female genitalia or other injury to the female genital organs for cultural, religious or other non-therapeutic reason. The World Health Organization (WHO) estimates that between 100 and 140 million girls and women worldwide are presently living with female genital mutilation and every year about three million girls are at risk[27]. Ibekwe states that in Africa, it is estimated that about 92 million girls from 10 years of age and above have undergone female genital mutilation[28]. The authors notes that there are about 4 types of FGM, the most common in practice being type two. which account for up to 80% of all cases while the most extreme form which is type 3 constitutes about 15% of the total procedures. Types 1 and 4 of FGM constitute the

[25]Onuh SO, Igbarese GO, Umeora OUJ, Okogbenin SA, Ofoide VO, Agariki EP (2006). Female genital mutilation: Knowledge, Attitude and Practice Among Nurses. J. Natl. Medscape, 98(3): 409–414

[26] Ibekwe Perpetus C., Onoh Robinson C, Onyebuchi Azubike K., Ezeonu Paul O. and Ibekwe Rosemary O. "Female genital mutilation in Southeast Nigeria: A survey on the current knowledge and practice" Journal of Public Health and Epidemiology Vol. 4(5), pp. 117-122, May 2012 in http://www.academicjournals.org/JPHE (Accessed 24th December, 2017).

[27]World Health Organization (2008). Eliminating Female genital mutilation: an interagency Statement. World Health Organization. WHO:

[28]World Health Organization (2010). Female genital mutilation: WHO media Centre. Fact sheet No. 241. World Health Organization WHO.

remaining 5%. The consequences vary according to the type of FGM and severity of the procedure

He explains that the practice of FGM has diverse repercussions on the physical, psychological, sexual and reproductive health of women, severely deteriorating their current and future quality of life.[29] The immediate complications include; severe pain, shock, hemorrhage, urinary complications, injury to adjacent tissue and even death. The long term complications include; urinary incontinence, painful sexual intercourse, sexual dysfunction, fistula formation, infertility, menstrual dysfunctions, and difficulty with child birth. They state that despite its numerous complications, this harmful practice has continued unabated, not withstanding that Nigeria ratified the Maputo Protocols and was one of the countries that sponsored a resolution at the 46th World Health Assembly calling for the eradication of female genital mutilation in all nation.

The authors submit that there is adequate awareness on FGM and the side effects/problems are well known. However, the practice is still persistent in Nigeria, sustained perhaps by culture, tradition and misconceptions. The society and the nation should look for strategies to curb the practice of FGM. These may include education of the girl child, woman empowerment, and legislation against FGM.

Kolawole & Aanke furthers on the ground laid by Ibekwe, they postulate that Female Genital Mutilation (FGM) or genital cutting, genital surgeries, excision or female circumcision are synonyms for procedures involving partial or total removal of parts or all of the female genital organs for cultural or non-medical purposes. It is often done before adulthood without consent and awareness of possible complications, thus may be a form of violence against women. However they note that there is yet no consensus concerning the definition and classification of FGM. Ethnologists often believe that women prefer neutral, non-judgmental words like "genital cutting" as against "mutilation".[30] In Nigeria, the practice of FGM is widespread among tribes and religious groups where the milder forms are done except in the south-south region where infibulations- the total closing of the vulva

[29]Oduro AR, Ansah P, Hodgson A, Afful TM, Baiden F, Adonge P, Adonge P (2006). Trends in the prevalence of Female Genital Mutilation and its effect on deliver Outcome in the Kassena – Nankana District of Northern Ghana. Ghana Med. J., 40(3): 87–92.
[30]WHO (2007). "Female Genital Mutilation" In http://www.who.int/reproductive-health/fgm/ (Accessed 24th December, 2017).

is done but usually after age five. It is done more among the poorly educated, low socio-economic and low social-status groups.

Timothy and Daniel[31] comes through the perspective of the Law, Human right implication on FGM, they state that the arguments for and against the eradication of FC/FGM, from the human rights perspective, border on universality of human rights and cultural relativism. The claim that international human rights are universal and most be the same everywhere is the stand of the proponents of the universality of human rights as opposed to the claim of the advocates of cultural relativism, who argue that most rights and rules about morality depend on cultural context; and to push universality of normsis to destroy the diversity of cultures. Proponents of FC/ FGM consider the eradication of FC/FGM as an abandonment of an important cultural tradition against the exponents of the FC/FGM who believe that the practice is a blatant human rights violation.

FGM is a deeply entrenched socio-cultural practice in all geo-political zones in Nigeria; and is widespread among the poorly educated, low socio-economic and low social status groups[32]. Being a multi-cultural State, the history of FGM in Nigeria differs from one culture to another. So the question of the effectiveness of law in combating the practice of FGM in Nigeria seems to be questionable as research has shown that "unfortunately, the practice continues unabated".[33]In some countries, efforts to eliminate FGM have proven unsuccessful when FGM opponents have ignored its social and economic significance. In fact, the intervention of law or any external intervention, ignoring the community has been considered by the communities as cultural imperialism, "thereby strengthening the resolve of communities to continue FGM" in secret or only encourages the practice to occur secretly, avoiding detection by authorities.[34]

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[31] Yerima T.F., Atidoga D.F. "Eradicating the Practice of Female Circumcision/ Female Genital Mutilation in Nigeria within the Context of Human Rights" Journal of Law, Policy and Globalization in http://iiste.org/Journals/index.php/JLPG/article/viewFile/15003/15234(Accessed 25th December, 2017)

[32]Kolawole, A.O.D. and Anke, V.D.K., (2012) "A Reviewof Determinant of Female Genital Mutilation in Nigeria" Journal of Medicine and Medical Sciences, Vol. 1(11)www.interesjournals.org/JMMS (Accessed 25th December, 2017)

[33]Women's Right Education Programe (WREP) (2006), "Combating the Practice of Female Genital Mutilation in Three Local Government Areas of Benue State" in http://www.wrepnig.org/reports/Document1.pdf?PHPSESSID=ab6dc078284b7cccf0bb3f47683ec8ef (Accessed 25th December, 2017)

[34]Obiora, A., (1997) "Bridges and Barricades: Rethinking Polemic and Intransigence in the Campaign against Female Circumcision" 47 Case W. Res. Law Rev.

Nigeria is a party to many international and regional human rights instruments that have provisions against the practice of FC/FGM. At the international plane, these instruments include: The Universal Declaration of Human Rights(UDHR),1948, the International Covenant on Civil and Political Rights(ICCPR) 1966, The International Covenant on Economic, Social and Cultural Rights,(ICESCR) 1966, Convention on the Elimination of all forms of Discrimination against Women (CEDAW), 1979, Convention against Torture, (CAT), 1984. At the regional level, the human rights instruments that set the issue on FC/FGM in controversy include: the African Charter on Human and Peoples' Rights, the African Charter on the Rights and Welfare of the Child, 1990, the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa, 2003. In Nigeria, the Constitution of the Federal Republic of Nigeria, 1999 (as amended), though has no express provisions on the rights of women in Nigeria, provides for the right against discrimination. The Child Rights Act, 2004 and its equivalent, adopted by various states in Nigeria, also provides for the rights of women, including girl-children. The categories of rights that set the arguments in place are civil rights and socio-economic rights.

In proffering definitions they note that FC/FGM is a practice which involves a procedure of partial or total removal of the external part of female genital organ or other injury to female genitalia for cultural, religious or some other non-therapeutic purposes.[35] FGM has been defined by medical experts as a destructive, invasive procedure during which part of the entire clitoris is surgically removed, usually before puberty. On the other hand, the word "right" means moral, justice, what the law supports or approves. It is an instrument used for the protection and advantage of an individual or group. The word "human," means: "pertaining to, characteristic of, or having the nature of mankind".

The authors states that the OAU/AU has adopted a number of human rights instruments that deal with the rights of women and female children. Nigeria as a member of the OAU/AU Nigeria has not only ratified the African Charter but has also gone ahead to incorporate the provisions of the Charter into its municipal Law known as the African Charter on Human and Peoples' Rights (Ratification and Enforcement Act) 2004. Any discussion on FC/FGM in Nigeria requires consideration of the Charter for the obvious reason that the Charter remains the primary normative instrument of the African human

[35]*Ibid*, 1

rights system; every other human rights instrument in Africa either complements or draws inspiration from the Charter. Domestically, Apart from the criminal law perspective, the act of FC/FGM is a human rights issue, which in Nigeria is also a constitutional matter. The current Nigeria Constitution reserves Chapter IV, with various civil and political rights as fundamental or justiciable rights.[36]

But for consideration of the practice of FC/FGM in Nigeria, the political rights are irrelevant. On the other aspect of the rights, what have been considered as socio-economic and cultural rights under the various international and regional human rights instruments which both the proponents and the exponents of the practice of FC/FGM relied upon are recognized in Chapter II of the Nigeria Constitution under the head: "Fundamental Objectives and Directive Principles of State Policy". Unfortunately, the enforceability or justiciability of these rights under the Nigeria Constitution is still controversial in view of the provision of section 6(6)(c) of the Nigeria Constitution, which ousts the jurisdiction of any Court to determine matters emanating from Chapter II of the Constitution. Nigeria ratified the Child Rights Charter in 2001, and passed its equivalent in 2003. Many States have also passed the Child Rights Act in their respective States. But the rate at which FC/FGM is practiced in Nigeria seems to debunk this point.[37]

They submit that that the practice of FC/FGM has catapulted controversial discussions on some rights under human rights instruments between the exponents and proponents of the practice. It, however, seems the boxing between these two schools is one in shadow as the former do not deny the universality of human rights and the latter do not deny the place of culture in human rights regime. This buttresses the reason why in between the two schools of thought, there exists another school that argues: Certainly, a practice that inflicts immense psychological and emotional pain and suffering conflicts with such preservation of human rights".[38] It is anchored on this point that the argument based on cultural preservation cannot stand; it has been overshadowed by the health implications of the practice, in Nigeria, like in other countries, are enormous but the Government has not

[36]Nigeria Constitution: S. 46
[37]Yerima, T.F., (2007) "Internationalization of Human Rights: A Critical Appraisal and Comparison of the Trilogy of Documents in the U.N. System". Ikeja Bar Review,Vol. 1, Parts 1 & 2, Sept. 2006-March 2007.
[38]Cassman, R. (2008) "Fighting to Make the Cut: Female Genital Cutting Studied within the Context of cultural
relativism", Northwestern Journal of international Human Rights, Vol. 6 issue 1, 2008.
www.scholarlycommons.law.northwest.edu/njihr/vol6/is1/5 (Accessed 25th December, 2017)

devoted enough resources to supplying information about the harmful effect of FC/FGM to communities that practice it. This is so notwithstanding that the human rights instruments considered in this paper lay down the obligations of State Parties to the eradication of harmful practices.

According to Judith et al[39], Female circumcision is one traditional practice that has attracted several attention especially to scholar within this field of study Today, female mutilation is one of the several harmful traditional practices in societies where the needs of the woman are still subordinated for their male counterpart[40] The practices is describe as a form of violence against women which has caught across many nations of the world especially in developed countries and Africa in particular.[41]

Female genital cutting refers to variety of operation involving partial or total removal of female external genitalia. Judith blames this practice heavily on the ancient traditional beliefs which has culminated to become difficult to resile from. Inspite of the effort made government, international organization such as UN1CEF[42] and WHO, stakeholders and other non-governmental organizations the practice of mutilation on women still poses serious problems in the society. In Cross river State and in Ikom local government in particular over (85%) of the victims is forced into having the operation without prior knowledge of what it involves. This situation has caused health implications, socio and psychological damaged to women. Besides, it has affected the mental and emotional well-being of women due to the fact that in most cases, it result to long-term consequences such as pelvic infection leading to sterility difficulty in urinating and there is a risk of obstructed labor. Anne[43] contributes from the same perspective as Timothy & Daniel[44], through the law and human right. She adopts the definition of FGM to be Female genital mutilation or female circumcision is the collective name given to several different traditional practices

[39] Out J.E., Ukwuayi J.A, Ushie M.A. "The Consequences of Genital Mutilation on Women in Cross River State" International Journal of Academic Research in Progressive Education and DevelopmentApril2012, Vol. 1, No. 2 in http://www.hrmars.com/admin/pics/876.pdf (Accessed 25th December, 2017).
[40]Owumi, B.E. (1991). "Forms of circumcision and its implication for the female folk" Ibadan Longman Nigeria Plc
[41]Adebimpe, O. (1986). Health implication of Female Genital Mutilation . Ibadan; Longman Nigeria Plc
[42] United Nations Children Emergency Fund
[43] Gibeau A.M., "Female Genital Mutilation: When a Cultural Practice Generates Clinical and Ethical Dilemmas" in http://www.jognn.org/article/S0884-2175(15)33521-8/pdf (Accessed 25th December, 2017).
[44]*Ibid*, 7

that involve the cutting of female genitals. The term FGM is reserved to describe ritualistic practices where actual cutting and removal of sexual organs takes place.[45]

Although FGM is widely perceived tobe a vehicle for the subjugation of women, the ceremony that accompanies the practice may serve as an important rite of passage for women, making it highly desirable to them. In the cultures in which FGM is performed, it may be a strictly ritualized, woman-centered experience that occurs at special times and places, such as around the time of harvest.[46]The participants may be sequestered and given special foods and clothes. A communal meal for women might be served, during which an oral historyof domestic life, the expected role of the adult woman, and information about women's secret societies are shared. These communal aspects of FGM contribute to the difficulty in eradicating it because FGM and the ceremonies associated with it give women access to rituals and customs that they prize. Another way to understand FGM is as a cultural phenomenon practiced by distinct cultures. Female genital mutilation is an important component in the socialization of the girl into the social, familial, sexual, and reproductive role of the woman. The procedure could mark the only time in a woman's life that she is the center of such singular attention.

