

AN OVERVIEW OF FEMALE GENITAL MUTILATION (FGM)

Female genital or female circumcision is the cutting or removal of the female sex organ¹. It is a traditional and cultural practice among Africans including some tribes in Nigeria. Globally women are victims of gender based violence (GBV) in form of violence against women, (VAW), women trafficking, domestic violence, rape, etc. Furthermore in Africa and other third world countries girls and women are victims of harmful traditional (cultural) practices (HTP) in form of widowhood rites, son preferences, FGM, etc. Harmful Traditional Practices (HTPs) are a reflection of status of women in society². Globally the status of women is low socially, economically and politically. HTPs reflect the inferiority of women, gender inequality, gender discrimination and lack of women empowerment. FGM is the mutilation of girls and women in the name of culture, tradition, purification, family honour, hygiene, virginity, prevention of promiscuity and enhancement of fertility.³

THE HISTORY AND POLITICS OF FEMALE CIRCUMCISION

The origin of FGM is unknown but according to Larve it was widely attested in antiquity and according to him male circumcision was first practiced in the Near East and bodies exhumed in Egypt around 4,000 BC disclosed evidence of circumcision⁴. The Jews right from the time of Abraham have been practicing (male) circumcision⁵. Other Semitic races like Edomites, Ammonites and Moabites also practiced (male) circumcision but the Assyrians, Babylonians and

¹ Tangwa, B., Circumcision: An African Point of View, in George C. Denniston, et. al. (ed), Male and Female Circumcision: Medical, Legal and Ethical Considerations in Paediatric Practice (New York: Klower Academic/Plenum Publishers, 199) CAP 13. Hornsby, A. S., Oxford Advanced learners Dictionary (London, O. U. P., 2000) p. 430 defines circumcision as removal of the prepuce, clitoris and spiritual purification of any form.

² Innocenti: Digest, Changing a Harmful Social Convention: Female Genital Mutilation/Cutting (Florence, Italy, Innocenti: Digest, UNICEF, 2005)

³ Danish International Development Agency, Guidelines on the Prevention of Female Genital Mutilation (Copenhagen, Ministry of Foreign Affairs, DANIDA, 1996)

⁴ Larve, Gerald A, Religious Traditions and Circumcision in The Truth Seeker, (San Diego, Free Thinkers Publication, 1999) pp. 4 – 8

⁵ Genesis 17:10–11. God told Abraham, “This is my covenant with you and your descendants after you, the covenant you are to keep. Every male among you shall be circumcised. You are to undergo circumcision, and it will be the sign of the covenant between you and me”.

Philistines do not and they were derogatively called “The uncircumcised”⁶. FGM or female circumcision is practiced worldwide in various forms. According to Herodotus it was practiced among the Phoenicians, Hittites and Ethiopians in the 5th century⁷. A Greek papyrus dated 163BC referred to circumcised girls in Egypt⁸. According to Dorkenoo female slaves in ancient Rome had rings put through their labia majora to prevent pregnancy⁹. Asaad contended that infibulations was practiced in ancient Egypt and the practice originated there¹⁰. Evidence from mummies suggested that a form of female circumcision was rightly practiced there some 5,000 years ago.¹¹ According to Wasunna at an uncertain time in history excision practices became associated with the obsessive preoccupation with virginity and chastity that still characterizes many African and Arab cultures¹². The practice is widespread in pre and post Islamic era in Egypt, Arabia and the Red Sea Coasts and in Africa.

Prior to the 20th century there was no documentary evidence of FGM in Africa but in the early 1900s colonialists and Christian missionaries in Burkina Fasso, Kenya and Sudan attempted to stop the menace by enacting criminal legislations but to no avail¹³. In the 1940s and 1950s colonialists made similar laws in Sudan and Egypt. Between 1960s and 1970s in Sudan, Somalia and Nigeria doctors who had treated FGM patients started documenting the menace. In 1979, WHO sponsored a Seminar in Khartoum, Sudan entitled, “Seminar on Harmful Traditional Practices Affecting the Health of Women and Children”¹⁴. During the seminar some doctors presented papers on the dangers of FGM to women’s health. This was the first time WHO

⁶ I Samuel 17:26. I Samuel 14:6

⁷ Larve, Gerald A, Supra note 4

⁸ Dorkenoo, E., et. al; Female Genital Mutilation: Proposal for Change (London, Minority Rights Group, 1992) pp. 1 – 4.

⁹ Wasunna, Angela, Towards Redirecting the Female Circumcision Debate: Legal, Ethical and Cultural Considerations, McGill Journal of Medicine, Vol. 5, 2000, pp. 104 – 110.

¹⁰ Assaad, Marie, Female Circumcision in Egypt (Cairo, American University, 1979) p. 12.

¹¹ Taba, A. H., Female Circumcision in Tropical Practices Affecting the Health of Women and Children, WHO/EMRO Technical Publication No. 2, Alexandria, WHO, pp. 43 – 52.

¹² Wasunna, Angela, Supra note 9.

¹³ Rahman, Anika, et.al., Female Genital Mutilation: A Guide to Laws and Practices Worldwide (New York, Centre for Reproductive Law and Policy and RAINBO, 2000) pp. 9 – 13.

¹⁴ During this seminar in Khartoum several medical experts delivered papers in several aspects of FGM.

intervened to catalogue the dangers of FGM and to stop it. In the 1980s advocates of feminism continued to wage war against the practice. In 1980, there was a UN Mid-Decade Conference on Women and the NGO Forum in Copenhagen where a panel was set up to deal with FGM¹⁵. In 1984, a group of African women in Dakar, Senegal, formed the Inter-African Committee on Traditional Practices Affecting the Health of Women and Children (IAC). One of the principal tasks of IAC is to expose the horrors of FGM. During this era the UN Sub-Commission on the Promotion and Protection of Human Rights appointed a Special Rapporteur on Traditional Practices Affecting the Health of Women and Children. The Special Rapporteur had produced several documents on FGM¹⁶.

