

3. Addressing Inimical Cultural Practices in Nigeria: The case of Female Genital Mutilation a double-dimensional SDG framework

Grace Ayodele Arowolo ¹ and Omolola A. Ladele ²

¹ Department of Public and Private Law, Faculty of Law, Lagos State University, Ojo, Lagos.

² Department of English, Lagos State University, Ojo, Lagos.

Email: grace.arowolo@lasu.edu.ng

Abstract

Several cultural practices and mores, as well as traditions on the African continent and, particularly, in Nigeria, remain inimical of the United Nation's Sustainable Development Goal (SDG) target 5:3 which focuses on the elimination of all such harmful practices. Female Genital Mutilation (FGM) is a deeply entrenched cultural practice of excision or circumcision. At its extreme is infibulation which is the sewing up of parts of the vagina to preserve virginity. Clitoridectomy, is, ultimately, a form of gender-based violence that has far-reaching, sometimes permanent, and irreversible adverse health and even reproductive consequences for women and girls. FGM violates the human, reproductive and sexual rights of women and girls. Despite this, and contrary to the SDG target 5:3, FGM remains widespread and predominant in several Nigerian cultural spaces. Although its prevalence is varied at the State level, the United Nations Children's Education Funds (UNICEF) report of 2022 indicates that there are 19.9 million survivors of FGM in Nigeria, representing the third highest number of women and girls who have undergone FGM worldwide. In 2015 Nigeria adopted the Violence Against Persons Prohibitions Act (VAPPA) a protocol that prohibits and criminalises FGM. Although Nigeria has subsequently other legal protocols at the State level, it seems there are inconsistencies between the adoption and enforcement of these laws and the continued perpetuation of FGM in Nigeria. This article proffers a two-pronged legal and cultural framework aimed at accelerating the achievement of SDG Target 5 by 2030. We, therefore, recommend among others, the enforcement of relevant laws as well as the deliberate transformation of inimical cultural practices in Nigeria.

Keywords: Female Genital Mutilation (FGM), SDG 5:3, Nigeria, Culture, Law

Bestriding Culture and Law: An Introductory Overview:

The very concept or notion of Female genital mutilation (FGC/M) remains largely controversial, whipping up sentiments of our colonial past and the racial politics of devaluing African cultural practices. It is interesting to note that Western societies, especially in the Victorian age, practiced various forms of clitoridectomy (cutting off the clitoris). (King, 2018). Today, issues surrounding FGM resonate in several academic spheres including anthropology, sociology, psychology, philosophy, politics, religion, feminism, literature, women's sexuality/rights, human rights, trauma, race, Medicine, law, and several other ancillary disciplines indicating how so deeply entrenched and far-reaching its consequences are in the present. This shows it is indeed a lived experience, a reality in our increasingly globalised world. While FGM is a cultural phenomenon, it may also be seen as a cultural identifier that is widespread and well-known in many societies of the Middle East, North, East and West Africa, particularly in Nigeria and even in other parts of the world such as Europe, North America,

Australia and New Zealand (Cappa *et al.*, 2019) It is almost universal in some countries like Somalia, Djibouti, and Guinea with a prevalence of more than 90% (Obiora *et. al.*, 2020). Aside from Nigeria, other African countries where FGM thrives include Ghana, Mali, Senegal, Sierra Leone, and Ethiopia (United Nations Population Fund (UNFPA, 2024).

Despite being a party to several international human rights instruments that prohibit the violation of girls and women's rights through FGM practice, coupled with the adoption of the Violence Against Persons Prohibitions Act (VAAPA) (2015) and other relevant states laws, UNICEF report indicates that FGM is widespread in Nigeria as there are 19.9 million survivors of FGM in the country representing the third highest number of women and girls who have undergone FGM globally. (UNICEF, 2022) The continued prevalence of FGM is mostly sustained and maintained by cultural taboos and myths even in the 21st century.

According to the United Nations (2018), the global prevalence of FGM has declined nearly one-quarter since 2000 but the rate of progress is insufficient to keep up with population growth, meaning that the number of total cases is expected to continue to increase without further action. In addition, by 2030, one-third of births globally will be in the 30 FGM countries (including Nigeria), a trend that will require accelerated progress to protect women and girls from this practice. The United Nations (2018) therefore, called for accelerating progress on SDG target 5.3, stating that, without immediate action, 'a further 68 million girls could be subjected to this practice by 2030, and sustainable development cannot be achieved without full respect for the human rights of women and girls.'

The practice of FGM is recognized internationally as a violation of the human rights of girls and women, a form of child abuse, breaching the United Nations Convention on the Rights of the Child (CRC), and a severe form of violence against women and girls (World Health Organization, 2023).

The objectives of this paper are to amplify, sustain and continually keep the debates on FGM alive until it is completely eradicated; proffer, simultaneously, legal and cultural resolutions for the acceleration of the eradication of FGM in Nigeria and to unravel some of the cultural myths, taboos and superstitions that surround the perpetuation of FGM.

A Brief Review of Relevant Literature

It is necessary to situate/contextualise the cultural backdrop to FGM. Although it is considered prevalent even in contemporary times, there appears to be a paradoxical silence in the narratives of African and Nigerian writers on this all-important subject matter. This remarkable silence possibly signifies some of the ambivalence, perhaps even a deliberate socio-cultural distancing from the stigmatisation and taboos surrounding the practice of FGM and we shall return to the impact of this later in the paper.

FGM in Literature provides a contemporary framework for the reformation of oppressive/inimical cultural practices through social re-engineering. Particularly in the global south, literature, as a cultural practice, provides the platform for creative innovations. Literature may be deployed to gain socio-cultural traction in the efforts towards eradicating inimical cultural practices. Nevertheless, several literary writers (male and female) from diverse cultural backgrounds, imaginatively, create in their narratives (fiction and nonfiction) critical opportunities/platforms for the interrogation of a wide range of life's issues including those bordering on FGM. We, therefore, turn to literature not only as a cultural artefact which mirrors society but also as a visceral way of

experiencing FGM in our attempt at excavating the cultural mores underlying the practice of FGM.

Many female African writers including Egyptian feminist, writer, and medical practitioner, El Saadawi, (1975) both in her fiction, 'Woman at Point Zero' and in her important memoir: 'The Hidden Face of Eve: Women in the Arab World (1980) call critical attention to the prejudicial oppressiveness of FGM. Similarly, and even more recently, Somalian writer, Ali (2007) in her autobiography, 'Infidel: My Life' captures some of the pain she experiences in the process. Important African American female novelist, essayist and activist, Walker (1992) has also thematised FGM in two important works. The first is a novel-'Possessing the Secret of Joy' and, the other, converted into a film documentary, is: Walker & Pratibha (1994) 'Warrior Marks: Female Genital Mutilation and the Sexual Blinding of Women.' Levin & Assah (Eds) (2009), 'Empathy and Rage: Female Genital Mutilation in African Literature' is a collection of essays by scholars, writers, and activists who simultaneously capture their empathy and anger at FGM. They agreed that the practice should end. Okeke et. al. (2012), explained in their piece that the psychological implications of FGM are accompanied by various degrees of psychological morbidity, including loss of trust, lack of bodily well-being, depression, as well as a sense of betrayal, anger, guilt, and shame.