There has been national and international response to the practice of FGM. For those involved with women's rights and women's health and those concerned with international public health overall, FGM has always been an area of focus. In African countries laws have been passed against the practice of FGM. It appears outlawing FGM is one of the least effective mechanisms to enact change because it seems to drive the practice underground as women assert their perceived rights to maintain an important cultural ritual

There are ethical arguments against health provider participation in FGM (barring the legal realities) that say that medicine should not perform unnecessary procedures that may incur risk to the client.[47]After all, FGM is the removal of an undiseased part of the human body.

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[45]Toubia, N. Female circumcision as a public health issue. New England Journal of Medicine, Vol. 331, pg 712-716. (1994).
[46]Koso-Thomas, 0. (1992). The circumcision of women: A strategy for eradication. London: Zed Books, Ltd
[47]Schwartz, R.L. Multiculturalism, medicine and the limits of autonomy: The practice of female circumcision. Cambridge Quarterly of Healthcare Ethics, 3,431-441. (1994).

Female genital mutilation is at a pivotal moment in its history. A cultural practice of long-standing importance, FGM presents to the Western health care provider a need for education and clarification of ethical dilemmas. The push for eradication of FGM comes from within individual cultures and is supported by international efforts. However, most groups that practice FGM see it is a necessary, obligatory ritual that lies close to the heart of cultural identity and autonomy. In the United States, it is illegal to perform FGM on a child, and it ultimately is unethical to perform FGM on any person, so Western health care providers need to go beyond their traditional one-client-at-a-time roles for this issue. Health care providers need to join the worldwide efforts to eradicate FGM.

The health risks to women around the globe are too critical to ignore. A provider who denies a client's request for any form of FGM can be a conduit for change. Health care providers can demonstrate culturally competent[48]and ethically grounded care for their clients by providing information about the laws and cultural norms of the client's new home; demonstrating respect for the importance of women's rituals and self-determination; educating women about the health risks to themselves and their daughters; and developing external and internal support structures in which a client's autonomy is used to make healthful decisions.

According to Ben et al,[49]Female genital mutilation/cutting (FGM/C), also referred to as female circumcision, Refers to the non-therapeutic, surgical alteration of female genitalia. The reasons behind the perpetuation of the practice are diverse and multi-dimensional. Previous studies on the topic have examined the links of FGM/C to community acceptance and identity, religious and cultural requirements, and socio-economic factors there is an increasing global consensus that FGM/C is a violation of women's and girls' rights. In addition to the fact that FGM/C procedures are primarily performed on children and adolescents, those who undergo FGM/C face substantial physical and psychological health risks, ranging in severity from urinary tract infections to Post-Traumatic Stress Disorder

[48]Rorie, J. L., Paine, L. L., & Barger, M.K. (1996). Primary care for women: Cultural competence in primary care services. Journal of Nurse Midwifery, 41, 92-100.
[49] Crisman B., Dykstra S., Kenny C., O'Donnell M., "The Impact of Legislation on the Hazard of Female Genital Mutilation/Cutting: Regression Discontinuity Evidence from Burkina Faso" in https://www.cgdev.org/sites/default/files/impact-legislation-hazard-female-genital-mutilationcutting-regression-discontinuity.pdf (Accessed 25th December, 2017)

(PTSD), complications in childbirth, and death.[50] In light of these health and human rights concerns, significant work has been undertaken to eliminate the practice of FGM/C. In 2012, the United Nations General Assembly banned the practice worldwide, following over two decades of local, national, and international campaigns dedicated to its eradication. She notes that according to the World Health Organization (WHO), FGM/C comprises all procedures that partially or completely remove or modify the external female genitalia for non-medical reasons.

Following this, she lists four types of FGM recognized; Clitoridectomy: which is the partial or total removal of the clitoris (a small, sensitive and erectile part of the female genitals), and in very rare cases, only the prepuce (the fold of skin surrounding the clitoris). Excision which is the partial or total removal of the clitoris and the labia minora (the inner folds of the vulva), with or without excision of the labia majora (the outer folds of skin of the vulva). Infibulations: which means the narrowing of the vaginal opening through the creation of a covering seal formed by cutting and repositioning the labia minora, or labia majora, sometimes through stitching, with or without removal of the clitoris. Other: which comprises of all other harmful procedures to the female genitalia for non-medical purposes, for example, pricking, piercing, incising, scraping and cauterizing the genital area.[51]

In examining the Legal Reform outlawing FGM/C, He notes that the African Union's Protocol to the African Charter on Human and Peoples Rights on the Rights of Women in Africa, widely known as the Maputo Protocol, came into force in 2005. Article 5 explicitly condemns FGM/C and encourages signatories to prohibit it through legislation with sanctions. Most West African countries have signed and ratified the protocol (Exceptions include Chad, CAR, Sierra Leone, and Niger).The African Union also passed a resolution on July 1, 2011 in support of the 2012 UN General Assembly resolution to ban FGM/C.[52]

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[50]Reisel, D., Creighton, S. M. Long term health consequences of female genital mutilation (fgm) Maturitas, 80(1):48–51.(2015).

[51]World Health Organization (2016). "Female genital mutilation: Fact sheet" in http://www.who.int/mediacentre/factsheets/fs241/en/ (Accessed 25th December, 2017)

[52] African Union (2011) 30 June – 1 July 2011 *Assembly of the African Union Seventeenth Ordinary Session, Malabo*http://www.au.int/en/content/malabo-30-june-%E2%80%93-1-july-2011-%E2%80%93-assembly-african-union-seventeenth-ordinary-session (Accessed 25th December, 2017)

Conversely, criticism has surrounded the use of national-level legislation to combat FGM/C. Previous studies,[53] point to the prohibitive enforcement costs of laws criminalizing the practice, because without changes in the underlying identity, members of communities where FGM exists will tend to ignore formal laws,[54] and the practice will continue. In such instances, enforcing the law would involve arresting and imprisoning entire communities."

Ben explains that the evidence put forth above suggests that there exist opportunities to continue the decrease in FGM/C prevalence rates and to change social attitudes pertaining to the practice. Canlegal and institutional mechanisms contribute to these changes? Beyond studies focused on combating FGM/C, there is a rich literature on the use of legal and institutional reform to alter social attitudes, behavior, and practice. The existing literature suggests that the impact of laws and institutions may be limited in this regard, but has also found evidence of the importance of institutions in the long run exploiting the exogeneity of colonial borders

Nigeria due to its large population has the highest absolute number of female genital mutilation (FGM) worldwide. The objective of this Chapter was to consider the several definitions and opinions of various scholars on the term Female Genital Mutilation, however it has taken a step further to show the literature views these scholars hold from the various grounds they have deem fit to tackle the issue under discuss.

To however appreciate the depth of this topic in discuss, its fundamental to state that Female genital mutilation is classified into four major types, these are reproduced below[55]:

a) Type 1 – Clitoridectomy: partial or total removal of the clitoris (a small, sensitive and erectile part of the female genitals) and, in very rare cases, only the prepuce (the fold of skin surrounding the clitoris). In the commonest form of this procedure the clitoris is held between the thumb and index finger, pulled out and amputated with one stroke of a sharp object. Bleeding is usually stopped by packing the wound with gauzes or other substances and applying a pressure bandage. Modern trained

[53]Shell-Duncan, B. and Hernlund, Y. *Female circumcision in Africa: Dimensions of the practice and debates. Female circumcision in Africa: Culture, controversy, and change*, pages 1–40(2000).
[54]Coyne, C. J. and Coyne, R. L. *The identity economics of female genital mutilation.* *The Journal of Developing Areas*, 48(2):137–152(2014).
[55]"*Birmingham Against Female Genital Mutilation"* in http://bafgm.org/types-of-fgm/ (Accessed 8th March 2018)

practitioners may insert one or two stitches around the clitoral artery to stop the bleeding.

b) Type 2 – Excision: partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora (the labia are "the lips" that surround the vagina). The degree of severity of cutting varies considerably in this type. Commonly the clitoris is amputated as described above and the labia minora are partially or totally removed, often with the same stroke. Bleeding is stopped with packing and bandages or by a few circular stitches which may or may not cover the urethra and part of the vaginal opening. There are reported cases of extensive excisions which heal with fusion of the raw surfaces, resulting in pseudo-infibulation even though there has been no stitching. Types I and II generally account for 80-85% of all female genital mutilation, although the proportion may vary greatly from country to country.

c) Type 3 – Infibulation: narrowing of the vaginal opening through the creation of a covering seal. The seal is formed by cutting and repositioning the inner, or outer, labia, with or without removal of the clitoris. The amount of tissue removed is extensive. The most extreme form involves the complete removal of the clitoris and labia minora, together with the inner surface of the labia majora. The raw edges of the labia majora are brought together to fuse, using thorns, poultices or stitching to hold them in place, and the legs are tied together for 2-6 weeks. The healed scar creates a hood of skin which covers the urethra and part or most of the vagina, and which acts as a physical barrier to intercourse. A small opening is left at the back to allow for the flow of urine and menstrual blood. The opening is surrounded by skin and scar tissue and is usually 2-3 cm in diameter but may be as small as the head of a matchstick. If after infibulation the posterior opening is large enough, sexual intercourse can take place after gradual dilatation, which may take weeks, months or, in some recorded cases, as long as two years. If the opening is too small to start the dilatation, recutting (defibulation) before intercourse is traditionally undertaken by the husband or one of his female relatives using a sharp knife or a piece of glass. Modern couples may seek the assistance of a trained health professional, although

this is done in secrecy, possibly because it might undermine the social image of the man's virility.

In almost all cases of infibulation and in many cases of severe excision, defibulation must also be performed during childbirth to allow exit of the fetal head without tearing the surrounding scar tissue. If no experienced birth attendant is available to perform defibulation, fetal and/or maternal complications may occur because of obstructed labour or perineal tears. Traditionally, "re-infibulation" is performed after the woman gives birth. The raw edges are stitched together again to create a small posterior opening, often the same size as that which existed before marriage. This is done to create the illusion of virginity, since a tight vaginal opening is culturally perceived as more pleasurable to the man. Because of the extent of both the initial and repeated cutting and suturing, the physical, sexual and psychological effects of infibulation are greater and longer-lasting than for other types of female genital mutilation. Although only an estimated 15-20% of all women who experience genital mutilation undergo type III, in certain countries such as Djibouti, Somalia and Sudan the proportion is 80-90%. Infibulation is practised on a smaller scale in parts of Egypt, Eritrea, Ethiopia, Gambia, Kenya and Mali, and may occur in other communities where information is lacking or still incomplete

d) Type 4 – Other: all other harmful procedures to the female genitalia for non-medical purposes, e.g. pricking, piercing, incising, scraping and cauterizing the genital area. Type IV female genital mutilation encompasses a variety of procedures, most of which are self-explanatory. Two procedures are described here.
    a. The term "angurya cuts" describes the scraping of the tissue around the vaginal opening. "Gishiri cuts" are posterior (or backward) cuts from the vagina into the perineum as an attempt to increase the vaginal outlet to relieve obstructed labour. They often result in vesicovaginal fistulae and damage to the anal sphincter.[56]

Nevertheless, one intrinsic and valuable ground these scholars have all resolved on is the fact that the practice is one that is presently eating the growing population of the female folks in the world at large. This is irrespective of the various laws and treaties made both domestically and internationally in tackling this growing and ancient practice. The side

[56] WHO “FGM defined” inhttp://www.circumstitions.com/FGM-defined.html (Accessed 7th March, 2018)

effects are as harmful as the repercussions that follow suit. I am more inclined with the position of Timothy & Daniel. The Legal perspective and Human Right Perspective they position their argument is in tandem with the purport of this work and would go a long way in establishing the point the Researcher aims to make thereafter. However, the definition of Ibekwe of FGM to mean any procedure involving partial or total removal of the external female genitalia or other injury to the female genital organs for cultural, religious or other non-therapeutic reason is all encompassing. The definition is broad and encompass the several reasons people engage in this illegal act especially the traditional and cultural reasons and I am more inclined to align this research to this broad standing and definition. However, despite the growing number of Legislation attempting a lasting end to this practice, Ben has stated that it still further on as a practice especially in Nigeria, operating in isolation, irrespective of these legislations and proffering a more suitable definition to other terms suggesting the practice of FGM would go a long way to isolate the practice before a proper tackling of the problem can be effected and followed up.