The 1990s marked the era of international awareness and intervention of International Law and advocates of feminism to eradicate the scourge. Feminists like Fran Holken, Dorkenoo, Elworthy, Wasinna, etc, raised awareness against the practice in their writings. In 1990, CEDAW released a General Recommendation specifically relating to FGM¹⁷. In 1993 the UN Declaration on the Elimination of Violence Against Women included FGM as violence against women.¹⁸ Within the last two decades the UN and other world bodies have held several conferences highlighting the dangers of FGM: World Conference on Human Rights¹⁹, the International Conference on Population and Development²⁰ and the Fourth World Conference on Women²¹. Within the current decade the following world bodies and governments have passed resolutions against FGM: UN and its special organs, European Union, WHO, UNICEF, UNIFEM, UNFPA,

¹⁵ Rahman, Angela, Supra, note 12

¹⁶ The Special Rapporteur was Mrs. Halima Embarek Wazazi. The current Rapporteur is Ms Rashida Manjoo, <http://www.ohchr.org>- accessed April 2015

¹⁷ General Recommendation No. 14, 9th Session, Female Circumcision, A/45/38.

¹⁸ 85TH Plenary Meeting of UN General Assembly, 1993. A/RES/48/104.

¹⁹ The World Conference on Human Rights was held in Vienna, Austria, 1993. It called for the abolition of gender – based violence and it is incompatible with the dignity and worth of a human being.

²⁰ The ICPD was held in Cairo, Egypt in 1994. Its programme of action calls for elimination of violence against Women.

²¹ The Conference was held in Beijing China in 1995. Its Declaration and the Platform of Action called for the abolition of discriminatory conditions that subject women and girls to harmful practices such as female circumcision.

World Bank, OHCHR, UNAIDS, UNDP, UNECA, UNESCO, UNHCR, African Governments, Human Rights NGOs, Health Organisations, USAID, FGM Donor Network.

DEFINITION OF FEMALE GENITAL MUTILATION

The WHO described female genital mutilation as “all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs whether for cultural, religious or other non-therapeutic reasons”.²² It is a socio-cultural practice and it has no health or medical benefit. It is a harmful, painful and dangerous practice. Its traumatic and bitter experience can last for life.

TERMINOLOGY

FGM or female genital surgery rotates over several terminology. Is it “female circumcision” or “female genital cutting” or “female genital mutilation”? What is the correct terminology? There is no consensus among theologians, philosophers, sociologists, anthropologists, physicians and jurists as to what the correct terminology is. Anthropologists and sociologists prefer the term “female circumcision” but physicians and feminists prefer FGM²³. In medical parlance circumcision refer generally to “male circumcision” which is not destructive. Circumcision is not synonymous with women. Feminists and FGM abolitionists are of the view that the term ‘female circumcision’ is fallacious because it is equating non-mutilating male circumcision with that of women which is destructive. As a result feminists prefer the term “female genital mutilation” to distinguish it from that of males which is not violent and destructive²⁴. The word “mutilation” captures the violent nature of the act and it gained momentum in 1970s and in the 1990s when it was adopted at the Third Conference of the Inter-African Committee on Traditional Practices Affecting the Health of Women and Children (IAC)

²² World Health Organization (WHO), Regional Plan of Action to Accelerate the Elimination of Female Genital Mutilation (Geneva, WHO, 2006), <http://www.un.org/womenwatch/daw/csw/ccw52>.accessed April,2015

²³ WHO, et.al; Eliminating Female Genital Mutilation: An Interagency Statement, Annex I.

²⁴ For Comparisons of the two mutilations see Fran P. Hosken, Stop Female Genital Mutilation, Women Speak Facts and Action, pp. 20 – 30.

in Addis Ababa.²⁵ The WHO and other international health organizations have recommended and adopted the term “FGM”²⁶. The term FGM is not beyond controversy. The practitioners of circumcision and anthropologists find the word “mutilation” to be offensive, derogatory, a stigma and an attack on their culture, judgmental and western imposition and cultural imperialism. The WHO/UNICEF/UNIFEM/UNFPA in an inter-agency statement admitted that the word “cutting” is less judgmental and using the word “mutilation” can be problematic because the practitioners do not see it that way, therefore, it is wrong to “demonise” the practice²⁷. Cultural anthropologists accept “cutting” as oppose to “mutilation”. UNICEF and UNFPA combine the two terminologies in their publications: “female genital mutilation/cutting”. The WHO and the UN in their official document use the term “FGM”. The advantage of the “FGM” terminology is that it graphically, vividly and in a pungent and in clear terms portray the act as a violent act which violates the decency and dignity of womanhood. It also violates the right to bodily self determination of women.

TYPES AND HOW IT IS PRACTICED

The WHO in 1995 published the various forms of FGM and in 2007 after an extensive research it published another modified version.²⁸

WHO TYPOLOGY: 1995	WHO MODIFIED TYPOLOGY, 2007
TYPE 1 Removal of the prepuce with or without excision of part or the clitoris (CLITORISDECTOMY)	TYPE 1A Removal of the clitoral hood or prepuce only. TYPE B Removal of the clitoris with the prepuce
TYPE 2 Removal of the clitoris with partial or total	TYPE 2A Removal of the labia minora only

014800174740²⁵1.

Ohermeyer, C. M., “Female Genital Surgeries: The Known, The Unknown and The Knowable”, Medical Anthropology Quarterly, Vol. 13, p. 79.

²⁶ WHO, Eliminating Female Genital Mutilation: An Interagency Statement, Supra, note 23.

²⁷ Ibid.