The scholastic positions in the above review are to the effect that FGM should be eradicated.

The Concept and Forms of FGM Performed on Women in Nigeria

Female genital mutilation (FGM) comprises all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons (World Health Organization 2024). FGM practiced in Nigeria is classified into four types as follows (World Health Organization.2024).

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 sexcision 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 which is infibulation. It is the most severe form of FGM. It involves the removal of the clitoris, the labia minora and the 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 include introcision and gishiri cuts, pricking, piercing, or 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. The procedures are irreversible and they last a lifetime. (World Health Organization 2024).The scope of Sustainable Development Goals (SDGs) on FGM

The SDGs also known as the Global Goals are a set of objectives within a universal agreement to end poverty, protect all that makes the planet habitable, and ensure that all people enjoy peace and prosperity, now and in the future (United Nations Development Programme, 2024). The goals which were formulated following the Rio+20 Summit of the United Nations in Brazil in 2012, built upon the Millennium Development Goals (MDGs) after their expiration in 2015 (Kumi 2019). The SDGs contain 17 SDGs and 169 targets (United Nations) which were adopted by all member states of the United Nations formally in 2015, for the period 2016–30 to address the overwhelming empirical and scientific evidence that the world needs a radically more sustainable approach to

securing a fair, healthy and prosperous future for the present generation, children and grandchildren (Morton *et al.*, 2017). The SDGs came into effect in January 2016, with the sole aim of improving the lives of people and promoting a safe environment. The goals focus on five thematic issues, commonly known as the five Ps which span across the 17 goals. They are people, the planet, prosperity, peace and partnerships. These themes generally address the root causes of poverty and strive to stimulate greater commitment towards improved lives for all generations through interdependent and interconnected mechanisms. This means that efforts at achieving one goal will lead to the attainment of the other goals (Odoom *et al.*, 2024).

The aim of SDG 5 is to 'Achieve gender equality and empower all women and girls.' (United Nations, 2022). FGM is specifically integrated into SDG 5, Target 5.3 which aims to eliminate all harmful practices, such as child, early and forced marriage, and female genital mutilation (United Nations, 2023).

The Impact of FGM on SDGs.

Generally, the practice of FGM is recognized internationally as a violation of the human rights of girls and women (World Health Organization, 2023). Contrary to SDG 5 and Target 3, FGM reflects deep-rooted inequality between the sexes and constitutes an extreme form of discrimination against girls and women. It is nearly always carried out by traditional practitioners on girls and women and is a violation of their rights. The practice also violates 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, in instances when the procedure results in death (World Health Organization, 2023). FGM is a form of child abuse, breaching the United Nations Convention on the Rights of the Child, and is a severe form of violence against women and girls, (Royal College of Obstetricians and Gynaecologists, 2015). According to the World Health Organization (2023), the procedure for carrying out FGM involves removing and damaging healthy and normal female genital tissue, and it interferes with the natural functions of girls' and women's bodies. Although all forms of FGM are associated with an increased risk of health complications, the risk is greater with more severe forms of FGM.

The immediate complications of FGM identified by the World Health Organization (2023) include severe pain, excessive bleeding, genital tissue swelling, fever, infections such as tetanus, urinary problems, shock, and death. The long-term complications include painful menstruations, scar tissue, and keloid; pain during intercourse and decreased satisfaction, increased risk of childbirth complications and newborn deaths; need for later surgeries; and psychological problems such as depression, anxiety, post-traumatic stress disorder, low self-esteem (World Health Organization, 2023).

The practice of FGM leading to the foregoing consequences, is always compounded with the risk of causing trauma and leading to problems related to girls' and women's mental health and well-being (World Health Organization, 2024). The consequences above indicate that FGM is a harmful practice and an act of violence affecting only women and girls (United Nation Women, 2022). SDG 5 views sexuality as an equal right that both males and females must benefit from. On the contrary, while males are being circumcised for health and religious reasons, women and girls are cut deliberately to remove their sexual feelings and subjugate them to the dictates of their men counterpart, and it is done without any consent from them (Fafowora & Duma, 2024). The above indicates that FGM is not only a harmful practice and an act of violence affecting only women and girls (United Nation Women, 2022), but nullifies the aim of SDG 5: 3 on gender equality and women empowerment.

Prevalence of FGM in Nigeria

According to UNICEF (2022), FGM remains widespread in Nigeria. Nigerians are classified as survivors of FGM with their estimate showing that 19.9 million Nigerians have undergone FGM representing the third-highest number of women and girls who have gone through the procedure worldwide also representing about 10% of the global estimate (UNICEF, 2022). Statistics on the prevalence of FGM are compiled regularly through large-scale household surveys in developing countries, predominantly the Demographic and Health Survey (DHS) and the Multiple Indicator Cluster Survey (MICS) (Orchid Project and 28 Too Many, 2023). For Nigeria, the main surveys are the Demographic and Health Survey (2013), the Multiple Indicator Cluster Survey (2016–17), and the Demographic and Health Survey (2018).

The population of Nigeria has almost doubled in the last 20 years, from 127 million in 2002 to 215 million in 2022 (Country Meters, 2022), and out of this, 40.9% of the population is under 15 years of age, which represents 87,838,000 young people (42,943,785 female), (Country Meters, 2022). Between the years 2002 and 2022, the national prevalence of FGM reportedly decreased among women aged 15–49 from 24.8% in 2013 to 19.5% in 2018 (Demographic and Health Survey, 2013:350: Demographic and Health Survey, 2018: 474). However, UNICEF (2022) expressed concern and a 'worrying trend' that based on reports, among girls aged 0–14 years, the prevalence increased from 16.9% in 2013 to 19.2% in 2018 (Demographic and Health Survey, 2013:350: Demographic and Health Survey, 2018: 474).