CHAPTER THREE: A CRITICAL ANALYSIS OF THE CHALLENGES OF FEMALE GENITAL MUTILATION IN NIGERIA: AN APPRAISAL OF THE RELIGIOUS, CULTURAL, AND MEDICAL IMPLICATIONS OF FGM.

3.1 Introduction

This chapter examines the challenges of female genital mutilation. Its looks at the religious implication (which has to do with the basic religious practice in Nigeria Christianity and Islam) and the medical implications of FGM.

FGM is widely practiced in Nigeria, and with its large population, Nigeria has the highest absolute number of cases of FGM in the world, accounting for about one-quarter of the estimated 115–130 million circumcised women worldwide.[57] In Nigeria, FGM has the highest prevalence in the south-south (77%) (among adult women), followed by the south east (68%) and south west (65%), but practiced on a smaller scale in the north, paradoxically tending to in a more extreme form.[58] Nigeria has a population of 150 million people with the women population forming 52%.[59]The national prevalence rate of FGM is 41% among adult women. Prevalence rates progressively decline in the young age groups and 37% of circumcised women do not want FGM to continue.[60] 61% of women who do not want FGM said it was a bad harmful tradition and 22% said it was against religion. Other reasons cited were medical complications (22%), painful personal experience (10%), and the view that FGM is against the dignity of women (10%).[[61]However, there is still considerable support for the practice in areas where it is deeply rooted in local tradition.[62]

In 1994, Nigeria joined other members of the 47th World Health Assembly to resolve to eliminate FGM. Steps taken so far to achieve this include establishment of a multi sectorial technical working group on harmful traditional practices (HTPs), conduct of various studies and national surveys on HTPs, launching of a regional plan of action, and formulation of a national policy and plan of action, which was approved by the Federal

[57]UNICEF. Children's and Women's right in Nigeria: A wake up call. Situation Assessment and Analysis. Harmful Traditional Practice (FGM) Abuja NPC and UNICEF Nigeria. 2001:195–200.
[58]Odoi AT. Female genital mutilation. In: Kwawukume EY, Emuveyan EE, editors. Comprehensive Gynaecology in the Tropics. 1st ed. Accra: Graphic Packaging Ltd; 2005. pp. 268–78.
[59]Adegoke P. Ibadan University Humanist Society. Female Genital Mutilation: An African Humanist view. 2005 Nov
[60]*Ibid.*
[61] *Ibid.*
[62] *Ibid.*

Executive Council for the elimination of FGM in Nigeria. In Nigeria, FGM is being tackled by WHO, United Nations International Children Emergency Fund (UNICEF), Federation of International Obstetrics and Gynecology (FIGO), African Union, the Economic Commission for Africa (ECA), and many women organizations. Intensification of education of the general public at all levels has been done with emphasis on the dangers and undesirability of FGM. In 1995, Platform of Action adopted by the Beijing conference called for the eradication of FGM through the enactment and enforcement of legislation against its perpetrator.[63] However, there is no federal law prohibiting the practice of FGM in Nigeria. This is the main reason for the slow progress on declining the prevalence of FGM. Despite the increased international and little national attention, the prevalence of FGM overall has declined very little.[64] The prevalence depends on the level of education and the geographic location.[65]This Chapter aims to examine the challenges of Female Genital Mutilation in Nigeria. In furtherance of this, it religious, cultural, and medical challenges on FGM in Nigeria.

3.2 TYPES/VARIATION OF FGM IN NIGERIA

FGM practiced in Nigeria is classified into four types[66] as follows. Clitoridectomy or Type I (the least severe form of the practice): It involves the removal of the prepuce or the hood of the clitoris and all or part of the clitoris. In Nigeria, this usually involves excision of only a part of the clitoris. Type II or "sunna" is a more severe practice that involves the removal of the clitoris along with partial or total excision of the labia minora. Type I and Type II are more widespread but less harmful compared to Type III. Type III (infibulation) is the most severe form of FGM. It involves the removal of the clitoris, the labia minora and adjacent medial part of the labia majora and the stitching of the vaginal orifice, leaving an opening of the size of a pin head to allow for menstrual flow or urine. Type IV or other unclassified types recognized by include introcision and gishiri cuts, pricking, piercing, or

[63]Paper presented at the International Conference on Population and Development (ICPD), Cairo 1994. Geneva: World Health Organization; 1994. World Health Organization: Health Population and development. WHO Position. WHO/AIE 1994:/94 – 2.
[64]Yoder PS, Khan S. Numbers of women circumcised in Africa: The production of a total. Calverton: Macro International Inc; 2007.
[65]Kwame-Aryee RA, Seffah JD, editors. Handbook of Gynaecology (A practical Guide to student and practitioners) 1st Accra: Max Associates Ltd; 1999. FGM; pp. 266–7
[66]Female genital mutilation. A joint WHO/UNICEF/UNFPA statement. Geneva: World Health Organization; 1997. World Health Organization

incision of the clitoris and/or labia, scraping and/or cutting of the vagina (angrya cuts), stretching the clitoris and/or labia, cauterization, the introduction of corrosive substances and herbs in the vagina, and other forms.In Nigeria, of the six largest ethnic groups, the Yoruba, Hausa, Fulani, Ibo, Ijaw, and Kanuri, only the Fulani do not practice any form.[67]FGM varies from country to country, tribes, religion, and from one state and cultural setting to another, and no continent in the world has been exempted.[68] In most parts of Nigeria, it is carried out at a very young age (minors) and there is no possibility of the individual's consent.[69] Type I and Type II are more widespread and less harmful compared to Type III and Type IV. In Nigeria, there is greater prevalence of Type I excision in the south, with extreme forms of FGM prevalent in the North. Practice of FGM has no relationship with religion. Muslims and Christians practice it, but it is more widely spread in Christian predominated parts of Nigeria.[70]

3.2.1 **Clitoridectomy:**

Sometimes informally called cutting, clitoridectomy is the surgical removal of the clitoris, a highly sensitive button-like part of the female reproductive system used mainly to heighten sexual pleasure. It is found near the inner lips and on top of the opening of the urethra, an organ that connects the bladder to the vagina and helps facilitate the flow of urine. Despite the close proximity between these organs, the clitoris isn't used for urination, and unlike the penis, it doesn't have any opening. Clitoris removal can be performed either for medical or non-medical reasons.

Under medical use, the clitoris may be cut if it is necrotic (or the tissue is dead) due to poor or failure of blood supply to the organ, the signs of which may begin to show on the outer lips of the vagina. It may also have to be removed if the clitoris or the organs and tissues near it have been damaged due to traumatic injury or if the patient is diagnosed with reproductive cancer, which may require the resection of certain parts to control, reduce, or

[67]Senior Cordinator for International women's Issues. Report on FGM or FG Cutting 2005. [Last accessed on 2010 Nov 22]. In http://www.onlinenigeria daily news (Accessed 11th March, 2018)
[68]Odoi AT. Female genital mutilation. In: Kwawukume EY, Emuveyan EE, editors. Comprehensive Gynaecology in the Tropics. 1st ed. Accra: Graphic Packaging Ltd; 2005. pp. 268–78
[69]Hosken FP. The hosken report. 3rd Review ed. Vol. 18. Vienna Published by Women's International Network News (WINN); 1992. Genital and sexual mutilation of females; p. 4
[70]UNICEF. Children's and Women's right in Nigeria: A wake up call. Situation Assessment and Analysis. Harmful Traditional Practice (FGM) Abuja NPC and UNICEF Nigeria. 2001:195–200.

prevent the spread of the disease.One of the common reasons for the procedure is clitoris hypertrophy, which means the clitoris has become enlarged due a number of possible reasons including the intake of certain drugs or congenital adrenal hyperplasia (CAH), where the adrenal glands found near the kidneys produce either too much or very little of the sex hormone.[71]

The non-medical use of the procedure may be due to aesthetic reasons or female genital mutilation (FGM), sometimes called female circumcision, a heatedly debated practice in certain parts of the world. In these places, the procedure is done as part of the rite of passage of young women or as a way of controlling sexual pleasure. The World Health Organization has already considered the practice, which affects over 200 million women from infancy to 15 years old, as a violation of human rights.Because the clitoris can induce sexual pleasure, one of the biggest concerns of its removal is the loss of sexual sensation. Although many believe that the surgery can significantly reduce and even change a person's sexual experience, some studies show that there's not much difference between the feelings of pleasure of both cut and non-cut women and that the reduction or change of orgasm may be brought about by the side effects of the removal of the clitoris. Clitoris removal is a very delicate procedure because of its location and the possibility of injuring the surrounding tissues and organs, such as the urethra, that may result in serious bleeding or infection. If the procedure is performed to treat cancer, it does not guarantee that the disease won't recur. Some women may also experience smelly vaginal discharges, pain during sexual intercourse, itchiness in the vagina, back pain, or hypersensitivity around the breast area.[72]

3.2.2 **Excision:**

Also known as excision, the clitoris and labia minora are partially or totally removed, with or without excision of the labia majora. It is the most common operation and is practised throughout Africa, Asia, the Middle East and the Arabian Peninsula. According to the World Health Organization, the most common type of female genital mutilation is excision of the clitoris and the labia minora, accounting for up to 80% of all cases: the most extreme form is infibulation, which constitutes about 15% of all procedures. The WHO

[71] Hoffman, Barbara (2012). Williams gynecology. New York: McGraw-Hill Medical. ISBN 9780071716727
[72]What is Clitoridectomy: Overview, Benefits, and Expected Results in https://www.docdoc.com/info/procedure/clitoridectomy (Accessed 11th March, 2018)

estimates that, around the world, between 100 and 132 million girls and women have been subjected to female genital mutilation. Each year, a further 2 million girls are estimated to be at risk. Most of them live in 28 African countries, a few in the Middle East and Asian countries, and increasingly in Europe, Canada, Australia, New Zealand and the United States of America.