²⁸ Ibid. pp. 23 – 28

excision of the labia minora (EXCISION)	<p>TYPE 2B</p> <p>Partial or total removal of the clitoris, the labia minora and the labia majora</p>
<p>TYPE 3</p> <p>Removal of part or all of the external genitalia (prepuce, clitoris, labia minora, labia majora and stitching and narrowing of the vaginal opening) (INFIBULATION)</p>	<p>Narrowing of the vaginal orifice with creation of covering seal by cutting and appositioning the labia minor and or the labia majora with or without excision of the clitoris.</p> <p>TYPE 3A</p> <p>Removal and Appositioning of labia minora</p>
<p>TYPE 4</p> <p>Pricking, piercing or incising of the clitoris and/or labia. Stretching of the clitoris and or labia. Cauterization by burning of the clitoris and surrounding tissue. Scrapping of tissue surrounding the vaginal orifice or cutting of the vagina. Introduction of corrosive substances or herbs into the vagina to stop bleeding or for the purpose of tightening or narrowing it. Any other procedure that falls under the broad definition of female genital mutilation (UNCLASSIFIED).</p>	<p>TYPE 4</p> <p>All other harmful procedures to the female genitalia for non-medical purposes, for example: pricking, piercing, incising, scrapping and cauterization.</p>

The operator, practitioners and practice of FGM vary from one tribe to the other. Among some tribes girls are circumcised during infancy: at the age of two to ten years. In some tribes it is a puberty rite done shortly before marriage: at the age of fifteen to twenty-five years. Among some tribes in Africa it is a cultural rite done for a group of adolescent girls. In most parts of Nigeria it is, however, performed individually. It is performed generally among most tribes in Nigeria like Yoruba, Igbo, Hausa, Itsekiri, Ijaw, Urhobo, Kalabari etc. It is however, unknown among the Igala and the Ijebu. The operator or practitioners include traditional practitioners like birth attendants, barbers, blacksmiths, priestesses of secret societies, grandmothers and old

women. The instruments used include knives, scissors, scalpels, pieces of broken glass or blades.²⁹ These implements are not sterilized and it is done in unhygienic environment without anesthetic. The operation lasts for about twenty to thirty minutes and it is done by a group of four to six people holding and pinning the victim to the floor rendering her immobile. The victim must be completely immobile any movement during the operation may lead to dangerous and fatal cut and the victim may bleed to death. Lack of anesthetic makes the operation to be very painful. The most extreme and the most dangerous circumcision is infibulation. After the operation the victims' legs are bound for one week until the scar tissue is healed.

COMPARISON OF FEMALE AND MALE CIRCUMCISION

Male circumcision is a global phenomenon. It is practiced by Jews, Christians, Muslims and people of other faith and it is traceable to the pact between God and the Israelites³⁰. Male circumcision is also not free from controversy but it is not as controversial as female circumcision³¹. Male circumcision is not destructive, it is only the foreskin of the penis that is removed. It is also done for therapeutic purposes for healing a disease called phimosis. FGM or female circumcision on the otherhand has no divine origin, it is no therapeutic value and is mutilative or destructive. It is a form of genital castration to prevent women from reaching orgasm and eliminate sexual erotism.³² Infibulation which is the most dangerous form of FGM is designed to tighten the vagina by leaving a small vaginal opening as small as the head of a match-stick for the passage of menstrual flow³³. During FGM the clitoris and the labia are cut. The clitoris, the labia and the vagina form the anatomy and physiology of the female external

²⁹ Danish International Development Agency, supra. note 3; EL Musharaf, S., et. al; "A Case Study on the Association between Female Genital Mutilation and Sexually Transmitted Infection in Sudan", British Journal of Obstetrics and Gynaecology, Vol. 113, pp. 469 – 474

³⁰ Genesis 17:9 – 10, Joshua 5:2 – 3

³¹ The following organizations are opposed to circumcision generally in USA: Doctors Opposing Circumcision, National Organisation of Circumcision Information Resource Centre, National Organisation to Halt the Abuse and Routine Mutilation of Males, etc.

³² Denniston, George, et. al; Male and Female Circumcision: Medical, Legal and Ethical Considerations in Paediatric Practice, Supra.

³³ According to Fran P. Hosken, Supra, note 24 infibulations means a clap or pin in latin. To prevent sexual intercourse the Roman fostered a clap or pin through the large lips of women.

genitalia. The clitoris contains glands with sensory nerve endings and it is stimulated during sex. The clitoris is the most sensitive part of a woman's body sexually and it enables a woman to reach orgasm during sex. The labia minora and majora are composed of tissue containing sweat glands, blood and lymphatic vessels and nerves. It becomes erect during sex. The labia minora and majora form the clitoral hood of the female external genitalia. During circumcision these erotic veins are destroyed thereby rendering the women sexually dead or irresponsive to sexual arousal.³⁴ The male circumcision is "low risk" operations whereas FGM is "high risk" operation because if a delicate blood vessel is accidentally cut victim can bleed to death.

REASONS FOR PRACTICING FEMALE GENITAL MUTILATION

Most practitioners see the practice as an act of love for their girls and daughters and a rite of passage from infancy to adulthood³⁵. There are several reasons why FGM is practiced. It is a religious rite and obligation especially to Muslims. To the operators and excissors it provides financial security. For some people it is a symbol of purification and hygiene. To some people the female genital is impure and it must be trimmed to beautify and purify it. The Arabic word for FGM is "Taher", that is, purity or cleanliness. Some people believed circumcision makes conception easier, prevent vaginal discharges, prevent sickness and vaginal parasites and contamination of mother's milk. In some society it marks the transition to puberty and womanhood³⁶. It is also a symbol of purity, honour, chastity and virginity. Circumcision is an evidence of virginity which serves two purposes: firstly, virgin brides command high bride price and this is linked to marriageability. In most parts of Africa some women who are not circumcised may find it difficult to get married. Secondly, virginity commands respect and most

³⁴ Toubia, Nahid, *Caring for Women with Circumcision: A Technical Manual for Health Providers*, (New York: Rainbo, 1999)