The prevalence of FGM among girls (19.2% in 2018) means that given the current population, more than 8.2 million girls have been cut (Country Meters, (2022). The Report confirms that in Nigeria at least part of the reported decrease in the prevalence of FGM among women and girls aged 15-49years is due to social desirability bias and community self-surveillance of cutting, because of which women will be more reluctant to report that they have been cut (Orchid Project and 28 Too Many, 2023). Of note is that, among girls whose mothers are uncut, the percentage who have been cut has doubled (Demographic and Health Survey 2013: 353–355: Demographic and Health Survey 2018: 476-478). This is slightly unusual and a matter of concern. Further research by Orchid project and 28 Too Many (2023) into why this is so was indicated in a UNICEF (2013) report that there is a problem of a 'culture of silence' in Nigeria, in which there is a significant gap between people's personal views on FGM and their feelings of social obligation to have girls undergo the cut and a lack of agency in the decision (Orchid Project and 28 Too Many, 2023). This implies that the decrease among women aged 15–49 years of age is not real as many women who have been cut might not confess to having been cut due to the supposed 'culture of silence.'

Across Nigeria, disparities in the practice exist. State prevalence ranges from 62 per cent in Imo to less than 1 per cent in Adamawa and Gombe. The prevalence of FGM is highest in the South East (35 per cent) and South West (30 per cent) and lowest in the North East (6 per cent). UNICEF is initiating a community-led movement to eliminate FGM in five Nigerian states where it is highly prevalent: Ebonyi, Ekiti, Imo, Osun and Oyo. Nearly 3 million girls and women have undergone FGM in these States in the last five years (UNICEF, 2022).

Barriers to Eliminating FGM in Nigeria

The key barrier to eliminating FGM practice can be stated to be the pervasiveness of culture and tradition (28TooMany, 2018a) and religious orientations (Amusan & Asekun Olarinmoye, 2008). Hence, the refusal to abandon the practice because they believed that the practice is beneficial (Odo et al., 2020). The elements are as follows:

Sociocultural Factors

A common reason for the continuous practice of FGM can be traced to the culture and traditions of the people of a particular region. FGM is considered a "social convention which is ensured through a non-written system of rewards and punishments," any attempt to discontinue the practice is met with societal pressure and risk of isolation (Kolawole and Anke, 2010). The culture of FGM is preserved by family and community structures that monitor and enforce the practise. Older women who were cut, such as mothers, grandmothers, and mothers-in-law, play a key role in perpetuating the practice by ensuring that girls within families are cut (Akosile, 2016). As part of the enforcement process, girls are manipulated to accept the value of FGM and their helplessness in the decision-making process. Rewards and sanctions are advanced for conformance and non-conformance respectively (Mberu, 2017).

FGM creates a tribal identity, especially in a multi-tribal country like Nigeria, where different tribes have different reasons and timing for the mutilation. In many tribes that perform FGM around puberty, it is considered a 'rite of passage' symbolizing a transition from asexual childhood to sexual adulthood. An instance is among the Uhrobos and Methu-Yorubas of the Southwestern region of Nigeria, where FGM is performed just before marriage as a 'fertility rite.' They believe the excised part which is eventually sacrificed to the ancestors gives fertility blessings (Kolawole & Anke (2010). In some cultures, in Southwest Nigeria, it is believed that the clitoris poses a health risk for babies and that if the head of a baby comes in contact with the clitoris, the baby will die (Refugee Legal Aid Information, 2018). In other cultures, it is believed that the practice of FGM prevents mother and child from dying during childbirth (Ilesanmi & Ilesanmi, 2018). In some communities, it is considered taboo for an unexcised young girl or woman to be married, and this could lead to her being disowned by her family (Chidera, 2018). FGM is believed to confer inheritance rights on women and girls and is performed as part of the process of social integration (Aliogo, 2024).

Religious Beliefs

The religion of societies also justifies the practice of FGM as promoting the cleanliness of women. There are no clear recommendations from the Bible or Koran about the cutting of women (Mberu, 2017). While some religious leaders promote it, others consider it irrelevant to religion and support its elimination (Ilesanmi & Ilesanmi, 2018). However, FGM is practiced both in Christian-dominated parts of Nigeria (Southern zone) and in Muslim communities (Northern zone). FGM is also linked to the religious obligation to preserve a girl's virginity before marriage (Refugee Legal Aid Information, 2018).

Other reasons are personal beliefs by persons that FGM improves the hygiene and cleanliness of women. The external female genitalia are considered dirty and unsightly and should be removed to promote hygiene, prevent illness and provide aesthetic appeal. In Nigeria, more Christians have undergone FGM and are more likely to

circumcise their daughters unlike their Muslim counterparts (Gbadebo et. al., 2021).

Medicalization of FGM

Although FGM is mainly performed by traditional birth attendants and cutters in Nigeria, there are indications of a transition to the medicalisation of the practice (NPC and ICF., 2014). FGM medicalisation refers to 'situations in which FGM is practiced by any category of health-care provider, whether in a public or a private clinic, at home or elsewhere, including the procedure of reinfibulation at any point in time in a woman's life. (Umar & Oche, 2014). Some health workers also encourage FGM practice due to their personal beliefs and in some cases for economic gains. Parents are inclined to patronise these health workers trusting their ability to perform the procedure on their female children without complications. Unfortunately, despite the assumptions about medicalisation being safer with minimal complications, it does not legitimise FGM and does not address the issues of the violation of human rights (Obianwu *et al.*, 2018).

Gender Issues/Inequalities

FGM is an extreme form of discrimination against women and girls (Azuonwu & Ezekiel, 2020). FGM is a gendered harmful practice that reflects the imbalance of power between men and women and perpetuates inequalities and control over women and girls. Achieving gender equality is at the core of the 2015 Sustainable Development Goals (SDGs) Goal 5 and the elimination of FGM is critical to this goal. (Makinde et al., 2017). The imbalance in gender roles which limits women and girls, leading to a “male-centric society” has led to the denial of women's rights as reflected in the practice of FGM (Olanrewaju, 2020). More men than women supported the perpetuation of FGM reflecting the patriarchal nature and the limited agency women have in taking a stand against it (Adeyinka et al., 2009). The strong gendered dimension of FGM is also perpetuated by the fact that women are unable to speak out and openly communicate their views. Such discussions are considered taboos; women and girls are bound by the culture of silence.

Socio-Economic Factors

Socio-economic factors such as income, education, employment, and social support play a significant role in the perpetration of FGM. Cultural and ethnic practices that are potentially harmful to health are usually more common among communities with lower socioeconomic status where people are least likely to be empowered (Ojua et. al., 2013). In some communities, the practice of FGM was perceived to have some form of economic advantage. In some cultures, girls who went through this ritual were showered with gifts from community members and this motivates girls from poor families to subject themselves to the procedure (Olajumoke Ereola et al., 2020). Some health workers clandestinely performed FGM for economic gains and to protect the rights of people in their environment (Doucet et al., 2017). Eliminating the practice invariably would mean stopping the means of livelihood for the circumcisers.