3.3.3 **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 (clitoridectomy). Deinfibulation refers to the practice of cutting open the sealed vaginal opening in a woman who has been infibulated, which is often necessary for improving health and well-being as well as to allow intercourse or to facilitate childbirth.[73]

Infibulation is the most severe form of FGM. It involves the removal of the clitoris, the labia minora and adjacent medial part of the labia majora and the stitching of the vaginal orifice, leaving an opening of the size of a pin head to allow for menstrual flow or urine. Type I and Type II are more widespread and less harmful compared to Type III and Type IV. In Nigeria, there is greater prevalence of Type I excision in the south, with extreme forms of FGM prevalent in the North. Practice of FGM has no relationship with religion. Muslims and Christians practice it, but it is more widely spread in Christian predominated parts of Nigeria.[74]

The most destructive type of Female Genital Mutilation or Cutting in the World Heatlth Organization classification is Type III, which is also called infibulation. It is estimated that about 15% of all women who have undergone FGM/C have been infibulated. In order for infibulated women to give birth vaginally, the stitched area must be opened with a knife or scissors. infibulation can be reversed. It is a simple medical procedure, carried out under anaethesia, to open the area that has been sewn up. This surgical reversal is called deinfibulation.[75]Deinfibulation can be requested at any time, but is commonly undertaken

[73] WHO:Female genital mutilation in http://www.who.int/mediacentre/factsheets/fs241/en/ (Accessed 11th March, 2018)
[74]UNICEF. Children's and Women's right in Nigeria: A wake up call. Situation Assessment and Analysis. Harmful Traditional Practice (FGM) Abuja NPC and UNICEF Nigeria. 2001:195–200.
[75] NEFTA in http://www.netfa.com.au/can-infibulation-be-reversed.php(Accessed 11th March, 2018)

prior to marriage, before or during pregnancy or at childbirth. As such, birth generally leads to deinfibulation

3.3.4 Others

All other harmful procedures to the female genitalia for non-medical purposes, e.g. pricking, piercing, incising, scraping and cauterizing the genital area. An example of Type IV include

1. **De-infibulation:** Is the process that cuts open the small/narrowed vaginal opening of a female who has undergone infibulation. De-infibulation can be done through a surgical procedure. Sometimes, it may occur during sexual intercourse. It is necessary to allow childbirth, and most times – to allow sexual intercourse. This procedure improves the health of the female who has undergone infibulation.
2. **Re-infibulation:** Involves stitching the labia back together after de-infibulation.
3. **Incision:** Involves cuts made on the clitoris, as well as cuts made in the wall of the vagina, perineum and or symphysis

3.4 Challenges of Female Genital Mutilation in Nigeria

It is ironical that the southern states that have higher literacy levels are also the most involved in this primitive socio-cultural practice. Reasons range from a belief that it reduces sexual desire and promiscuity; promotes chastity and helps young ladies attract husbands early. It is also wrongly ascribed to religious beliefs and traditional norms of female rites of adulthood. To discerning minds, promiscuity largely stems from orientation and societal values. So, knowledge about the issue could help people make logical decision. As of now, much of the accumulated knowledge about FGM and fistula indicates that FGM and fistula have negative health implications. Medical experts and studies by WHO, UNICEF and other world bodies assert that, unlike male circumcision, FGM has no medical benefits whatsoever. On the other hand, UN Population Fund affirms that FGM does irreparable harm. It can result in death through severe bleeding, pain and trauma and overwhelming infections. WHO adds that it also results in problems with urinating, could cause cysts, infections, infertility and complications in childbirth. Women with FGM are significantly more likely than those without FGM to have adverse obstetrics outcomes including: Prolonged or obstructed labor, obstetric fistula, postpartum (after delivery) hemorrhage and

extended maternal hospital stay. For the infants, young girls and women who are subjected to the dehumanizing practice; it is routinely traumatic and has been linked to cervical cancer, a major killer of Nigerian women. At the same time, it is more often also undertaken by local birth attendants or untrained "surgeons" using crude and un-sterilized instruments. It is reported that FGM victims go through extremely painful menstrual periods when they reach puberty and painful sex in marriage. Given these facts, FGM constitutes violence against women and it is about time it is stoutly resisted and completely eradicated.[76]

While Nigerian government, in the last decade, has recognized the practice of female genital mutilation as harmful and has embarked on corrective measures aimed at addressing the end of the practice through the formulation of policies/programs, legislation and behavioral change, the practice is still common.

FGM is contrary to Child Rights Law of 2004, the 1999 constitution and other document including the Violence Against Persons (Prohibition) Act 2015, banning the practice of FGM.

3.5 Religion

Female genital mutilation (FGM), sometimes referred to as female circumcision or female genital cutting, is a harmful cultural practice without any known health benefit.

The most basic approach to religious differences in Africa focuses on identifying distinctions between practitioners of traditional religion,[77] Muslims, and Christians. There are three main approaches to identifying and explaining the observed religious differences in cutting practices. The first focuses on compositional differences, noting that socioeconomic characteristics may be responsible for what appear to be religious patterns. A second approach examines particularized theologies to examine how specific beliefs about circumcision may influence intentions and behaviors. A third approach views religion not primarily as a definable set of beliefs and practices but as a collectively constructed group identity.

[76]Musbau R., "Female genital mutilation and women's right" in http://www.businessdayonline.com/female-genital-mutilation-womens-right/ (Accessed 11th March, 2018)

[77]Boddy Janice. Clash of selves: Gender, personhood, and human rights discourse in colonial Sudan. Canadian Journal of African Studies. 2007;41(3):402–26.

The histories of both Christianity and Islam in West Africa are complex, and their trajectories have had important implications for the distribution of resources within the societies they met. Though far from static, economic and educational opportunities in Africa have long been funneled through religious channels. Early on (circa 1000 AD), for example, associating with Islam offered black African merchants clear advantages for engaging in commerce with their North African counterparts. Islam was a bridge to commerce and literacy; it was connected to urban life and the rule of law. When French colonizers arrived in Burkina Faso in the nineteenth and early twentieth centuries, Catholicism was the religion of the colonial government, and Catholic schools were the primary path to social mobility.[78] These facts are relevant for female circumcision practices today because religiously-based differences in socioeconomic status may account for some of what appear to be religious differences in female genital cutting practices

Its short-term and long-term health risks have led to numerous initiatives toward its eradication at international and local levels, over the last two decades. While major challenges remain and millions of girls and women are still at risk of being subjected to FGM, there is growing evidence that interventions that take into account the social dynamics that perpetuate FGM are yielding positive results toward its reduction. Well-recognized as a human rights violation in international treaties, the elimination of female genital mutilation requires ongoing interventions through cross-sectoral approaches that address attitudinal, cultural and behavioral change.[79]

3.5.1 Islamic view on FGM

The greatest myth leading to the performance of FGM is religious belief. Although, according to the map showing the prevalence of FGM in Africa, The procedure is most common in Muslim countries, FGM in no way follows the laws of Islam. Rather, The tradition of FGM seems to follow regional cultures independent of religion. In some Muslim countries, female circumcision is practiced on the assumption of its accordance with religious instructions. Paradoxically, Female circumcision is not practiced in many Islamic

[78]Boyle Elizabeth H, McMorris Barbara J, Gómez Mayra. Local conformity to international norms: The case of female genital cutting. International Sociology. 2002;17(1):5–33.
[79]Edouard U., Olatubosun O., Edouard L., "International efforts on abandoning female genital mutilation" *African Journal of Urology* in https://www.sciencedirect.com/science/article/pii/S111057041300026X (Accessed 11th March, 2018)

countries that strictly follow Islamic rules, such as Saudi Arabia, Libya, Jordan, Turkey, Syria, The Maghreb countries of north west Africa, Iran and Iraq.

This clearly indicates that FGM is a custom rather than based on Islamic education, however, linking FGM to religion, as is done by some religious authorities, often results in its perpetuation. Given the fact that some Sunni Muslims legitimate FGM by quoting a controversial *hadith* (a saying attributed to the Prophet Mohammed) in which the Prophet allegedly did not object to FGM provided cutting was not too severe[80] and that the least invasive type of FGM (partial or total removal of the clitoris and/or the prepuce) is also called "Sunna Circumcision[81], FGM is widely considered to be associated with Islam. However, during a conference held in Cairo/Egypt in 2006, Muslim scholars from various nations declared FGM to be un-islamic[82] and, in fact, the traditional cultural practice of FGM predates both Islam and Christianity. Herodotus wrote about FGM being practiced in Egypt as early as 500 BC[83], while the Greek geographer Strabo who visited Egypt in about 25 BC reported that one of the Egyptian customs was "to circumcise the males and excise the females.[84] According to the U.S. Department of Health and Human Services, FGM is actually practiced by Muslim, Christian and Jewish groups. There are countries, such as Nigeria, Tanzania and Niger, where the prevalence of FGM is even greater among Christian groups.[85] In Egypt, FGM is also practiced on Coptic girls,[86] while in Ethiopia, the Beta Israel or Falashas, a Jewish minority, subject their girls to genital mutilation.[87]

In this issue, the Islamic view on female circumcision is explicitly clarified by Gomaa, The Grand Islamic Mufti of Egypt, Who cites several verses from the Holy Qur'an andtheSunnah(propheticinstructions)speakingagainstthistradition.He indicates that the

[80]www.sheikyermami.com/2007/05/31/female-genital-mutilation-is-part-of-the-sunna-of-the-prophet (Accessed 12th March, 2018)
[81]Sunna circumcision. In: Segen's medical dictionary, Farlex Inc., 2012. www.medical-dictionary.thefreedictionary.com/Sunna+Circumcision. (Accessed 12th March, 2018)
[82] Female genital mutilation (FGM). Debates about FGM in Africa, the Middle East & Far East. www.religioustolerance.org/fem_cirm.html. (Accessed 12th March, 2018)
[83]Moukhyer M. Female genital mutilation (FGM): against women's health and the human rights. Women and health learning package developed by: The Network: TUFH Women and Health Taskforce, second edition, September 2006. http://www.the-networktufh.org/sites/default/files/attachments/basic_pages/WHLP Female Genital Mutilation.pdf. (Accessed 12th March, 2018)
[84]M. Knight "Curing cut or ritual mutilation? Some remarks on the practice of female and male circumcision in Graeco-Roman EgyptIsis", 92 (2001), pp. 317-338
[85]*Ibid.*
[86]Refugee Review Tribunal Australia, RRT Research Response, Research Response Number: EGY32910, Egypt, 15 February 2008.
[87]*Ibid* 26.

Prophet Muhammad expressed his moral condemnation of the preIslamic Customs and the way women were treated because they were considered as a source of shame and embarrassment.[88]As for Judaism, There is no specific mention of female circumcision in the Torah.[89]

The Jewish Falashas are the sole community in Ethiopia Practicing FGM, Which points to a cultural rather than a religious background. While, according to the Hebrew bible, circumcision is required for all male Jewish children in observance of God's commandment to Abraham (Genesis 12-17), female circumcision was never allowed in Judaism, according to the Oxford Dictionary of the Jewish Religion.[90] Buff, in his letter to the editor, states that "any form of female circumcision would be considered bodily mutilation and forbidden under Jewish law".[91] Yet, a Jewish minority group living in Ethiopia, the so-called Falashas or Beta Israel, practice ritual female genital surgery.[92]In a study conducted, Ethiopian Jewish immigrant women in Israel, the authors found a variety of lesions in one third of the women, with 27% showing partial or total clitoridectomy. Although not all the women interviewed had undergone FGM, all of them stated that FGM was normative among Jews in Ethiopia, but they did not consider it related to religion. The reasons for FGM varied according to the province the women originated from, ranging from the intention to create adhesions that prevent premarital intercourse to esthetic reasons. The authors also found that the customs of FGM is readily given up by Ethiopian Jews right after their immigration to Israel, as they see themselves a part of a Jewish society without FGM.[93]

3.5.2 Christian view on FGM

Christianity offers no religious basis for the practice either. The Christian Faith denounces female circumcision, considering it a dreadful inhuman act.

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[88]Gomaa A. TheIslamicViewonfemalecircumcision.*African Journal of Urology*2013;19(September(3):123–6

[89]Circumcision.ZwiWerblowskyRJ,WigoderG,editors.TheOxfordDictionaryoftheJewishreligion.OxfordUniversityPress;1997

[90] R.J. ZwiWerblowsky, Wigoder G. (Eds.), Oxford dictionary of the Jewish religion, New York & Oxford, Oxford University Press (1997)

[91]D.D. Buff"Letter to the editor. Female circumcision"New England Journal of Medicine, 332 (1995), pp. 188-190

[92]N. Grisaru, S. Lezer, R.H. Belmaker Ritual female genital surgery among EthiopianJewsArchives of Sexual Behaviour, 26 (1997), p. 2

[93]N. Grisaru, S. Lezer, R.H. Belmaker Ritual female genital surgery among Ethiopian Jews
Archives of Sexual Behaviour, 26 (1997), p. 2

Literature dealing with the Christian view on FGM is very scarce, however, Christian authorities unanimously agree that FGM has no foundation in the religious texts of Christianity.[94] During the 2006 conference of The East Africa Program, the attending Christian (Coptic) leaders emphasized that Christian doctrine is clear on the sanctity of the human body.[95] Yet, as has already been mentioned before, FGM is practiced among Christian groups, e.g. in Egypt, Nigeria, Tanzania and Kenya. Although FGM is not prescribed by religious law, many of those practicing it may consider it a religious obligation, as female sexual purity plays an important role, not only in Christianity, but in all monotheistic religions.

As described above, FGM cannot be justified by any of the three monotheistic religions. The reasons for FGM are various and are clearly a mixture of cultural, social and religious factors.[96] In societies, where FGM is practiced, the social pressure on the families is very high and the necessity to conform to what is considered right may be reason enough to continue the practice. But whatever reason there may be, the fact is that FGM represents a violation of human rights which has to be fought until it has been totally eliminated.