³⁵ Royal College of Nursing (RCN), *Female Genital Mutilation* (London, RCN, 2006) p.3

³⁶ Ibid. p. 3. Jomo Kenyata, *Facing Mount Kenya* (New York, Vintage Books, 1965). Female Circumcision in Africa is largely based on taboos and ignorance

men love virgins³⁷. FGM is also linked to family honor and social cohesion. A deviation from this implies immorality and loss of honour.³⁸

HEALTH, MEDICAL AND PSYCHOLOGICAL CONSEQUENCES OF FGM

The health, medical and psychological consequences of FGM on girls and women are alarming, dangerous and tragic. The crude operation causes human suffering and it is a dangerous health hazard to the victims³⁹. All the major international health organizations have condemned the practice especially the WHO. According to the WHO the following are the health consequences of the practice: firstly short term gynecological and obstetrical consequences and secondly, the long term gynecological and obstetrical consequences.⁴⁰ The short term consequences occur immediately after the operation and they occurred because of insanitary conditions during the cutting or lack of access to adequate service once complications occur. Implications also depend on the expertise and skill of the exerciser or circumciser. Fatal mortality in FGM is poorly documented, however, morbidity from hemorrhage⁴¹, sepsis⁴² and shock appear to be considerable⁴³. The short term also consequences include hemorrhage, shock, infection⁴⁴, urine retention⁴⁵, damages to adjoining organs, severe pain and finally death⁴⁶. Haemorrhage may be due to cutting of the clitoral artery or cutting of a vein under which victim bleed to death. Infection is due to the unhygienic nature of the practice and the using of unsterilized implements. The wound may take a longtime to heal and if care is not taken it can

³⁷ Jomo Kenyata Ibid.

³⁸ Royal College of Nursing (RCN), Supra, note 35.

³⁹ Dirie, M. A., et.al, "The Risk of Medial Complications After Female Circumcision" East African Medical Journal, Vol. 69, pp. 479 – 482

⁴⁰ Ibid.

⁴¹ Ministry of Health, Kenya, Management of Complications: Pregnancy, Childbirth and the Postpartum Period in the Presence of FGM/C: A Reference Manual for Health Service Providers (Nairobi, MOH, Kenya), Section 2

⁴² WHO, Female Circumcision in Traditional Practices Affecting the Health of Women and Children.

⁴³ Verzia, J. A., "Sequelae of Female Circumcision", Tropical Doctor, Vol, 5, 1975, pp. 163 - 169.

⁴⁴ Chalmers, B., et.al., "Somali Women Birth Experience in Canada after Earlier Female Genital Mutilation", Birth, Vol. 2 7, pp. 227 – 234.

⁴⁵ Agugua, Nen, et.al, "Female Circumcision: Management of Urinary Complications" Journal of Tropical Paediatrics, vol. 28, pp. 242 – 252.

⁴⁶ Okonufua, F. E., et.al., "The Association Between Female Cuttings and Correlates of Sexual and Gynaecological Morbidity in Edo State, Nigeria, British Journal of Obstetrics and Gynaecology, Vol. 109, pp. 1084 – 1096.

become gangrenous. Adjoining organs may be fractured or dislocated due to restraining a struggling child.⁴⁷

The long term consequences always occur from Type 3 circumcision known as infibulations or pharaonic circumcision. (excision with infibulations). Infibulations is the most complex and the most dangerous form of FGM.⁴⁸ It is an extremely painful and delicate and it has the highest form of morbidity and mortality. Its purpose is to seal-off the vagina opening, creates a tiny opening and makes intercourse virtually impossible. The long term consequences of infibulations include: bleeding and pain,⁴⁹ difficult micturition⁵⁰, recurring urinary tract infections⁵¹, incontinence⁵² vulval abscesses⁵³, Keloid formations⁵⁴ vulval ulcer⁵⁵, demoid cysts⁵⁶, tenderness and sensitivity in vulva⁵⁷, perineuma⁵⁸, neuroma⁵⁹, calculus formation⁶⁰, difficult and painful menstruation⁶¹, fistula either VVF or VRF⁶², reproductive tract infections⁶³,

⁴⁷ Aziz, F. A., "Gynaecologic and Obstetric Complications of Female Circumcision", *International Journal of Gynaecology and Obstetrics*, Vol. 5, pp. 178 – 212

⁴⁸ Shandal, A. A., "Circumcision and Infibulations of Females: A General Consideration of the Problem and a Clinical Study of the Complications in Sudanese Women", *Sudan Medical Journal*, Vol. 5, pp. 178 – 212.

⁴⁹ Morison, L., et.al., "The Long term Reproductive Health Consequences of Female Genital Cutting in Rural Gambia: A Community Based Survey", *Tropical Medicine and International Health*, Vol. 6, pp. 1 – 11.

⁵⁰ Ismail, N. H. A., *Urinary Leakage and other Complications of Female Genital Mutilation (FGM) among Somali Girls in Sudan (Uppsala Sweden)*.

⁵¹ Omer – Hashi, K., "Female Genital Mutilation: Overview and Obstetrical Care", *the Canadian Journal of Obstetrics/Gynaecology and Women Health Care*, Vol. 5, pp. 538 – 542.

⁵² WHO, *Management of Pregnancy, Childbirth and the Postpartum Period in the Presence of Female Genital Mutilation* (Geneva, WHO, 1997).

⁵³ Ministry of Health, Kenya, *Supra note 41*.

⁵⁴ Toobia, N., *Caring for Women with Circumcision: A Technical Manual for Health Care Providers* (New York, RAINBO, 1999)

⁵⁵ *Ibid.* p. 32

⁵⁶ Rouzi, A. A., et.al., "Epidermal Clitoral Inclusion Cyst After Type/Female Genital Mutilation". *American Journal of Obstetrics and Gynaecology*, Vol. 185, pp. 569 – 571.