Efforts at Eliminating FGM

In Nigeria, a multi-disciplinary approach has been used to ban the practice of FGM: through the formation of legislative and policy frameworks, research, medical intervention (treatment of complications) for cut girls and

women, sensitization, mass mobilization, and community action. (United Nations Population Fund 2021). A series of human rights instruments dating from 1948, which are legally binding on States' Parties to the UN, provide for the health rights, non-discrimination based on sex or gender, and physical and mental integrity protecting for everyone including women and girls. Being a discriminatory practice, FGM violates each of these rights.

Being a State Party to the United Nations (UN), Nigeria has obligations to protect and promote the rights of women and girls (Federal Ministry of Health, 2021) as provided by the international human rights laws. Consequently, some of the provisions of these human rights instruments were incorporated into the Nigerian laws. The major global international instruments relevant to Nigeria include the Universal Declaration of Human Rights (UDHR) (1948), the International Covenant on Civil and Political Rights, (ICCPR), (1966), the International Convention on Economic, Social and Cultural Rights (ICESCR), (1966), the Convention on the Elimination of Discrimination Against Women (CEDAW, Convention on the Rights of the Child (CRC) and Beijing Declaration of 1995.

Although most of these instruments do not specifically prohibit FGM, they variously set out the rights of citizens that are capable of being violated by FGM, and impose obligations on States' Parties to respect, implement, and enforce the provisions of those international instruments. For example, individual rights guaranteed under the UDHR, ICESCR, ICCPR, and CEDAW include the inherent freedom and equality of everyone, the right to life, liberty, and security of persons, prohibition of torture and cruel, inhuman or degrading treatment or punishment, equal protection and equality of all before the law, freedom from discrimination based on sex, and right to the enjoyment of the highest attainable standard of physical and mental health.

Convention on Elimination of Discrimination Against Women (CEDAW) in Article 2 (f) further obligates States Parties to modify the social and cultural patterns of conduct of men and women towards the elimination of prejudices and other practices that are based on the inferiority or superiority of either of the sexes. The Convention on the Right of the Child (CRC) in Article 24(3) calls on States' Parties to protect children against discrimination or punishment and abolish traditional practices prejudicial to the health of children. According to Article 20 of CEDAW General Comment 19 (1992). FGM is one such practice.

The Beijing Declaration and Platform of Action (1995) calls on states to urgently eliminate violence against women and prohibit FGM. This is reiterated by the African Charter on Human and Peoples' Rights, and the Protocol on the Rights of Women in Africa, (2006) (the Maputo Protocol) which prohibits violence against women and all forms of FGM in its Article 5 (b). The African Charter on Human and People's Rights (the Banjul Charter) (1981) in Articles 4 and 5 recognize the respect for life, dignity and integrity of persons while Article 16 ensures the right of every individual to the best attainable state of physical and mental health. Article 18(3) requires the government to ensure the elimination of every discrimination against women and protect the rights of the woman and the child.' Article 21 (1) of the African Charter on the Rights and Welfare of the Child (ACRWC) (1990) calls on States '...to eliminate harmful social and cultural practices affecting the welfare, dignity, normal growth and development of the child' (1990).

The Sustainable Development Goals (SDGs) (United Nations 2023) also provide a framework for respecting the rights of women and girls. The goal specified as SDG 5 stipulates that countries should aim to achieve gender equality and empower all women and girls. The targets of this goal include to:

end all forms of discrimination against all women and girls everywhere, eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking, sexual and other types of exploitation, eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation. (United Nations Women, 2023).

The Constitution (1999) is the foremost law that provides for the protection of fundamental rights of all Nigerian citizens, including women and girls. Like in the provisions of other international instruments such as the Universal Declaration of Human Right (UDHR), (1948) International Covenant on Civil and Political Right (ICCPR) (1966), and International Covenant on Economic, Social and Cultural Right (ICESCR) (1966) which it enshrines, it does not specifically refer to gender-based violence, harmful traditional practices or FGM. It, however, provides for the right to life in section 33 of the Constitution of the Federal Republic of Nigeria, 1999 (as amended), the right to freedom from discrimination based on sex in section 42 (Constitution of Nigeria, 1999), and the right of every individual to respect for the dignity of their person and to freedom from torture and inhuman or degrading treatment in section 34 (Constitution of Nigeria, 1999). All these rights of women and girls are being adversely affected by FGM.

The Child Rights Act (CRA) (2003) is a reflection of the CRC and the African Charter on the Rights and Welfare of the Child (ACRWC) (1991) previously ratified in Nigeria. Although the CRA does not specifically mention FGM, section 1 of the Act provides that the best interest of a child would be the paramount consideration in all actions. Under section 24 no person shall tattoo or make a skin mark or cause any tattoo or skin mark to be made on a child. Skin mark in section 277 refers to 'any ethnic or ritual cuts on the skin which leaves permanent marks.' Knowing the process involved in carrying out FGM, it can be said that this provision falls within the area of FGM thus prohibiting its practice. The Act also provides in section 4 for a child's right to survival and development freedom from discrimination in section 10, the right to dignity in section 11 and to enjoy the best attainable state of physical and mental health in section 13.

The major challenge of the CRA is the lack of adequate implementation as all the states of Nigeria have not adopted the Act while many that have adopted it are not enforcing it. The United Nations International Children's Education Fund (2022) has revealed that 31 states of Nigeria have so far enacted the equivalents of the Child Rights Act while five states are yet to domesticate the law (United Nations Children Fund (2022)). One major reason attributed to this is the lack of political will to promote and protect the best interest and welfare of the already vulnerable, marginalised, disadvantaged, and discriminated child (Ladan 2021). Thus, FGM and other abuses against children go unabated.

The Violence Against Persons (Prohibition) Act, (VAPP) (2015) is the first federal law attempting to prohibit FGM across the whole country. The objective of the VAPP Act is to eliminate all forms of violence in private and public life and provide protection and effective remedies for victims and punishment of offenders. Section 6 (1) of the Act specifically prohibits the 'circumcision or genital mutilation' of the girl child or woman. Under section 6 (2) any person who performs FGM or engages another person to do so is guilty of an offense punishable on conviction to imprisonment for a term of 4 years or a fine of #200,000.00 or both while section 6 (3) criminalises

an attempt to commit FGM which is punishable by 2 years imprisonment or #100,000.00 fine or both. Under section 6 (4), any person who incites, aids, abets or counsels another to carry out FGM is punishable on conviction to a term of imprisonment not exceeding 2 years or to a fine not exceeding N100,000.00 or both.