3:6 **Medical**

FGM has many health effects including recurrent urinary and vaginal infections, chronic pain, infertility, hemorrhaging, epidermoid cysts, and difficult labor.[97] It has also its psychological impact and abnormalities in the female sexual function.[98]

Women and girls living with FGM have experienced a harmful practice. Experience of FGM increases the short and long term health risks to women and girls and is unacceptable from a human rights and health perspective. While in general there is an increased risk of adverse health outcomes with increased severity of FGM, WHO is opposed

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[94] Terre des Femmes: frauenrechte. http://de/online/index.php/themen/weibliche-genitalverstummelung/begriffsdefinition.htm. (Accessed 12th March, 2018)
[95] www.womankind.org.uk/wp-content/uploads/2011/02/2006-FGM-Religious-and-Legal-Perspectives-small.pdf (Accessed 12th March, 2018)
[96] WHO fact sheet No. 241, February 2012. www.who.int/mediacentre/factsheets/fs241/en. (Accessed 12th March, 2018)
[97] J. Abdulcadira, C. Margairaz, M. Boulvain, O. IrionEffectiveness of interventions designed to prevent femalegenital mutilation/cutting: a systematic reviewSwiss Med. Weekly, 6 (14) (2011)
[98] R. Rosen, *et al.*The female sexual function index (FSFI): a multidimensional self-report instrument for the assessment of female sexual functionJ. Sex Marital Ther, 26 (2) (2000), pp. 191-208

to all forms of FGM and is emphatically against the practice being carried out by health care providers (medicalization).

Short-term health risks of FGM

i. **Severe pain**: cutting the nerve ends and sensitive genital tissue causes extreme pain. Proper anaesthesia is rarely used and, when used, is not always effective. The healing period is also painful. Type III FGM is a more extensive procedure of longer duration, hence the intensity and duration of pain may be more severe. The healing period is also prolonged and intensified accordingly.

ii. **Excessive bleeding**: (haemorrhage) can result if the clitoral artery or other blood vessel is cut during the procedure.

iii. **Shock**: can be caused by pain, infection and/or haemorrhage.

iv. **Genital tissue swelling**: due to inflammatory response or local infection.

v. **Infections**: may spread after the use of contaminated instruments (e.g. use of same instruments in multiple genital mutilation operations), and during the healing period.

vi. **Human immunodeficiency virus (HIV)**: the direct association between FGM and HIV remains unconfirmed, although the cutting of genital tissues with the same surgical instrument without sterilization could increase the risk for transmission of HIV between girls who undergo female genital mutilation together.

vii. **Urination problems**: these may include urinary retention and pain passing urine. This may be due to tissue swelling, pain or injury to the urethra.

viii. **Impaired wound healing**: can lead to pain, infections and abnormal scarring

ix. **Death**: can be caused by infections, including tetanus and haemorrhage that can lead to shock.

x. **Psychological consequences**: the pain, shock and the use of physical force by those performing the procedure are mentioned as reasons why many women describe FGM as a traumatic event. Some of the negative psychological effects that have been reported include feelings of anxiety, fear, bitterness and betrayal, loss of trust, suppression of feelings, feelings of incompleteness, loss of self esteem, panic disorders and difficulty with body image. When considering the psychosocial consequences of FGM, it is important to balance the traumatic impact of the initial

FGM procedure and its long-term sequelae, against the social and cultural benefits that FGM brings to young girls in the communities where it is practiced.

Long-term health risks from Types I, II and III (occurring at any time during life)

i. **Pain**: due to tissue damage and scarring that may result in trapped or unprotected nerve endings.

ii. **Infections**

A. **Chronic genital infections**: with consequent chronic pain, and vaginal discharge and itching. Cysts, abscesses and genital ulcers may also appear.

B. **Chronic reproductive tract infections**: May cause chronic back and pelvic pain.

C. **Urinary tract infections**: If not treated, such infections can ascend to the kidneys, potentially resulting in renal failure, septicaemia and death. An increased risk for repeated urinary tract infections is well documented in both girls and adult women.

iii. **Painful urination**: due to obstruction of the urethra and recurrent urinary tract infections.

iv. **Menstrual problems**: result from the obstruction of the vaginal opening. This may lead to painful menstruation (dysmenorrhea), irregular menses and difficulty in passing menstrual blood, particularly among women with Type III FGM.

v. **Human immunodeficiency virus (HIV)**: given that the transmission of HIV is facilitated through trauma of the vaginal epithelium which allows the direct introduction of the virus, it is reasonable to presume that the risk of HIV transmission may be increased due to increased risk for bleeding during intercourse, as a result of FGM.

vi. **Female sexual health**: removal of, or damage to highly sensitive genital tissue, especially the clitoris, may affect sexual sensitivity and lead to sexual problems, such as decreased sexual desire and pleasure, pain during sex, difficulty during penetration, decreased lubrication during intercourse, reduced frequency or absence of orgasm (anorgasmia). Scar formation, pain and traumatic memories associated with the procedure can also lead to such problems.

vii. **Obstetric complications**: FGM is associated with an increased risk of Caesarean section, post-partum haemorrhage, recourse to episiotomy, difficult labour, obstetric tears/lacerations, instrumental delivery, prolonged labour, and extended maternal hospital stay. The risks increase with the severity of FGM.

viii. **Obstetric fistula**: a direct association between FGM and obstetric fistula has not been established. However, given the causal relationship between prolonged and obstructed labour and fistula, and the fact that FGM is also associated with prolonged and obstructed labour it is reasonable to presume that both conditions could be linked in women living with FGM.

ix. **Perinatal risks**: obstetric complications can result in a higher incidence of infant resuscitation at delivery and intrapartum stillbirth and neonatal death.

x. **Psychological consequences**: some studies have shown an increased likelihood of post-traumatic stress disorder (PTSD), anxiety disorders and depression. The cultural significance of FGM might not protect against psychological complications.

xi. **Difficulties with micturition**

Difficulties can occur due to damage to the urethral opening, obstruction of the urinary opening, or scarring of the meatus - and can lead to chronic incontinence or difficulty passing urine. For many infibulated girls, passing urine can take up to 20 minutes when they are still virgins.

xii. **Recurrent urinary tract infections (UTIS)**

Partial occlusion of the vagina and urethra means the normal flow of urine is deflected and the perineum remains constantly wet and susceptible to bacterial growth. Retrograde UTI's therefore commonly occur, affecting the bladder, uterus and kidneys. Damage to the lower urinary tract during the procedure can also result in urinary tract infections.

xiii. **Chronic pelvic infections**

Partial occlusion of the vagina and urethra increases the likelihood of infection and ascending pelvic infections are common. The infections are often painful and may be accompanied by a noxious discharge spreading to the uterus, fallopian tubes and ovaries - and frequently become chronic.

xiv. Infertility

Infertility can occur due to chronic pelvic infections causing irreparable damage to the reproductive organs.

xv. Vulvul abscesses

Vulval abscesses develop due to deep infection resulting from faulty healing or an embedded stitch causing the formation of an abscess.

xvi. Neurinoma

Neurinoma can develop when the dorsal nerve of the clitoris is cut or trapped in a stitch or in scar tissue. The surrounding area becomes hypersensitive and unbearably painful.

xvii. Keloid scars

There have been reports of excessive scar tissue formation at the site of the cutting.Keloid scars result from slow and incomplete healing of the wound and the production of excess scar tissue. The scars may obstruct the vaginal opening and be so extensive that they prevent penile penetration.

xviii. Dermoid cysts

Dermoid cysts result from inclusion of the epithelium during healing, leading to swelling or pockets producing secretion. The cysts vary in size, are extremely painful and can prevent sexual intercourse.

xix. Calculus formation

Calculus formation develop due to menstrual debris or urinary deposits in the vagina or in the space behind the bridge of the scar tissue.

xx. Fistulae

Vesico-vaginal or recto-vaginal fistulae can form as a result of injury during circumcision, de-infibulation, re-infibulation, sexual intercourse, or obstructed labour. Urinary and faecal incontinence may be lifelong with severe social consequences.

xxi. Difficulties with menstruation

Partial or total occlusion of the vaginal opening commonly results in dysmenorrhoea or amenorrhea. Haematocolpos occasionally occurs from the retention of menstrual blood due to the almost complete coalescence of the labia.

xxii. Increased risk of HIV transmission

There is an increased risk of HIV transmission due to the use of the same unsterile instruments in-group circumcisions, repeated cutting and stitching during labour, and the higher incidence of lacerations and abrasions during intercourse.

3.7 Cultural Practice View On FGM

Societies that practice female genital mutilation, cultural elements such as behavioral norms, religious and particular beliefs are present. In this thesis work, culture will be in terms of beliefs that support the continuation of the FGM practice.

Customs andtraditions control over women's sexuality, religion, social pressure, women's economic dependency, the importance of marriage in the cultures where FGM is practiced, the low levelsof education in these countries, andfinally, poverty. FGM supporters maintain that theprocedure is a cultural tradition and that excised women are more feminine; consequently,the rite is seen as a passage into adulthood.[99]The practice is also used asa means to control women's sexuality,[100]to protect women's virginity in order to guarantee a successful marriage, and to contain women's sexual desire. Insome communities where lineage is important, it is believed that FGM increases fertility. Incultures or areas where FGM predominates, social norms perpetuate the practice. In thesesocieties, an unexcised woman is unclean and must be purified. In addition to being motivated by society's rejection of unexcised girls, parents also face the pressure of social norms,as choosing not to excise one'sdaughter leads to the family's isolation from the community.[101]

Womanhood, once a girl undergoes female genital mutilation she is considered moving from childhood to adulthood and being able to bear children and have a husband. Men are allowed to visit the family of the girl who has undergone mutilation in the hopes of marriage while in the case of those who are not mutilated is vice-versa. Young girls chose to

[99]Kissaakye, E. (2002), "Women, culture and human rights: female genital mutilation,polygamy and bride price." In W. Benedek, E. Kisaakye, & G. Oberleitner, (Eds.),Human Rights of Women, New York: Zed Books, pp.268-285.
[100]Gruenbaum, Ellen (2001), The Female Circumcision Controversy: An AnthropologicalPerspective, Philadelphia, University of Pennsylvania Press, p. 242
[101]Rahman A., Toubia N. (2000), Female Genital Mutilation. A Guide to Laws and PoliciesWorldwide, London, Zed Books.

be mutilated to avoid social pressure from their peers, rejection from the community, name-calling and receiving presents fromtheir parents. Cleanliness and beautiful were mentioned as cultural beliefs that support the continuation of FGM. Removal of the clitoris was considered as maintaining feminine by taking away the clitoris that many believe will grow and resemble the penis if it is not cut. Total removal of the clitoris and making it smooth is beautiful with some women. Birth reasons, Some girls are made tobelieve that if a girl is not mutilated, when she gives birth and the baby's head touches the clitoris it would die, and so they chose to be mutilated out of fear. Someof the women and young girls who fear rejection and name calling in their community,from family and friends chose to be mutilated.

Being illiterate for many African older women and young women ,not knowing the consequences caused by female genital mutilation has so far enabled the practice to go on in many African countries. Where girls move out of their community and get education about female genital mutilation, they are likely to oppose the mutilation, and in some situations they may choose to run away to avoid being subjected to the practice and seek refuge in churches or organizations that are supporting the elimination of the practice. cultural beliefs are the most reasons that support the continuation of female genital mutilation among many communitiesin Africa today.[102]States some of the different factors of cultural beliefs such as certain beliefs, customs, cultural hierarchies and religious beliefs. The practice affects mostly girls and women of all ages. To avoid shame on their families by engaging in sex before marriage and not being able to find husbands in the future has enabled some girls and women to choose mutilation.

[102]Richard D. Lewis 1996. When Cultures Collide, Managing successfully Across Cultures. Rogaia Mustafa Abusharaf 2006. Female Circumcision. Multicultural perspective. University of Pennsylvania Press

CHAPTER FOUR: EXAMINATION OF THE EFFECTS OF FEMALE GENITAL MUTILATION, LEGAL AND MORAL IMPLICATIONS OF FEMALE GENITAL MUTILATION IN NIGERIA

4.1 Introduction

This chapter examines the legal and moral implications of genital mutilation in Nigeria on females. It talks about the implication on the health and their personal relationships.