⁵⁷ Toobia, N., *Supra note 54*

⁵⁸ Rouzi, A. A., et.al; *Supra note 56*.

⁵⁹ Sainsburg, B., "Neurosis and Psychosomatic Disorders in Out-Patients" *Advanced Psychoemetic Medicine* Vol. pp. 259-269

⁶⁰ WHO, *Female Genital Mutilation, Information Kit* (Geneva, WHO, 1999) p. 9

⁶¹ Sainsburg, A.A etal; *supra note 59*.

⁶² Tahzih, F., "Epidemiological Determinants of Vesico Vaginal Fistula" *British Journal of Obstetrics and Gynaecology*, Vol. 90, pp. 387 – 391.

⁶³ Gruenbaum, F., "Sexuality Issues in the Movement to Abolish Female Genital Cutting in Sudan", *Medical Anthropology Quarterly*, Vol. 20, p.121

pelvic inflammatory disease (PID)⁶⁴, risk of HIV/AIDS infection⁶⁵, and complications during pregnancy and childbirth⁶⁶. As a result of the partial closure of the vaginal opening childbirth becomes extremely prolonged and complicated and this can lead to both maternal and baby death. In case of survival the baby may suffer neonatal brain damage due to prolonged labour⁶⁷. During childbirth an experienced physician must be present to perform an operation called “defibulation”- that is the cutting of the vagina to widening the vagina opening to give the baby free passage.

According to the Ministry of Health of Kenya Type III infibulations causes a direct mechanical barrier to delivery. Types I, II and IV produce vaginal scarring and keloid and this can also cause obstruction during delivery. There can also be antenatal and early labour complications. FGM makes antenatal assessment, intrapartum vaginal examination difficult. HIV/AIDS infection is also synonymous with FGM due to scar tissue, small vaginal opening prone to laceration during sexual intercourse due to inability to penetrate the vagina. HIV may also potentially be transmitted when groups of children are simultaneously mutilated with some unsterilised instruments. Anus intercourse is frequent in Type III practising societies and other virginity culture as a way of having sex without breaking virginity. Anal sex is practiced if vaginal penetration is difficult and this may lead to HIV or STD infection.⁶⁸

⁶⁴ Rushwan, H., “Etiologic Factors in Pelvic Inflammatory Disease in Sudanese Women” American Journal of Obstetrics and Gynaecology. (1980) Vol. 138, pp. 877 – 879

⁶⁵ European Study Groups on Heterosexual Transmission of HIV, Comparison of Female to Male and Male to Female Transmission of HIV in 563 Stable Couples, BMJ, Vol. 304, pp. 809 – 812

⁶⁶ Nordquist, C., “Female Genital Mutilation Raises Infant Mortality and Birth complications” medical news today, pp. 1-2.

⁶⁷ WHO, Effects of Female Genital Mutilation on Childbirth in Africa (Geneva, WHO, 2008)

⁶⁸ GTZ, Generation Dialogue about FGM and HIV/AIDS: Methods, Experiences in the Field and Impact Assessment (Eschhorn, GTZ, 2003).

PSYCHOLOGICAL AND PERVERTED SEXUAL CONSEQUENCES

Victims of FGM especially infibulated women have perverted sexual consequences with devastating psychological consequences⁶⁹. Men will not be able to penetrate the vagina thus consummation is difficult. This is called vaginismus.⁷⁰ As a result of difficult sexual intercourse victims are unable to enjoy a healthy sex life and they suffer in silence. This may lead to psychological trauma and may be lifelong.⁷¹ Sexual dysfunction in both partners leaves a lasting mark on their lives and minds and this may trigger the onset of behavioural disturbances⁷². There will be loss of trust and confidence. In the longer term women victims suffer feelings of low esteem, incompleteness, anxiety, depression, chronic irritability, frigidity, marital conflicts and psychosis.⁷³ Many women traumatized by FGM may have no acceptable means of expressing their feelings and fear. Open discussion of sex is a taboo in many parts of Africa and as a result victims suffer in silence.

The Psychological scars of FGM may be life-long and cause permanent conflict between partners which may lead to lack of joy, happiness, love, sex, infidelity on the part of the man and eventually end in divorce.⁷⁴ Infibulation also affects female children negatively in their education. They suffer “withdrawal syndrome” in school. They are less active and do not participate in sport and in co-curricular activities. Education of female children is also disrupted because they spend more days in hospitals and few days in school.⁷⁵

⁶⁹ El – Defraw, M. H., “Female Genital Mutilation and its Psycho-Sexual Impact”, *Journal of Sexual and Marital Therapy*, Vol. 27, pp. 465 – 473

⁷⁰ Mustafa, A. Z., “Female Circumcision and Infibulations in the Sudan”, *Journal of Obstetrics and Gynaecology of British Commonwealth* (1966), Vol. 73. pp. 302 – 306

⁷¹ Mustafa, A. Z., *Supra*

⁷² Lightfoot – Klin, Harry, “The Sexual Experience and Marital Adjustment of Genitally Circumcised and Infibulated Females in the Sudan.” *The Journal of Sex Research*, Vol. 26, No. 3, pp. 375 – 392

⁷³ *Ibid.*

⁷⁴ Dugger, C. W. “African Ritual Pain: Genital Cutting”, *New York Times*, Oct 5, 1999, pp. 392

⁷⁵ Igwegbe, A. O., et.al., “The Prevalence and Practice of Female Genital Mutilation in Nnewi, Nigeria: The Impact on Female Education” *Journal of Obstetrics and Gynaecology*, 2000, Vol. 20, No. 5, pp. 520 – 522