Although the VAAP Act was described as an epochal event, marking a national commitment to eradicating FGM through legislation (Nigeria Federal Ministry of Health 2021), the Act is not without its shortcomings. The VAAP Act only applies in the Federal Capital Territory (FCT) of Abuja implying that other states that do not wish to adopt the Act cannot be compelled to do so, thereby contributing to lack of effective implementation. However, it has been adopted thus far in 32 States (VAAP Tracker) plus the FCT. These states have enacted the Act into their state laws to deal with child abuse, prohibition, and criminalization of the practice of FGM and such offenses. The states' laws include the Ebonyi State Violence Against Persons (Prohibition) Law, (2018), Kaduna State Violence Against Persons (Prohibition) Law, (2018), Imo State Female Genital Mutilation (Prohibition) Law (2017), Violence Against Persons (Prohibition) Law of Ogun State (2017), Oyo State Violence Against Women (VAW) Prohibition Law (2016). Other states with laws prohibiting FGM before the enactment of the VAAP Act include Edo State, Enugu State, Cross-Rivers State, and Rivers State.

The VAPP Act has been variously criticized for not addressing FGM carried out by health professionals or in a medical setting; the broad nature of the law, however, would suggest that any member of the medical profession who performs or assists in FGM would also be guilty of a criminal offence and punished accordingly (28Toomany 2018).

Apart from legislative intervention towards eliminating FGM, other efforts of the Nigerian government include the adoption of policies (United Nations Food and Population 2021). For example, the National Health Policy was adopted in 2016 (Nigeria Federal Ministry of Health 2021). It provides the general strategic direction of the country concerning health and promotes universal access to comprehensive sexual and reproductive health services for adolescents and adults throughout their life cycle, it addresses FGM elimination. A key policy orientation/initiative in the Policy is to promote the enactment and implementation of legislation for mitigation of harmful cultural practices including FGM (United Nations Food and Population 2021).

Before the National Health Policy (2016), there have been several efforts over the years to reduce and eliminate FGM through: the endorsement of the 47th World Health Assembly Resolution to eliminate FGM, the National Baseline Survey on Beneficial and Harmful Traditional Practices (1998): National Policy and Plan of Action on Elimination of Female Genital Mutilation in Nigeria (2002): Best Practices on the Elimination of Female Genital Mutilation (FGM)-The Nigerian Experience (2004), National Gender Policy, 2006 (Nigeria Federal Ministry of Health 2021).

A major policy is the National Policy and Plan of Action for the Elimination of Female Genital Mutilation in Nigeria 2013-2017 (2013). It was developed in 2013 and valid until 2017 with an extension to 2018 (United Nations Food and Population 2021). Others are the UNFPA-UNICEF Joint Programme on Elimination of FGM: Accelerating Change, aligns with the 2013 National FGM Policy which also sets out an institutional framework for addressing the elimination of FGM in the country. 'Accelerating Change' has a global target and contributes to the attainment of Sustainable Development Goal 5.3, which seeks to eliminate all harmful practices, such as FGM. The Joint Programme supports various aspects of work to eliminate FGM in the five states with the highest FGM prevalence in the NDHS 2013, namely: Ebonyi, Ekiti, Imo, Osun and Oyo State (United Nations Food and

Population 2021). Furthermore, various interventions and strategies are being implemented through community awareness programmes, capacity building, community and interpersonal engagements, media (Mass and Social), campaigns and provision of FGM-related health, social and legal services to survivors of FGM, and girls and women at risk of FGM. Other interventions are advocacy for the implementation of the VAPP Act, 2015 and the CRA 2003; as well as other state-level Child Rights Laws (CRL) and state-level legislations against FGM (Nigeria Federal Ministry of Health 2021). On 28 April 2022, the Nigerian Government and UNICEF launched a campaign to end FGM titled 'A Movement for Good to End FGM in Nigeria.' This is in response to a worrying trend of increasing cases among Nigerian girls aged 0–14 years in five Nigerian states where the practice is highly prevalent: Ebonyi, Ekiti, Imo, Osun, and Oyo. The campaign follows successful high-level commitments to end FGM in countries such as Burkina Faso, Egypt, and Kenya (United Nations Food and Population 2021).

Despite the efforts analysed above, coupled with the progress made so far, while noting also that FGM is currently a criminal offense prohibited by law in several states of Nigeria and the FCT, FGM remains a widespread, accepted, and ongoing practice in several states and communities and millions of girls remain at potential risk of being harmed (United Nations Food and Population 2021). This calls into question the level of implementation of the laws and the root drivers of FGM, the underlying social norms entrenched in communities and the potentially effective approaches to address and transform the social norms.

Implementation and enforcement of laws and policies are generally weak across Nigeria. As posited by UNFPA-UNICEF (2017) it has not been possible to identify any prosecutions brought under the VAPP Act in Nigeria since its introduction in 2015. A national legal framework that affirms that FGM is a human rights violation plays an essential role. Nearly all 29 African countries where FGM is most prevalent (Nigeria inclusive) have legislation against it, yet enforcement remains a significant challenge (UNFPA-UNICEF 2017).

Towards Achieving SDG Goal 5:3

The paper recommends among others, the enforcement of relevant laws as well as the deliberate transformation of inimical cultural practices in Nigeria. Steps to achieving SDG 5: 3 can be broadly categorised into two namely: Improving the Legal Framework and abolishing the inimical traditional practices.

1. Improving the Legal Framework

Following from findings on the analysis of the legal framework above, it is imperative for efforts to be geared towards improving, implementing, and enforcing the extant national legal framework. The VAAP Act, 2015, being the only national law that specifically prohibits FGM should be improved. A clear definition of FGM in the law is needed, which should include all types of FGM, including those specifically practiced in Nigeria. The law needs to prohibit, criminalise and penalise the practice of medicalised FGM. The law needs to be adopted and domesticated across all states of Nigeria and made accessible to all members of society. It should be easy to understand in all local languages. This includes raising awareness about the legislation at the national and community levels; building the capacity of members of the justice sector such as police, prosecutors, and judges; providing free legal services for girls and women at risk of and affected by FGM; and creating synergies with other sectors, including health, education and social welfare, support access to justice for girls and women who have experienced or are at risk of FGM and strengthening girl- and women-friendly legal services, including

capacity building for social workers, protection officers, prosecutors, judges and lawyers (UNFPA-UNICEF 2022). Women and girls need to be educated on their rights and community efforts towards changing cultural and social norms (28TooMany 2018). The law should be used as a deterrent, to protect women and girls at risk and to prevent all forms of FGM from taking place (28TooMany 2018).

2. Abolishing the inimical traditional practices.

These are culture-based negative practices seen as norms because they have been propagated from generation to generation and they are targeted against women, children, and the girl child. It is a form of violence against women, children, and the girl child. FGM is a good example (Udomoh 2017). Since culture is dynamic and not static, practices that are harmful to health and well-being (like FGM) should be abolished (Udomoh 2017).