FGM is widespread in Nigeria. Some socio-cultural determinants have been identified as supporting this avoidable practice. FGM is still deeply entrenched in the Nigerian society where critical decision makers are grandmothers, mothers, women, opinion leaders, men and age groups.[103] FGM is an extreme example of discrimination based on sex. Often used as a way to control women's sexuality, the practice is closely associated with girls' marriage ability.[104] Mothers chose to subject their daughters to the practice to protect them from being ostracized, beaten, shunned, or disgraced.[105] FGM was traditionally the specialization of traditional leaders' traditional birth attendants or members of the community known for the trade. There is, however, the phenomenon of medicalization which has introduced modern health practitioners and community health workers into the trade. The WHO is strongly against this medicalization and has advised that neither FGM must be institutionalized nor should any form of FGM be performed by any health professional in any setting, including hospitals or in the home setting.[106]

Indeed, for close to a century, observational studies, supported by biological theories, have suggested a negative association between FGM/C and various health outcomes. Such studies have been summarized in a handful of reviews. Epidemiologist and medical anthropologist first reviewed and critiqued the available literature on FGM/C until 1996, and next summarized the subsequent literature from 1997 to 2002.[107] Another early review

[103]WHO Elimination of FGM in Nigeria conference Plot 617/618 Diplomatic drive, Central District Abuja. Family Health Department, Federal Ministry of Health Phase II Federal Secretariat Abuja. 2007 Dec
[104]Mackie G. "*Ending footbinding and infibulation: A convention account*." Am Socio Rev. 1996;61:1009
[105]UNICEF. Overview of FGM/Cutting. Nigeria FGM/Cutting country profile. UNICEF Nigeria DHS. 2003
[106]*Ibid*, 1
[107]Obermeyer CM, Reynolds RF. Female genital surgeries, reproductive health and sexuality: a review of the evidence. Reprod Health Matters 1999;7:112–20

examined primary data on health complications after FGM/C with particular emphasis on sequela in childbirth.[108]

While much of this research suggests a harmful effect of FGM/C on women's health, the findings from observational studies and non-systematic reviews are equivocal. Additionally, some authors and theorists have questioned the evidence for many of the claimed short-term and long-term medical consequences of FGM/C, such as quality of sex life, obstetric complications and infections.[109]

This Chapter is aimed to systematically review the evidence for the range of physical health risks associated with FGM/C by summarizing the findings from three technical systematic review reports detailing the association.[110]

4.2 Effects of Female Genital Mutilation Psychological Effects of FGM

a) Psychological Disorders Suffered by the Individual

i) General

The World Health Organization[111] reported that immediate psychological trauma may stem from the pain, shock and the use of physical force by those performing FGM. In the long term, post-traumatic stress disorder (PTSD), anxiety, depression and memory loss may occur.[112] A study in practicing African communities found that women who have undergone FGM have the same levels of Post-Traumatic Stress Disorder (PTSD) as adults who have been subjected to early childhood abuse, and that the majority of the women (80 per cent) suffer from affective (mood) or anxiety disorders.[113]

Women who have undergone FGM may also be affected by chronic pain syndrome, and as with other causes of chronic pain there is an increased risk of depressed mood, with reduced social functioning, worthlessness, guilt, and even suicidal ideation. Limited

[108]WHO. A systematic review of the health complications of female genital mutilation including sequelae in childbirth. Geneva: World Health Organization, 2000.
[109]The Public Policy Advisory Network on Female Genital Surgeries in Africa. Seven things to know about female genital surgeries in Africa. Hastings Cent Rep 2012;42:19–27
[110]Berg RC, Underland V. *Obstetric consequences of female genital mutilation/cutting (FGM/C). Oslo: Norwegian Knowledge Center for the Health Services (NOKC); 2013, Report No: 6.*
[111] World Health Organization (2008) *Eliminating female genital mutilation. An interagency statement*. in http://apps.who.int/iris/bitstream/10665/43839/1/9789241596442_eng.pdf [Accessed 30 March, 2018].
[112] Behrendt, A., and Moritz, S. (2005) Posttraumatic Stress Disorder and Memory Problems After Female Genital Mutilation, The American Journal of Psychiatry, 162(5), pp.1000-1002.
[113] Keel, A. (2014) Re: Female Genital Mutilation (Letter to Health Professionals in Scotland). In http://www.sehd.scot.nhs.uk/cmo/CMO(2014)19.pdf [Accessed 30 March, 2018].

mobility also increases social isolation and role loss in society.[114] Women who have experienced FGM tend to develop psychological conditions which make them withdrawn and uncommunicative or distrustful. There are anecdotal reports of teenage girls returning for holidays who were well adjusted to school before they went, but who fail to thrive in the learning environment after they return.[115] Other psychological effects include emotional distance, flashbacks, sleep disorders, social isolation, and somatization. It has also been found that the psychological trauma that women experience through FGM 'often stays with them for the rest of their lives.[116].

It is necessary to take into account other circumstances that affect the development of psychological disorders in women who have undergone FGM. It is therefore important to consider the psychological effects of FGM in conjunction with the migrant cultural identity of the women. The psychological impact of FGM in countries where FGM is culturally acceptable or prevalent is thought to be minimal.[117] In fact, it is important to note that not undergoing FGM in certain communities has a greater psychological impact than the trauma caused by FGM itself, as a woman without FGM may 'become a social pariah'. The prohibition of FGM in most Western countries may have a significant impact on migrant women with FGM, since what was once regarded as normal is now considered deviant and unacceptable. Therefore, migrant women may find their racial and ethnic identity challenged by the migration process.[118]

Women and girls may experience cognitive dissonance where the norms of FGM are not shared.[119] According to Festinger's theory,[120] cognitive dissonance arises when one holds conflicting beliefs, causing one to feel uncomfortable. Festinger suggests that people strive to maintain consistency in their beliefs. For women who have undergone FGM, the

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[114] Whitehorn, J., Ayonrinde, O., & Maingay, S. (2002) Female genital mutilation: Cultural and psychological implications, Sexual and Relationship Therapy, 17(2), pp.161-170. In http://www.tandfonline.com/doi/pdf/10.1080/14681990220121275?instName=University+of+Oxford [Accessed 30 March, 2018].
[115] Burrage, H. (2015) Eradicating female genital mutilation: a UK perspective. Ashgate Publishing Limited
[116] Equality Now and City University London (2014) 'Female Genital Mutilation in England and Wales: Updated statistical estimates of the numbers of affected women living in England and Wales and girls at risk', Interim report on provisional estimates. In http://www.equalitynow.org/sites/default/files/FGM%20EN%20City%20Estimates.pdf [Accessed 30 March, 2018].
[117] *Ibid*, 8
[118] *Ibid*, 8
[119] Burrage, H. (2015) Eradicating female genital mutilation: a UK perspective. Ashgate Publishing Limited
[120] Festinger, L. (1957) A Theory of Cognitive Dissonance. California: Stanford University Press

'desire to gain social status, please parents, and comply with peer pressure is in conflict with the fear, trauma, and after-effects of the operation.[121], women who have undergone FGM may have experienced pain and other negative consequences through FGM. However, many were forced to undergo this procedure, and here cognitive dissonance arises because of their conflicting beliefs and actions.

b) Effect of FGM on Relationships

i) Spousal Relationships

Women who have undergone FGM are more likely than women without FGM to experience painful intercourse, reduced sexual satisfaction and reduced sexual desire.[122] FGM may lead to sexual phobia.[123] Women may also experience more difficulty reaching orgasm, and shame or embarrassment about intimacy.[124] Narrowing of the vaginal opening may make intercourse painful for both partners.[125]A hypothesis of married women in found that 40.5% of women who had undergone FGM experienced dyspareunia (difficult or painful sexual intercourse), while only 18.8% of uncut women experienced it. 17.5% of the women who had undergone FGM felt their husband's dissatisfaction, while only 4.7% of those uncut felt that way.[126]

Lack of sexual pleasure for both parties can lead to husbands having extramarital affairs with women who have not undergone FGM.[127]Emotional or physical pain during sexual intercourse reduces enjoyment for both the woman and her partner, thus affecting the intimacy in the relationship. Difficulties resulting from painful periods, and further pain

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[121] Toubia, N. (1994) Female Circumcision as a Public Health Issue, The New England Journal of Medicine, 331(11), pp 714.

[122] Berg, R. and Denision, E. (2012) Does female genital mutilation/ cutting (FGM/C) affect women's sexual functioning? A systematic review of the sexual consequences of FGM/C, Sexuality Research and Social Policy, 9(1), pp.41-56

[123] El-Defrawi, M., Lotfy, G., Dandash, K., Refaat, A. and Eyada, M. (2001) Female Genital Mutilation and its Psychosexual Impact, Journal of Sex & Marital Therapy, 27(5), pp.465-473.

[124]*Ibid*, 13

[125] British Medical Association (2011) 'Female Genital Mutilation: Caring for patients and safeguarding children', Guidance from the British Medical Association. In http://bma.org.uk/-/media/files/pdfs/practical%20advice%20at%20work/ethics/femalegenitalmutilation.pdf?la=en [Accessed 30 March, 2018].

[126] Elnashar, A. and Abdelhady, R. (2007) The impact of female genital cutting on health of newly married women, International Journal of Gynecology & Obstetrics, 97(3), pp.238-244.

[127] FORWARD (2002) Female Genital Mutilation: Information Pack. In http://www.equation.org.uk/wp-content/uploads/2012/12/Forward-Female-Genital-Mutilation-Information-Pack.pdf [Accessed 30 March, 2018].

during sex and childbirth can cause girls and women to experience further trauma, as well as lower self-esteem, an increased likelihood of depression and anxiety, and in some cases personality disorders. Women and girls who have undergone the procedure have also been known to experience memory loss, and blackouts as a result of post-traumatic stress. Not only that, but if a girl has undergone Type 3 cutting, otherwise known as infibulation, she will literally have to re-live the procedure when she is cut open and re-sewn for sexual intercourse, and later childbirth if she becomes pregnant.

When intercourse is painful, the vaginal muscles contract, making intercourse even more difficult, thus perpetuating a vicious cycle. As a result, these women avoid sex, which could lead to marital dissatisfaction. In addition, FGM females may have 'altered expectations' of sexuality due to the 'new sexual culture, media or new peers. A woman who has undergone FGM may become aware of differences in the appearance of her genitalia and may feel embarrassed during clinical examination or sexual intercourse. Furthermore, women who are aware of a lack of sexual enjoyment may feel anger, guilt, shame or inadequacy. By being both painful and traumatic.

For those women who have undergone Type 3, otherwise known as infibulation, the pain is even worse, as a hard plug of scar tissue is formed over where there was once the soft opening of the vagina. Some women will have to be physically cut open in order to allow penetration, in which case the procedure is known as de-infibulation. Even if the woman is not cut open medically, the hole will be too small to be opened without force.For many women, it is not only the first instance of sexual intercourse that causes pain. The scar tissue around the vaginal orifice will continue to cause pain and discomfort during sex throughout a woman's lifetime, and often this not only affects her, but also her partner who may well experience discomfort and stress at being the one to cause pain during sex.

Furthermore, being unable to have sexual intercourse may lead to a woman not being able to fulfil her childbearing role, and this may be a major role in certain communities. In some societies, the failure to produce children is blamed on women, and may even be attributed to a curse, which can result in the woman being rejected by her husband and even by her extended family, causing 'further social isolation.

ii) Familial Relationships

Traditionally, a female member of the community performs the FGM procedure. She may be closely related or a total stranger. Some survivors experience a sense of betrayal by someone emotionally close to them. In many cases, girls are held down by their female relatives while FGM is carried out. In the long term, there may be behavioural disturbances as a result of the childhood trauma and possible loss of trust and confidence in carers who have permitted, or been involved in, a painful and distressing procedure.

c) Protective Factors

Firstly, age can be a protective factor against the negative psychological effects of FGM. if the survivor is younger than two years old, she is unlikely to remember it and is unlikely to experience PTSD. Those most at risk of PTSD are children older than the age of five who recall being forcibly held down and who experienced great pain and/or complications afterwards.

Secondly, a variety of other circumstances may mitigate the negative consequences of FGM. It is discovered that the type of FGM, country of origin, source of income, vividness of recollection and coping style were significant factors affecting the mental health outcome. For example, infibulation, a 'vivid recollection' and a substance-misuse coping style were associated with higher PTSD scores. Survivors may also be able to recover without developing mental health problems. For example, in 2004, studies showed that women who had undergone Type 4 FGM did not report PTSD-related problems. Alternatively, women could underreport symptoms because of different perceptions (for example, that other factors than FGM were responsible for the symptoms) or taboos (making them embarrassed to share these problems).