MEDICALISATION OF FGM

Should medical and health personnel be allowed to perform female circumcision in hospitals, clinics and at homes? Should trained surgeons who are specialist in surgery be allowed to perform the operation as to reduce the carnage of death? Should the operation be allowed to be carried out in the safety and under hygienic environment in the hospitals? Performance of female circumcision by trained health and medical personnel in hospitals, clinics and at homes is what is called medicalisation of FGM. The WHO have warned doctors not to be involved in medicalisation because it violate the Hippocratic oath⁷⁶. Okonofua calls it the legalisation of murder.⁷⁷ Health personnel involved in it are doing it for pecuniary reasons thereby elevating money above human lives⁷⁸. The WHO and other UN bodies and other international health organizations have advocated the following reasons why medicalisation is wrong: it legitimizes FGM, it institutionalizes FGM, it hinders the prohibition of FGM, constitutes a misuse of the professional role of medical personnel, it does not reduce the risks of FGM and it confuses the idea of human rights: some surgeons performs re-infibulation under the pretext that they are respecting the patient's right of choice or to choose medical procedure. It is the duty of surgeons not to respect a patient right if a human right is violated.⁷⁹

COST ANALYSIS OF FGM

The cost analysis of FGM in Africa and other parts of the world is frightening, heartbreaking and heart-rendering. Cost analysis can be divided between governments, individuals and families, international health organizations and international donor agencies.⁸⁰

⁷⁶ WHO, Global Strategy to Stop Health Care Providers from Performing Female Genital Mutilation (Geneva, WHO) p.2

⁷⁷ Larsen, V., Okonofua, F., "Female Circumcision and Obstetric Complications" International Journal of Gynecology and Obstetrics, Vol. 77, pp. 255-265.

⁷⁸ Johnson, E.B, The medicalisation of FGM/C: Trends and Global View (New York, UNFPA).

⁷⁹ Ibid. pp. 7– 9., WHO, Global Strategy to Stop Health Care Providers from Performing Female Genital Mutilation, Supra, See also UNEPA, Mutilation/Cutting: Promoting Gender Equality: Frequently Asked Questions on Female Genital Mutilation/Cutting.

⁸⁰ Subayi: Cuppen, T., et.al., Economic and Health Costs Implications of FGM/C, in Global Consultation on Female Genital Mutilation/Cutting: Technical Report, (New York, UNEPA, 2007) p. 33

The cost analysis of individuals and families is on cost of treatment while that of governments is on provision of drugs for victims. International health institutions and donor agencies fund governments to fight the scourge and they also assist in conducting research⁸¹. There are three major areas of costs: firstly, cost of injuries, infections, death carnage, maternal and infant mortalities. Cost of lifelong health problems and lifelong psychological scars. Secondly, the cost of hospitalization of victims due to care of complications due to genital operations. Thirdly, the cost of time lost due to illness including menstrual problems caused by FGM operations that have to be borne by employers⁸². The misery, pain and suffering suffered by victims is part of the cost analysis and it cannot be qualified in monetary terms. The economic costs to families is as huge as that of the health care systems. The economic burden is a huge drain on family savings. FGM limits the education potential of girls, erodes and impoverishes families, high cost of treatment lead to accumulation of debt and household poverty. Government spend colossal sum of money in treatment of victims in terms of buying of drugs and training of medical personnel.⁸³

PREVALENCE AND DISTRIBUTION OF FGM IN AFRICA AND NIGERIA

There are two principal sources of data on FGM, firstly by Democratic and Health Surveys (DHS) and secondly by Multiple Indicator Cluster Surveys (MICS). The DHS data is implemented by Macro International Incorporation, and Opinion Research Corporation Company (ORC Macro) for the USAID. The MICS is a database of UNICEF.

WHERE IS FGM PRACTISED AND HOW MANY PEOPLE INVOLVED?

FGM is a global phenomenon but the epicenter is in Africa. According to the statistics of WHO, UNICEF, DHS, MICS and PAPFAM, FGM has been documented in 28 African Countries and in Middle East. The countries are as follows: Benin (DHS 2006), Burkina Fasso

⁸¹ Taba, A. H., "Female Circumcision", World Health (Geneva, WHO, 1974) p. 10.

⁸² Hosken, Fran P., Stop female Genital Mutilation: Women Speak, Facts and Actions, Supra, note 33.

⁸³ Adam, T., et.al., "Cost Effectiveness Analysis of Strategies for Maternal and Neonatal Health in Developing Countries" BMJ 2005, Vol. 33 p. 107.

(DHS 2003), Cameroon (DHS 2004), CAR (MICS 2000), Chad (DHS 2004). Cote d' Ivoire (MICS 2006), Djibouti (MICS 2006), Egypt (DHS 2005), Eritrea (DHS 2002), Ethiopia (DHS 2005), Gambia (MICS 2005/06), Ghana (MICS 2006), Guinea (DHS 2005), Guinea Bissau (MICS 2006), Kenya (DHS 2003), Mali (DHS 2006), Mauritania (DHS 2000/01), Niger (DHS 2006), Nigeria (DHS 2003), Senegal (DHS 2005) Sierra Leone (MICS 2006), Somalia (MICS 2006), Sudan (North) (MICS 2000), Tanzania (DHS 2004/05), Togo (DHS 2004/05), Uganda (DHS 2006) and Yemen (PAPFAM, 2003).⁸⁴

According to DHS the prevalence of FGM in respect of age groups and the number of women circumcised in Africa are as follows:

Age Groups⁸⁵

Country	Year	Women 15-49			Women 50+			Total Number of women with FGM
		FGM Prevalence	Number of women	Number of women with FGM	FGM Prevalence	Number of women	Number of women with FGM	
North East Africa								
Egypt	2005	95.8	20,0006,856	19,166,568	96.3	5,937,978	5,718,273	24,884,841
Eritrea	2002	88.7	983,997	872,805	95.0	246,637	234,305	1,107,110
Northern Sudan	1990	89.2	4,800,227	4,281,803	90.9	790,301	718,383	5,000,186
Ethiopia	2005	74.3	16,994,126	12,626,636	80.8	3,618,669	2,923,3885	15,550,520
West Africa								
Guinea	2005	95.6	2,130,885	2,037,126	99.5	517,485	514,898	2,552,024
Mali	2001	91.6	2,189,091	2,005,207	91.0	600,597	546,543	2,551,024
Burkinafaso	2003	76.3	2,811,343	2,145,055	83.6	606,485	507,021	2,652,076
Mauritania	2001	71.3	626,994	447,047	68.6	128,451	88,117	535,164
Senegal	2005	28.2	2,846,213	802,632	30.6	599,599	183,477	986,109
Coted'Ivoire	2005	41.7	4,166,873	1,737,586	45.0	892,183	401,482	2,139,068
Chad	2004	44.9	2,113,861	949,124	45.9	481,459	220,990	1,170,113
Central African Republic	2000	35.6	894,997	318,619	41.9	259,695	108,812	427,431
Nigeria	2003	19.0	28,398,726	5,395,758	59.6	6,446,927	3,842,368	9,238,126
Benin	2001	16.8	1,590,292	267,169	23.7	329,972	78,203	345,372
Ghana	2003	5.4	5,248,882	283,440	7.9	1,107,078	87,459	370,899
Niger	2006	2.2	2,680,035	58,961	2.8	555,668	15,559	74,519
Cameroon	2004	1.4	4,003,302	56,046	2.4	894,837	21,476	77,522

⁸⁴ Population Reference Bureau, Female Genital Mutilation/Cutting: Data and Trends, (Washington DC, USA, PRB, 2008) p.5 and Pan-Arab Project for Family Health (PAPFAM). <http://www.prb.org/fgm2010.aspm.accessed> April 2015,

⁸⁵ Yoder. P. Stanley, Numbers of Women Circumcised in Africa: The Production of a Total (Washington DC, Macro International Inc, 2008). <http://www.prb.org/pdf08/fgm-wallchart.pdf.accessed> April 2015.

East Africa								
Kenya	2003	32.2	8,179,346	2,633,749	47.7	1,471,077	701,704	3,335,453
Tanzania	2004	14.6	8,573,748	1,251,767	22.9	1,834,272	420,048	1,671,815
Uganda	2006	0.6	622,878	37,325	0.4	1,061,591	4,246	41,571
Total				57,374,423			17,337,251	74,711,674

FGM PREVALENCE AND PRACTICE IN NIGERIA

FGM prevalence in Nigeria is as follows⁸⁶

Prevalence by States in Nigeria with Types of FGM

States	Percentage of Prevalence	Types Practised
Ekiti	89	I
Edo	88	II
Ondo	83	II
Kwara	83	I,II
Ebonyi	76	N.A
Bayelsa	74	N.A
Oyo	73	I
Imo	66	II
Delta	59	II
Enugu	59	N.A
Osun	50	I
Abia	43	NA
Lagos	38	I
Cross River	37	N.A
Borno	22	I, II, IV
Ogun	20	I,II
Kogi	18	IV
Katsina	15	N.A
Rivers	14	I, II
Gombe	13	N.A

⁸⁶ Research and Marketing Services (RMS) Statistics on Incidents of FGM by States in Nigeria, 1999., Report on FGM/FGC, Washington DC, 2001 available at <http://www.unhr.org/refworld/docid/46d5787bc.html>. accessed April 2015.

Anambra	12	II
Zamfara	11	N.A
Abuja	10	N.A
Benue	9	II
Kano	8	N.A
Kaduna	8	IV
Niger	6	N.A
Taraba	5	N.A
Plateau	4	I,IV
Nassarawa	4	N.A
Sokoto	3	N.A
Yobe	3	IV
Jigawa	2	IV
Akwa-Ibom	N.A	II
Kebbi	N.A	IV
Adamawa	N.A	IV
Bauchi	50-60	IV

PREVALENCE OF FGM BY GEOGRAPHICAL ZONES

Geographical Zones	Percentage
North West	0.4
North East	1.3
North Central	9.8
South-South	34.7
South East	40.8
South-West	56.9

Prevalence is highest in South-West followed by South East and South South which are predominantly Christians while it is lowest in North-West and North East which are predominantly Muslims.⁸⁷

PREVALENCE BY FGM TYPES IN NIGERIA

Types	Percentage
Type 1	2
Type 2	43.5
Type 3	3.9
Type 4	50.6

All the various types are practiced all over Nigeria but type 4 is the most prevalent especially in Northern Nigeria known as “Gishiri”. Other types are prevalent in other parts of Nigeria.⁸⁸

PREVALENCE OF AGE OF CIRCUMCISION IN NIGERIA

Age of Circumcision	Percentage
0-12 months	85
1-4 years	4.1
5-6 years	2.0
7-8 years	2.0
9-10 years	0.5
11-12 years	0.9
13 + years	1.8

⁸⁷Federal Ministry of Health and WHO, Elimination of Female Circumcision in Nigeria (Abuja, FMH, WHO, 2007) p. 5

⁸⁸ Ibid, Mandara, M. V., “Female Genital Mutilation in Nigeria”, International Journal of Gynaecology and Obstetrics, Vol. 88, No. 3, pp. 291 – 298

Highest prevalence is among babies from a day old to one year old. It is lowest among children from 9 to 12 years old. Age of circumcision also differ from tribe to tribe. Among some tribes circumcision is done at infancy while among others it is during puberty⁸⁹.