At the root of the practice of FGM is a combination of structures and institutions that perpetuate gender inequality, and social norms that sustain the practice (Coll et. al., 2022). Focusing on shifts in social norms related to FGM, while overlooking structures and institutions that perpetuate gender inequality, may limit efforts to eliminate the practice. These are systemic barriers, such as poverty, lack of services and infrastructure, and shocks and crises, which are all critical factors that contribute to gender inequality and must be addressed (Harper et. al. 2020). Strategies to improve girls' and women's empowerment by increased education levels, access to child protection and health care services, and policies and legislation that protect girls' and women's rights combined with shifts in the wider norms that support FGM may be important for achieving significant reductions in the practice (Coll et. al., 2022). For this reason, transformative changes including social, political, and economic inclusion are critical for any shift in norms, while norms change, in turn, enhance progress in the other areas (Harper et. al., 2020).

The 19.9 million girls and women FGM survivors in Nigeria can be used as effective agents to implement appropriate interventions within their communities (United Nations (2024).

The Federal and State Governments should ensure that adequate funding is available for anti-FGM programmes to disseminate clear and accurate information about the law. Local police and the judiciary need adequate support and should be encouraged to apply sentences provided for by the legislation (28TooMany 2018). Civil society groups, the media, and the public should continue to campaign vigorously against FGM toward its eradication.

Conclusion

The analysis in this article shows that culture and tradition perpetuate the practice of FGM in Nigeria while the major law, the VAPP Act lacks adequate enforcement. Apart from the shortcomings of the Act, sociocultural practices that are rooted in culture and traditional values may be resistant to policy/legal instruments (Sanni & Bishwajit, 2018). While a more comprehensive legal framework for addressing FGM is an important step in the right direction, understanding and addressing the social norms that perpetuate the practice is critical to fostering lasting behaviour modification that is needed to sustain change (UNICEF, 2016b). Applying the recommendations above will in no small way contribute to the eradication efforts of FGM in Nigeria crucial to meeting the global commitment to end FGM by 2030 as required by SDG 5:3.

References

- Adeyinka, D., Oladimeji, O., and Aimakhu, C. (2009). Female genital cutting: its perception and practice in Igbo-Ora Community, Nigeria. *International Journal of Child Health and Human Development*, 2(2), 143–150.
- African Charter on Human and Peoples' Right. Adopted June 27, 1981, OAU Doc. CAB/LEG/67/3 rev. 5, 21 I.L.M. 58 (1982)
- African Charter on the Rights and Welfare of the Child. Adopted by the Organisation of African Unity on 11 July 1990. OAU Doc. CAB/LEG/24.9/49 (1990), Article 21.
- African Union, Protocol to the African Charter on Human and People's Rights on the Rights of Women in Africa. Adopted by the Meeting of Ministers, Addis Ababa, Ethiopia on 28 March 2003, and the Assembly of the African Union at the second summit of the African Union in Maputo, Mozambique, 21 July 2003.
- Akosile, A. (2016, February 25). Nigeria: Fighting Female Genital Mutilation On All Fronts. *This Day*. Akosile, A. (2016, February 25). <https://allafrica.com/stories/201602250374.html>.
- Ali, A. H. (2007). *Infidel: My life*. Free press. https://en.wikipedia.org/wiki/Infidel:_My_Life
- Aliogo, U. (2024, November 26). Addressing Female Genital Mutilation in Nigeria. *This Day Newspaper*. <https://www.thisdaylive.com/index.php/2021/12/02/addressing-female-genital-mutilation-in-nigeria/>
- Amusan, O. A., & Asekun-Olarinmoye, E. O. (2008). Knowledge, beliefs, and attitudes to female genital mutilation (FGM) in Shao Community of Kwara State, Nigeria. *International Quarterly of Community Health Education*, 27(4), 337–349.
- Azuonwu, G., & Ezekiel, R. (2020). Female genital mutilation: A dehumanizing practice against womanhood in Nigeria. *International Journal of Research and Reports in Gynaecology*, 13–20.
- Beijing Declaration (1995), Adopted at the Fourth World Conference on Women, 27 October 1995, Article 232 (g) and (f).
- Cappa, C., Baelen, L. V., Leye, E., (2019). The practice of female genital mutilation across the world: Data availability and approaches to measurement, *Global Public Health, International Journal for Research, Policy and Practice*, 14:8, 1139-1152. DOI: 10.1080/17441692.2019.1571091.
- CEDAW General Recommendation No. 19: Violence against Women, Adopted at the eleventh session of the committee on Elimination of Discrimination against Women, in 1992, contained in document A/47/38.
- Chidera, E. (2018). What Factors Influence the Persistence of Female Genital Mutilation in Nigeria? A Systematic Review. *Journal of Tropical Diseases*. <https://doi.org/10.4172/2329-891X.1000256>
- ChildRights Act, 2003.
- Coll, C.V.N., Santos T.M, Wendt A, Hellwig F, Ewerling F, Barros A.J.D. (2022). Women's empowerment as it relates to attitudes towards and practice of female genital mutilation/cutting of daughters: An ecological analysis of demographic and health surveys From 12 African countries. *Front Sociol*. 2022 Jan 14:6:685329. doi:10.3389/fsoc.2021.685329. PMID: 35155663; PMCID: PMC8826721.
- Constitution of the Federal Republic of Nigeria 1999 (as amended).
- Convention on the Elimination of Discrimination Against Women. Adopted by General Assembly resolution 34/180 of 18 December 1979.
- Convention on the Rights of the Child. Adopted by General Assembly resolution 44/25 1989.