A reluctance to report symptoms may also be due to the fact that thinking or talking about their FGM experience may cause the pain experienced at that time to reappear. The study also suggested that if women assess the event less negatively, there is lower likelihood of development of PTSD. The study therefore highlights the importance of assigning different weights to different factors in each particular case.[128]

[128] Epstein, D., Graham, P., and Rimsza, M. (2001) Medical Complications of Female Genital Mutilation, Journal of American College Health, 49(6), pp.275-280.

It is, however, argued by many authors that the cultural significance of FGM might not be a protective factor against the development of psychological problems. The World Health Organization in 2008[129] found that the following reasons have been given for FGM: custom and tradition, religious requirement, purification, family honour, hygiene, aesthetics, protection of virginity, increasing sexual pleasure for the husband, providing a sense of belonging to a group, enhancing fertility and increasing matrimonial opportunities. However, these reasons do not necessarily mitigate the negative effects of FGM.[130]

d) **Genitourinary problems**

With respect to the genitourinary sequelae of FGM/C, reported years and sometimes decades following the procedure. The most frequently measured outcomes were genital tissue damage, vaginal discharge and itching, urological complications and infections. there was a trend for a greater risk of vaginal discharge and itching with FGM/C However, results from two studies of moderate to high methodological study quality indicated a trend for a greater risk of burning or painful urination with FGM/C

e) **Socio-Economic Factors**

A detrimental effect on a girl's socio-economic opportunities. FGC also increases the likelihood of leaving school at a young age. This is often caused by the multiple absences that come as a result of painful periods as well as bleeding throughout the month, which is a common physical side effect of FGC in girls and women. The knock-on effects of leaving school at a young age are well-documented and include earning less, and having less control and agency over life choices including marriage, pregnancy, and family planning.

FGC is also linked to child marriage and instances of early first pregnancy when the girl's body is not physically mature enough for pregnancy and birth which in turn can lead to its own set of both physical and psychological problems. The effects of dealing with painful sexual intercourse and/or infertility caused by FGC can also lead to even further psychological and emotional damage, as well as causing difficulties in relationships and marriage, even in some cases leading to divorce or abandonment.

[129] *Ibid*, 5

[130] Behrendt, A., and Moritz, S. (2005) Posttraumatic Stress Disorder and Memory Problems After Female Genital Mutilation, The American Journal of Psychiatry, 162(5), pp.1000-1002.

f) **Childbirth Complications**

And is a major contributing factor to maternal mortality. According to the WHO, women who have experienced the most extreme form of FGC (infibulation) are 70% more likely to experience post-partum haemorrhage, and 30% more likely to require a caesarean section. As such it is not all that surprising to find that those regions where FGC is practised are also the regions where the highest infant and maternal mortality rates are found. For example, there are one to two more infant deaths per 100 births among women who have undergone FGC of any type (Type 1, 2, or 3) than among uncut women.

Complications both in childbirth and in the collection of data also occur when we take into consideration all the births that occur outside of hospitals. The research undertaken by the WHO was done amongst women giving birth in hospital, but as it stands currently only 46% of women living in Sub-Saharan Africa give birth with a skilled assistant as an attendant, and we must therefore presume that the numbers of both infant and maternal mortality, as well as the incidences of complications during childbirth as a result of FGC are actually much higher than we know.

4.3 Legal and Moral Implications of Female Genital Mutilation in Nigeria

Ethical concerns are raised not simply from the inherent bodily insult of FGC, which ranges from minor cuts to major procedures, the more invasive of which, such as infibulation, have caused all forms of FGC to be characterized as mutilation, but from its known consequences. Some harmful effects are due to the extent of interventions, but even more minor procedures can prove damaging, health-threatening, and not uncommonly life-threatening when conducted with crude instruments, in unhygienic, non-sterile conditions, and without anesthesia. Milder forms of Type IV FGC and minor forms of Type I, though presenting inherent risks, often from non-sterile practice, allow relatively speedy recovery and unimpaired urination, menstruation and sexual intercourse in later years. In many settings, FGC is usually undertaken when girls are young.

All types of FGC present the risk of immediate and often longer-term health complications, including psychological pain-related effects. The more immediate medical complications include excessive bleeding, which may necessitate emergency medical care that is not always available. Serious sepsis may occur, particularly where unsterile

instruments are employed for even minor cutting, and infection can lead to septicemia if the bacteria reach the bloodstream, which can be fatal. Acute urine retention can also result from the wound becoming swollen and inflamed.[131]The most severe long-term complications arise with FGC Types II and III. Common complications of infibulation include repeated urinary tract infection and chronic pelvic infections, which may cause irreparable reproductive organ damage and infertility.

Excessive growth of scar tissue may result, which can be disfiguring, and cysts (implantation dermoids) may also occur. Complications of pregnancy include difficulties before, during and after delivery,[132]such as pain during and following deinfibulation. Infibulation-related complications can arise in early labour, and from prolonged and obstructed labour, including creation of obstetric fistulae, which can have devastating effects in women's domestic circumstances and family lives.[133]Fetal distress and stillbirth or early neonatal death may result, fetal deaths apparently being related to obstruction of delivery presented by vulva scarring in Type III procedures or the extra scarring sometimes associated with complicated Types I and II procedures.[134] Postpartum hemorrhage is significantly more common in women with FGC, usually associated with scarring that may result from all types of FGC, and scarring can contribute to and even cause maternal death, often resulting from unattended or improperly treated obstructed labour.[135]

FGM covers a range of procedures, but in the great majority of cases it involves the excision of the clitoris and the labia minora. At its most extreme, the procedure entails the excision of almost all the external genitalia and the stitching up of the vulva to leave only a tiny opening. Whatever form it takes, FGM is a violation of the human rights of girls and women; and it is a grave threat to their health.[136] The complications of FGM – physical, psychological, and sexual require skilled and sensitive management. However as at present there is inadequacy in management and limitation in legal backing in tackling FGM in

[131]N. Toubia, S. Izett. Female genital mutilation: anoverview. Geneva: World Health Organization,1998, p. 2.
[132]Department of Women's Health, Family and Community Health, WHO. A systematic review of the health complications of female genital mutilation including sequelae in childbirth. WHO/FCH/WMH/00.2. Geneva: World Health Organi-zation, 2000, p.11.
[133]R.J. Cook, B.M. Dickens, S. Syed. Obstetric fistula, the challenge to human rights. International Journal of Gynecology and Obstetrics 2004; 87:72-7
[134]*Ibid*, 30
[135]*Ibid*, 28
[136]Dorkenoo, E. (1994).Cutting the Rose. Female Genital Mutilation: The practice and its prevention. Minority Rights Publications, London

Nigeria. some nurses, midwives and other health personnel are reported to be performing FGM in both health institutions and private facilities. Aside from the economic aspect, the justification given for "medicalization" of the practice is that there is less risk to health if the operation is performed in a hygienic environment, with anaesthetics, and where pain and infection can be controlled. "Medicalization" of FGM offers the opportunity to encourage the less drastic forms of mutilation as a first step toward the elimination of the practice.[137] But whether the procedure is performed in hospital or in the bush, the fact remains that FGM is the deliberate damage of healthy organs for no medical or scientific reasons. Performing FGM violates the ethical principles "do no harm" and "do not kill". Professional bodies such as the International Confederation of Midwives (ICM), International Council of Nurses (ICN), and the Federation of Gynecologist and Obstetricians (FIGO), have all declared their opposition to medicalization of FGM.

There is strong medical professional objection, however, to seeming to medicalize FGC, and to making it appear to be part of the legitimate practice of medicine. The objection is analogous to physicians' non-participation in judicially-ordered amputation, corporal or capital punishment, and governmentally permitted torture. For instance in 1994, the General Assembly of the International Federation of Gynecology and Obstetrics resolved that gynecologists should oppose any attempt to medicalize the procedure or to allow its performance, under any circumstances, in health establishments or by health professionals.[138]Accordingly, practitioners should not succumb to inducements, threats of unskilled alternatives, or manipulation, to give the esteem of their medical professional status to FGC.

This prohibition is reinforced by the ethical codes of many national medical associations, and by an increasing number of national laws, several of which are vigorously monitored for compliance. Underpinning these is the UN Convention on the Rights of the Child, ratified by all countries of the world except Somalia and the U.S. Article 19(1) requires that all states apply "measures to protect the child from all forms of physical or mental violence, injury or abuse," and Article 24(3) requires abolition of "traditional

[137]Female Genital Mutilation: The Prevention and the Management of the Health Complications: Policy Guidelines for nurses and mid wives. WHO/FCH/GWH/01.5. WHO, Geneva (2001)
[138]Resolution in Female Genital Mutilation, FIGO General Assembly, Montreal, Canada, 1994. See note 14 above, p.7

practices prejudicial to the health of the child.[139]Harmful traditional practices may change under the impact of internationally respected human rights principles.[140] A key role of physicians requested to undertake FGC is to explain why they cannot, and to educate requesting parents and others about risks of procedures in unskilled hands, and the violation of women's bodily integrity due to these practices.

Physicians can also explain decline in use of the practice, and that it is decreasing as an expectation in more educated communities. It may also be essential to point out, where laws prohibit FGC, that its performance is an offence[141]and its very request bears risks of legal liability. Physicians' responses may give less emphasis to punitive aspects of FGC, however, than to aiding parents, families and communities to understand the protective purpose the medical profession advances in eliminating such procedures. Medical associations and individual physicians are also urged to collaborate with national authorities, non-governmental organizations and, for instance, religious leaders, to support measures aimed at elimination of this harmful traditional practice.[142]

FGM/C is recognized worldwide as a fundamental violation of the human rights of girls and women, reflecting deep-rooted inequalities between the sexes and constituting an extreme form of discrimination against women.[143]There is no lack of voices against the practice generally and particularly voices reiterating the human rights perspective. The UN call for a step up on efforts in the 21st century because no woman or girl should suffer or die due to FGM/C, it noted that addressing the persistent inequalities that negatively affect women and girl's health and wellbeing is our unfinished business.[144] The human rights aspect, together with the adverse health consequences, have been and remain the dominant arguments against FGM/C in Nigeria. Campaigns have sought to address the practice in terms of violation of rights of children and violation of a person's right to health, security,

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[139]R.J. Cook, B.M. Dickens, M.F. Fathalla. Reproductive Health and Human Rights: Integrating Medicine, Ethics and Law. Oxford: Oxford University Press 2003, Case Study No. 2,pp. 262-275.
[140]C.A.A. Packer. Using Human Rights to Change Tradition: Traditional Practices Harmful to Women's Reproductive Health in sub-Saharan Africa. Antwerp, Oxford and New York: Intersentia2002
[141] *Ibid*, 37
[142]A.J. Gage, R. Van Rossem. Attitudes toward the discontinuation of female genital cutting among men and women in Guinea. International Journal of Gynecology and Obstetrics 2006; 92: 92-6
[143]Okeke, TC, USB Anyaehie, CCK Ezenyeaku. 2012. An Overview of Female Genital Mutilation in Nigeria. Ann Med Health Sci Res 2(1): 70–73.
[144]UNFPA. 2014. Statement for International Day of Zero Tolerance for Female Genital Mutilation. http://unfpa.or.jp/news/ed.php?eid=00078 (Accessed 3 April,2018)

and physical integrity, the right to be free from torture and cruel, inhuman, or degrading treatment, and the right to life when the procedure results in death.[145]To eliminate the practice in Nigeria, a multidisciplinary approach, beyond the law and government initiatives, has been advocated over the years, especially due to the fact FGM/C is rooted in the cultural norms and values of various Nigerian communities.