- Country Meters (2022). Nigeria Population. <https://countrymeters.info/en/Nigeria>.
- Cross River State – The Girl-Child Marriages and Female Circumcision (Prohibition) Law (2000)
- Demographic and Health Survey (2013). Abuja, Nigeria: NPC/Nigeria and ICF International. <https://dhsprogram.com/publications/publication-FR293-DHS-FinalReports.cfm>.
- Demographic and Health Survey 2018. Abuja, Nigeria, and Rockville, Maryland, USA: NPC and ICF. Retrieved from <https://dhsprogram.com/publications/publication-FR359-DHS-Final Reports.cfm>.
- Doucet M.H., Pallitto C., & Groleau D. (2017). Understanding the motivations of health-care providers in performing female genital mutilation: An integrative review of the literature. *Reproductive Health*. 2017;14(1):46
- Edo state, Prohibition of Female Genital Mutilation Law (1999).
- El Saadawi, N., (1975) *Woman at point zero*, Beirut: Dar al-Adab (Arabic), London: Zed. [https://en.wikipedia.org/wiki/Woman_at_Point_Zero_\(opera\)](https://en.wikipedia.org/wiki/Woman_at_Point_Zero_(opera)).
- El Saadawi, N., (1980). *The Hidden Face of Eve: Women in the Arab World* (1980), London Zed Press, <https://archive.org/details/hiddenfaceofeve00sada/page/n3/mode/2up>.
- Enugu state FGM (Prohibition) Law (2004).
- Ereola O. Adeusi, J.A., Kolawole, O.E., (2020). Bivariate Logistic Regression of Knowledge as Predictor of the Practice of Female Genital Mutilation in Ekiti State, Nigeria. *Psychology Research*, February 2020 (2) 72-82 [doi:10.17265/2159-5542/2020.02.004](https://doi.org/10.17265/2159-5542/2020.02.004).
- Federal Ministry of Health, (2021), National Policy & Plan of Action for the Elimination of Female Genital Mutilation in Nigeria (2021 - 2025), United Nations Population Fund (UNFPA).
- Fafowora, R.O., and Duma, S.E. (2024). It is what was handed over to us as our heritage and must not be taken away just like that: Traditional birth attendants' attitudes towards the elimination of intergenerational female genital mutilation/cutting in Osun State, Nigeria. *PLOS Glob Public Health* 4(5): e0001585. <https://doi.org/10.1371/journal.pgph.0001585>
- FGM/C: Research to Help Women Thrive. New York: Population Council, 1-56.
- Gbadebo, B.M., Salawu, A.T., Afolabi, R. F., Salawu, M.M., Adeniyi F. Fagbamigbe, A.F., and Ayo S. Adebawale, A. S., (2021). Cohort analysis of the state of female genital cutting in Nigeria: prevalence, daughter circumcision and attitude towards its discontinuation. *BMC Women's Health*. 21:182 <https://doi.org/10.1186/s12905-021-01324-2>.
- Harper, C., Marcus, R., George, R., D'Angelo, S. and Samman, E. (2020) 'Gender, power and progress: How norms change'. London: ALIGN/ODI. <https://www.alignplatform.org/gender-power-progress>
- Health Survey 2013. Abuja, Nigeria, and Rockville, Maryland, USA: NPC and ICF International. https://reliefweb.int/sites/reliefweb.int/files/resources/UNFPA_UNICEF_FGM_16_Report_web.pdf.
- Ilesanmi, O. O., and Ilesanmi, F. I. (2018). Female genital mutilation in Nigeria: A systematic review of literature. https://www.researchgate.net/publication/338527698_Female_Genital_Mutilation_in_Nigeria. DOI:10.13140/RG.2.2.29934.77122/1.
- International Covenant on Civil and Political Rights. Adopted by the United Nations General Assembly Resolution 2200A (XXI) 1966.
- International Covenant on Economic Social and Cultural Rights. Adopted by General Assembly resolution 2200A (XXI) 1966.

- King, H. (2018). The rise and fall of FGM in Victorian London, <https://theconversation.com/the-rise-and-fall-of-fgm-in-victorian-london-38327>.
- Kolawole, A. O. D., and Anke. (2010). A review of determinants of female genital mutilation in Nigeria. *Journal of Medicine and Medical Sciences*, 1(11), 510–515.
- Kumi E., Arhin A., and Yeboah T. (2014) Can post-2015 sustainable development goals survive neoliberalism? A critical examination of the sustainable development–neoliberalism nexus in developing countries. *Environment, Development and Sustainability*, 16(3): 540.
- Kumi, E., (2019). Advancing the Sustainable Development Goals: An analysis of the Potential Role of Philanthropy in Ghana, *Journal of Asian and African Studies*. 54(7) 1084–1104
- Ladan, M. T., (2021). An overview of the Child Rights Act, 2003. Paper presented at the all Nigeria judges' conference of the superior courts. Organized by the National Judicial Institute 15-19 November 2021 at the National Judicial Institute Abuja.
- Levin, T., and Asaah, A. H., (eds.) (2009). *Empathy and Rage: Female genital mutilation in African literature*. Banbury, U.K.: Ayebia Clarke Publishing Ltd., 218.
- Makinde, O. A., Onyemelukwe, C., Onigbanjo-Williams, A., Oyediran, K. A., & Clifford, Odumegwu, C. A., (2017). Rejection of the Gender and Equal Opportunities Bill in Nigeria: A setback for sustainable development goal five. *Gender in Management*, 32 (3), 234-240. <https://doi.org/10.1108/GM-02-2017-0023> 32(3), 234–240
- Mberu, Blessing U. 2017. "Female genital mutilation/cutting in Nigeria: A scoping review," Evidence to End FGM/C: Research to Help Women Thrive. New York: Population Council. Morton, S., Pencheon, D., & Squires, N. Sustainable Development Goals (SDGs), and their implementation; A national global framework for health, development and equity needs a systems approach at every level, *British Medical Bulletin*, 124:81–90
- Multiple Indicator Cluster Survey 2016–17, Survey Findings Report. Abuja, Nigeria: National Bureau of Statistics and United Nations Children's Fund. Available at <https://www.unicef.org/Nigeria/reports/multiple-indicator-cluster-survey-2016-17-mics>.
- Nigeria Federal Ministry of Health (2021) National Policy & Plan of Action for the Elimination of Female Genital Mutilation in Nigeria (2021 - 2025). United Nations Population Fund, New York 1-68.
- Obianwu, O., Adetunji, A., & Dirisu, O. (2018). Understanding medicalisation of Female Genital Mutilation/Cutting (FGM/C): A qualitative study of parents and health workers in Nigeria. New York: Population Council. <https://knowledgecommons.popcouncil.org/cgi/viewcontent.cgi?article=1571>
- Obiora O. L., Maree J. E., Nkosi-Mafutha N., (2020). Female genital mutilation in Africa: scoping the landscape of evidence. *Int. J. Africa Nurs Sci*. 12, 100189. DOI:10.1016/j.ijans.2019.100189
- Odo, A. N., Dibia, S. C., Nwagu, E. N., Umoke, M., & Umoke, P. C. I. (2020). Towards characterization of Female Genital Mutilation (FGM) in rural Nigeria. *Afri. Health Sci.*, 20(4): 1968–1978.
- Odoom, D., Mensah, O. E. O., Dick-Sagoe, C, et al., (2024), Examining the level of public awareness on the Sustainable Development Goals in Africa: Empirical evidence from Ghana, *Environment, Development and Sustainability*, 26:6221–6238
- Ojua, T. A., Ishor, D. G., & Ndom P. J., (2013). African Cultural Practices and Health Implications for Nigeria Rural Development. *International Review of Management and Business Research*. 2 (1) 176-183.
- Okeke, T. C, Anyaehi, U. S. B. and Ezenyeaku, C. C. K. (2012) 'An Overview of Female Genital Mutilation in

Nigeria. *Annals of Medical and Health Sciences Research*, 2(1), 70-73.

Olanrewaju, O. (2020). An assessment of the gender and equal opportunities bill in Nigeria: focus on human rights. *African Journal of Gender, Society and Development*, 9(2), 99–117.

Orchid Project and 28 TooMany (2023) FGM/C in Nigeria: Country Profile Update. www.28toomany.org/nigeria.

Refugee Legal Aid Information. (2018). Nigeria FGM. Rights in exile programme. <https://www.Refugeelegalaidinformation.org/nigeria-fgm>.

Rivers State Child Rights Act (2009)

Royal College of Obstetricians and Gynaecologists, (July 2015). Female Genital Mutilation and its management: Green-top Guideline No. 53. <https://www.rcog.org.uk/media/au0jn5of/gtg-53fgm.pdf>.

Sanni, Y., and Bishwajit, G. (2018). Female genital mutilation in Nigeria: A persisting challenge for women's rights. *Soc. Sci.* 2018, 7, 244; doi:10.3390/socsci7120244.

Udomoh, E., (2017). 20 Traditional Harmful Practices that affect our Health, <https://nimedhealth.com.ng/2017/08/23/harmful-traditional-practices-updated/>.

Umar, A., & Oche, M. (2014). Medicalization of female genital mutilation among professional health care workers in a referral hospital, north-western Nigeria. *Journal of Reproductive Biology and Health*. <https://doi.org/10.7243/2054-0841-2-2>.

UNFPA, Female Genital Mutilation in Nigeria: Situation Analysis, https://nigeria.unfpa.org/sites/default/files/pubpdf/nigeria_female_genital_mutilation_situation_analysis_24th.pdf

UNFPA-UNICEF Joint Programme on Female Genital Mutilation/Cutting (2017) 2016 Annual Report of the UNFPA–UNICEF Joint Programme on Female Genital Mutilation/Cutting: Accelerating Change 56. https://reliefweb.int/sites/reliefweb.int/files/resources/UNFPA_UNICEF_FGM_16_Report_web.pdf.

UNFPA-UNICEF Joint Programme on the Elimination of Female Genital Mutilation: Accelerating Change - Technical Guidance, <https://www.unfpa.org/sites/default/files/pub-pdf/FGM-Technical-Guidance-2022.pdf>.

UNICEF Nigeria (2022) UNICEF warns FGM on the rise among young Nigerian girls, 6 February [Press Release]. <https://www.unicef.org/nigeria/press-releases/unicef-warns-fgm-rise-among-young-nigerian-girls>.

UNICEF. (2016b). Female Genital Mutilation in Nigeria must end within a generation, says the wife of the President. <https://www.unicef.org/nigeria>.

United Nations, (2022). The Sustainable Development Goals Report 2022. <https://unstats.un.org/sdgs/report/2022/The-Sustainable-Development-Goals-Report-2022.pdf>.

United Nations (2023). The 17 Goals, <https://sdgs.un.org/goals> accessed 11/12/2023. UN, Sustainable Development Goal 5- Achieve Gender Equality and Empower all Women and Girls. <https://sustainabledevelopment.un.org/sdg5>.

United Nations (2024). 'In Turning the tide against female genital mutilation, survivors can be effective agents of change. <https://www.un.org/en/un-chronicle/turning-tide-against-female-genital-mutilation-survivors-can-be-effective-agents-change....06/02/2024>.

United Nations Children Fund (2022). UNICEF commends Kebbi State Government for enacting Child Protection Law and urges its full implementation. <https://www.unicef.org/nigeria/press-releases/unicef->

commends-kebbi-state-government-enacting-child-protection-law-urges-its-full.

- United Nations Food and Population (2021). National Policy & Plan of Action for the Elimination of Female Genital Mutilation in Nigeria (2021 - 2025). https://nigeria.unfpa.org/sites/default/files/pub-pdf/fgm_national_policy_and_plan_of_action_nigeria.pdf
- United Nations Population Fund (UNFPA), (2024). Female Genital Mutilation (FGM) frequently asked questions. https://www.unfpa.org/resources/female-genital-mutilation-fgm-frequently-asked-questions#where_practiced
- United Nations, (2018). UN Leaders Call for Accelerated Action on SDG 5.3. <https://sdg.iisd.org/news/un-leaders-call-for-accelerated-action-on-sdg-5-3/>.
- United Nations Women (UN Women) (2023). Goal 5: Achieve gender equality and empower all women and girls, <https://www.un.org/sustainabledevelopment/gender-equality/>.
- United Nations Women, (2022). Intensifying Global Efforts for the Elimination of Female Genital Mutilation- Report of the Secretary General (2022), <https://unwomen.org/sites/default/files/2022-10/A-77-312-SG-report-FGM-Infographic-and-recommendations-en.pdf>
- United Nations, Sustainable Development Goal 5,
- Universal Declaration of Human Rights (1948). Adopted by General Assembly Resolution 217 A(III) of 10 December 1948.
- VAAP Tracker, <https://www.partnersnigeria.org/vapp-tracker>.
- Violence Against Persons Prohibitions Act (VAAPA) 2015.
- Walker, A., Possessing the secret of joy (1992), https://en.wikipedia.org/wiki/Infidel:_My_Life
[ps://www.academia.edu/77498966/Warrior_Marks_Female_Genital_Mutilation_and_the_Sexual_Blinding_of_Women](https://www.academia.edu/77498966/Warrior_Marks_Female_Genital_Mutilation_and_the_Sexual_Blinding_of_Women).
- Walker, A., and Pratibha, P., (1994) New Warrior Marks: Female Genital Mutilation and the Sexual Blinding of Women (1994 York: Harcourt Brace and Company (1993), https://www.academia.edu/77498966/Warrior_Marks_Female_Genital_Mutilation_and_the_Sexual_Blinding_of_Women.
- World Health Organization, (2023). Female Genital Mutilation, <https://www.who.int/publications/i/item/9789241596442>.
- World Health Organization. (2024). Female genital mutilation. <https://www.who.int/news-room/factsheets/detail/female-genital-mutilation>.
- 28TooMany (2022), Nigeria: The Law and FGM. [https://www.fgmcri.org/media/uploads/Law%20Reports/nigeria_law_report_v3_\(august_2022\).pdf](https://www.fgmcri.org/media/uploads/Law%20Reports/nigeria_law_report_v3_(august_2022).pdf)
- 28TooMany. (2018a). Nigeria: The Law and FGM. <https://www.refworld.org/pdfid/5b3497357.pdf>.