Consequently, stakeholders have called for; simultaneous legal recourse through legislation to prohibit the practice; health educational campaigns especially directed at parents; improvement in women's status; sex education interventions; and a collective, coordinated agreement to abandon the practice through community-led actions.[146]Improvement in education and the social status of women and increased awareness of complications of FGM/C, have been identified as crucial in breaking the cycle of FGM/C, with more educated, more informed, and more socially and economically active woman able to appreciate and understand the hazards of FGM/C and more likely to refuse to subject their daughters to such a procedure.[147]

The enactment of a law to protect girls and women from FGM makes it clear what is wrong and what is right, Having a law in place gives the police, community committees, and health professionals the legitimacy to intervene in cases of threatened FGM. Individuals can also report to the law for protection of either for themselves or their daughters. Passing laws is not enough on its own to protect girls and women from FGM.[148] There is a danger that the fear of prosecution will inhibit people from seeking help for complications, hence laws must go hand in hand with community education to raise awareness of the harmful effects of FGM, its human rights implications and to change attitudes. A law against FGM will only be meaningful if it is put into practice. There are a number of countries which have laws against FGM; some implement them and some do not.[149]

[145]*Ibid* 41
[146]UNICEF. 2005. Changing a harmful social convention: Female genital mutilation/cutting. Florence, Italy: UNICEF Innocenti Research Centre.
[147]National Population Commission (NPC) [Nigeria] and ICF International. 2014. Nigeria Demographic and Health Survey 2013. Abuja, Nigeria, and Rockville, Maryland, USA: NPC and ICF International.
[148]R. J. Cook (1994) Women Health and Human Rights. WHO, Geneva (1994)
[149]Female Genital Mutilation: A Joint WHO/UNICEF/UNFPA statement. WHO, Geneva (1997)

Even where FGM is not mentioned specifically, national laws offer protection against injury. Laws and decrees have a variety of provisions that can be used to regulate or ban the practice of FGM. They may, for example:

i) Prohibit all forms of FGM

ii) Provide for imprisonment and/or fines for both those who perform the procedure and those who request, incite, or promote excision by providing money, goods, or moral support

iii) Forbid the practice of excision either in hospitals or public or private clinics

iv) Prohibit injury that impairs the function of the body, cruel and inhuman treatment, and assault and grievous bodily harm.

v) May be incorporated into child protection regulations. Girls could be offered protection under child protection regulations in many countries.

Beyond government-led activities, FGM/C Has continued to be tackled by different inter-governmental organizations, notably WHO, the United Nations International Children's Emergency Fund (UNICEF), Federation of International Obstetrics and Gynecology (FIGO), the African Union(AU), the Economic Commission for Africa (ECA), and many other NGOs and women's groups. Various campaigns, primarily focused on intensifying education for the general public, have emphasised FGM/C's dangers and undesirability.[150] Typical of such campaigns is the guideline and campaign launched by WHO and FMOH That called for grassroots mobilization efforts for joining the crusade to say "No" to FGM/C anywhere it is practiced in Nigeria.

In 1995, the Platform of Action at the Beijing Conference called for the eradication of FGM/C through the enactment and enforcement of legislation against its perpetrators. [151]There was no federal law prohibiting FGM/C in Nigeria until 2015, and this lack of legal recourse was identified as the main reason for the slow progress in decline of FGM/C prevalence in the country.[152]In 2015all that changed, when the federal government passed the law criminalizing FGM/C in the Violence Against Persons (Prohibition) Act

[150] *Ibid*, 41

[151]World Health Organisation. 1994. Health Population and Development. WHO Position. WHO/AIE 1994:/94 – 2. Paper presented at the International Conference on Population and Development (ICPD), Cairo 1994. Geneva: World Health Organisation

[152]Yoder PS and S Khan. 2008. Numbers of women circumcised in Africa: The production of a total. Calverton: Macro International Inc.

2015(VAPP).The law prohibits female circumcision or genital mutilation, forceful ejection from homes, as well as harmful widowhood practices.

This marked the first time the nation was committed to stopping FGM/C through an act of the National Assembly. Before the implementation of the federal law banning FGM/C, its opponents had relied on Section 34(1) (a) of the 1999 Constitution, "No person shall be subjected to torture or inhuman or degrading treatment," as the basis for banning the practice nationwide.[153]some states had passed laws against the practice as far back as 1999, including Bayelsa, Cross River, Delta, Ebonyi, Edo, Ekiti, Ogun, Ondo, and Rivers. In most cases, persons convicted under the law were liable for fines and imprisonment, but enforcement was not satisfactory, and many believe its poor enforcement was the result of low fines and short duration of imprisonment prescribed by state laws.

Edo state banned FGM/C in October 1999, with perpetrators subject to a fine of approximately (US $10) and imprisonment of six months. While opponents of the practice applauded such laws as a step in the right direction, they criticised the small fine and lack of enforcement as major impediments. It is important to note that while legal enforcement has been acknowledged as necessary, there is consensus it is not sufficient for FGM/C's eradication. The Violence Against Persons (Prohibition) Act (VAPP) was passed in May2015, the result of agitation for protection against different forms of violence.

According to the Law Pavilion,[154]someone killing or maiming their spouse; or a scorned lover pouring acid on an ex-lover; or someone being forcefully taken away from their family and loved ones, has become a common feature across the country. It was the need to protect citizens from such violence that led to the enactment of the VAPP Act 2015. The Act is an improvement on the penal and criminal code in relation to violence; it also makes provision for compensation to victims as well as the protection of their rights. The Bill was passed by the House of Representative and the Senate in 2013 and 2015, respectively. By 8May 2015, all legislative processes for transmission of the Bill to the Presidency were completed, and the Bill was signed into law on 28May 2015. Under the VAPP Act, female circumcision or genital mutilation was prohibited across the country,

[153]United States Department of State. 2001. Nigeria: Report on Female Genital Mutilation (FGM) or Female Genital Cutting (FGC). Prepared by Office of the Senior Coordinator for International Women's Issues, Office of the Under Secretary for Global Affairs, US Department of State.

[154]Law Pavillion. 2016. The Violence Against Persons Prohibition Act 2015. http://lawpavilion.com/blog/the-violence-against-persons-prohibition-act-2015/#_ftnref1

among other forms of violence. Other punishable offences under the Act include rape, spousal battery, forceful ejection from home, forced financial dependence or economic abuse, harmful widowhood practices, child abandonment, harmful traditional practices, harmful substance attacks (such as acid baths), political violence, forced isolation and separation from family and friends, depriving persons of their liberty, incest, indecent exposure and violence by state actors (especially government security forces) among others. FGM/C is, by virtue of the Act, an offence regardless of the part of the country where the victim originates or resides. A person who performs FGM/C or engages another to carry out such circumcision or mutilation commits an offence and is liable on conviction to a term of imprisonment not exceeding Four years or to a fine not exceeding N200,000(US$1,000),or both.

Anyone who attempts the offence of FGM/C also commits an offence and is liable on conviction to a term of imprisonment not exceeding two years or to a fine not exceeding N100,000 (US$500),or both.[155] A person who also incites, aids or abets, or counsels another to commit the offence commits an offence and is liable on conviction to a term of imprisonment not exceeding two years or to a fine not exceeding N100,000 (US$500), or both. A feature of the Act is its provision of compensation for victims of crimes under the Act. The Act provides that a court shall award appropriate compensation to a victim as it may deem fit in the circumstance. In addition to the rights provided under Chapter IV of the Constitution, victims and survivors of violence are entitled to comprehensive medical, psychological, social, and legal assistance by accredited service providers and government agencies or NGOs providing such assistance; information on the availability of legal, health, and social services, and other relevant assistance, and readily afforded access; and rehabilitation and re-integration.

[156]The VAPP provides a legislative and legal framework for the prevention of all forms of violence against vulnerable persons, especially women and girls, and has been in effect through three terms of the National Assembly. The law protects against violence in private and public life and brings succor and effective remedies to millions of victims who

[155]Lokulo-Sodipe, J, O Akintola, C Adebamowo. 2014. Introduction to the Legal System of Nigeria: Legal Basis for Research Ethics Governance in Nigeria. http://elearning.trree.org/mod/page/view.php?id=142
[156]Mandara, MU. 2004. Female genital mutilation in Nigeria. International Journal of Gynecology and Obstetrics 84: 291-298.

have suffered violence, in one form or the other, without recourse to justice or rehabilitative, psychological or social support for their recovery and reintegration. The Act does not only ensure that the violators are brought to justice, but also that victims are adequately compensated, re-integrated into the society and given the necessary support and protection they need. It is thus expected that States in Nigeria will take immediate and necessary action to adopt and enact similar law on Violence Against Persons. The Act Criminalizing FGM/C has been described as only the first step in the sequence of strategies for reducing FGM/C prevalence. It also places FGM/C within the wider context of sexual abuse and crime, and mainstreams FGM/C as a Form of gender-based sexual violence and makes it difficult for proponents to isolate it as a cultural practice.

CHAPTER FIVE: RECOMMENDATION AND CONCLUSION

5.1 Introduction

This chapter, having examined the entirety of the work draws conclusion from each of the chapters and give necessary recommendation.

5.2 Recommendation

Beyond identifying FGM/C prevalence across Nigeria by geographic and socio-economic characteristics, the review identified beliefs, attitudes and social norms; community enforcement mechanisms, as well as social and economic factors that sustain FGM/C practices among different groups. As considered in this Research, Social and cultural beliefs and norms are the leading factors pushing families to have their daughters circumcised, as FGM/C represents a symbol for the formation of an ethnic identity for the girl in the society in which she lives, and a reflection of her transition from teenager to womanhood. Other specific beliefs and social norms that fuel the practice include protection of the young women from extramarital relationships; uncircumcised vulva viewed as unclean, to avoid death of newborn infant, social influence of circumcision for marriage, and religious reasons. It is the recommendation of this Research from the foregoing that:

1. The gaps in knowledge and research identified in Nigeria attest to the huge research investments needed to generate robust evidence for informing strategic investments in policies and programmes to end FGM/C across the country. This review discusses the need for robust data collection to understand prevalence over time, factors of FGM/C practice in different cultures, specific interventions, and the need for coordination to enjoy the economies of scale and wider impacts. Strengthening intervention monitoring and evaluation, to establish what works and what does not, together with investments in methodologically robust data collection and analysis, are important parts of the process for generating credible evidence to inform FGM/C policy and action in Nigeria.
2. Weak law enforcement is a key hindrance, leading to concerns of whether the new federal law will be enforced throughout the country or offenders will be punished. The extent to which the law is enforced can be influenced by interventions

advocating enforcement, with evaluations of such interventions, will remain important research and programme agendas moving forward.

3. Legislation at lower levels of government may be helpful but can be slow in responding to constituent women's needs without campaign outreaches. More peer activities, peer education, and multi-pronged approaches are required, through persuasion, community enlightenment, and family and peer discussions. Campaigns against FGM/C need to travel to the grassroots, where the deadly practice is still rampant.
4. There is a need to enforce laws against early marriage, and encourage people to speak out against the practice, especially men and boys. Understanding men's reproductive motivations and behaviours is necessary because of the considerable authority and power invested in men generally as decision makers in the African social context, and this necessitates significant investment in its research across the country.
5. Breaking the culture of silence may expose latent factors supporting the practice. Observers believe that the number of victims may be highly underestimated and that improved social justice can empower people to be accounted, as survivors and victims of FGM/C presently cannot speak for themselves, for fear of stigmatization.
6. The lack of visible focus on economic empowerment and promotion of alternative livelihood initiatives for FGM/C practitioners calls for specific policy and programme actions.
7. No evidence is found of any legal challenges or charges, even after the passage of legal prohibitions. Enforcement interventions are, therefore, an option promising dividends for the FGM/C eradication campaign.
8. The Research on the determinants of FGM/C, despite their limitations, emphasise the complexity of factors determining and sustaining FGM/C in Nigeria and the need for focused, multi-pronged, and nuanced approaches to address the challenge. Options range from enforcement of federal and state laws, economic empowerment of professional circumcisers, awareness creation and behaviour change campaigns among specific groups, and educational opportunities and general empowerment of women across the country

5.3 Conclusion

This systematic review provides clear evidence that FGM entails harms to women's physical health throughout their life, from the moment of cutting as an infant or child, to sexuality and childbirth in adulthood. Predictably, the most common direct, procedure-related complication includes haemorrhage, most likely resulting from laceration of the internal pudendal artery or the clitoral artery. It is difficult to determine the number of females who die from procedure-related complications. Only a few studies reported death, but highly publicised fatalities from FGM heighten the awareness of the possible harms posed by the procedure.[157]This Research found several long-term consequences of FGM/C, including increased risks of urinary tract infections, bacterial vaginosis, dyspareunia and obstetric complications. The identified risks from FGM are also supported by biological rationales for the associations. As explained by experts, any alteration of the natural anatomy of the vulva, such as removal of the protective labia minora, can lead to structural and physiological changes, including trauma to the urethra, adjacent tissues and nerves at the time of the procedure as well as formation of scars and flaps of skin during the healing process.

The evidence base on the physical health complications of FGM/C, which covers over half a century of research from more than 20 countries in Africa and beyond, shows that FGM/C is associated with an increased risk of health complications, especially urinary tract infections, bacterial vaginosis, painful sexual intercourse and obstetric difficulties. Further research into this question is unlikely to produce practical value. Rather, efforts should be expended in safeguarding girls and women against the physical risks of FGM/C and caring for those who suffer from its consequence. The primary responsibility of government is to protect lives and property, and this responsibility is generally executed through the enactment of laws, policy frameworks, and consequent programmes to address societal challenges.

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