PREVALENCE AMONG PRACTITIONERS OF FGM IN NIGERIA

Practitioners	Percentage
Traditional circumcisers	60.6
Traditional Birth Attendants	10.0
Other Traditional methods	1.0
Doctors	2.0
Nurses/Midwives	24.3
Other Health Professionals	0.4
Others	1.8

Prevalence among practitioners is highest among traditionalists this is also true among nurses in respect of health and medical practitioners⁹⁰

CULTURE, GENDER AND FGM

What is Gender? It is the fact of being either male or female. According to Lisy gender stereotypes is linked to “The discrimination of women ... the socio-cultural construction of “male” and “female” and the associated roles and power resources attributed respectively to men and women in a given society”⁹¹. FGM is one of the social, cultural and traditional practices in Africa. It is gender specific. It is a structural discrimination against women and a form and means of controlling the sexuality of women. It is part of a broader cultural, traditional, social and economic framework which severely restricts the rights of women. It is a problem of asymmetric gender and unequal power relations between men and women. FGM is an unjust

⁸⁹ UNICEF, Nigeria: Female Genital Mutilation (Abuja, UNICEF, 2003)

⁹⁰ Ibid. p. 3

⁹¹ Lisy, Kerstin, Good Governance and Female Genital Mutilation: A Political Framework for Social Change (Eschburn, Germany, Deutsche Gessellschaft Fur Technische Zusammenarbeit (GTZ) 2007.

gender relations that keep women under sexual subjugation of men. It has social implication for both sexes. It is a social norm. It affects the social status and marriageability of women. Men want this status quo to go on forever⁹².

What is Culture? According to Serageldin, “Culture is the whole complex of distinctive spiritual intellectual and emotional features that characterizes a society or a group. It includes creative expressions, community practices and material or built forms”⁹³. According to GTZ culture is closely linked with power and opportunities and prevailing idea and attitudes of a tribe including their ways of life, food, clothing, ideals of beauty, sexual orientation and so on.⁹⁴ FGM is part of the culture, tradition, way of life and social norms and mores of various ethnic groups in Africa. What then is the relationship between culture and FGM? FGM is a function of inequality, polygamy, discrimination, poverty and a symbol of patriarchal institution. In some societies where FGM is practiced it is a product of stratified caste system. It is a symbol of oppression and means of controlling the sexuality and fidelity of women. According to Mackie there are two factors responsible for FGM in Africa: patriarchy and marriageability.⁹⁵ Patriarchy is both a structural institution and an intentional act to explain the practice. FGM is motivated by male domination and held in place by male domination and inequalities between men and women. Patriarchy encourages the continuation and discourages the discontinuation of FGM. Marriageability on the otherhand is one of the most important reasons why Africans circumcised women⁹⁶. In traditional setting in Africa a woman who is not circumcised will find it difficult to get married and most men will not marry uncircumcised woman. Circumcision commands high

⁹² Ibid. p. 17

⁹³ Serageldin, Ismail, *Our Creative Diversity: Report of the World Commission on Culture and Development* (Summary Version, 1966).

⁹⁴ Lisy, Kerslin, *Supra*, note 91.

⁹⁵ Mackie, Gerry et.al., *Social Dynamics of Abandonment of Harmful Practices: A New Look at the Theory*, Special Series on Social Norms and Harmful Practices (Florence, Italy, UNICEF, 2009)

⁹⁶ Ibid. pp. 7 – 8

bride price. Infibulations is a sign of virginity and a symbol of personal integrity and family honour. In most parts of Africa female circumcision is a hallowed tradition.⁹⁷

FGM AND CULTURAL RELATIVISM

What is cultural relativism?⁹⁸ Human values and ethical truths are relative to a particular group or individual. It is a principle that an individual beliefs and activities should be understood by others in terms of that individual's own culture. There is cultural diversity in the world. Each culture has its own unique qualities and no particular culture is inferior or superior to the other. Each culture is autonomous and has a right to self determination. What is right in a particular culture may be wrong in another culture. The danger of cultural relativism is that it may lead to ethnocentrism. There are some values that are universal not relative. When a culture violates human rights the former should bow to the latter. FGM is caught in the conflict between cultural relativism and universal human rights or value.⁹⁹

FGM has two sides: the insiders who are the practitioners while the outsiders are the abolitionist who wants the practice to be prohibited. The practitioners see the practice as an age-long practice that is part and parcel of their culture and tradition that is not intended to harm or injure but an initiation rite into womanhood and an intrinsic part of a community's cultural heritage, tradition and religion¹⁰⁰. Abolitionists on the otherhand who are feminists and human rights advocates see FGM from the point of violence, brutality, pain and savagery inflicted on innocent girls and women. Practitioners argue that culture is relative and accuse abolitionist of cultural imposition and imperialism.¹⁰¹ And furthermore, that abolitionists are influenced by

⁹⁷ Hayes, R. O., "Female Genital Mutilation, Fertility Control and the Patrilineage Analysis" *American Ethnologist*, Vol. 4, 1975p. 622

⁹⁸ Donnelly, Jack, "Cultural Relativism and Human Rights", *Human Right Quarterly*, Vol. 6, No. 4 (1984) pp. 400 – 419;

⁹⁹ Rhoda Howard, "Women Rights in English – Speaking Sub-Saharan Africa, in *Human Rights and Development in Africa*, ed. Clarde E. Welch, et.al., (Albany: State University of New York Press, 1984) pp. 66 – 68.

¹⁰⁰Hackett, R., *Women in African Religion*, in Arvin Sherma (ed.), *Religion and Women* (New York: State University of New York Press, 1974) Vol. 61, pp. 87–120.

¹⁰¹ Dorkenoo, Efua, *Female Genital Mutilation: Human Rights and Cultural Relativity*, Paper delivered at a Workshop held in Siem Reap, Cambodia, August 2001.

western culture and to them no culture is superior to the other and each culture has its own intrinsic quality and there should be need for openness and tolerance,. The argument whether or not to abolish FGM is a moot point. Cultural anthropologists support the argument of the practitioners while WHO and international health organisations and advocates of feminism and human rights want the practice to be abolished because of its human carnage.

RELIGION AND FGM

In some religion FGM is a religious or spiritual requirement. This is true of Islam and certain Christian sects. Some people have argued that FGM is not a religious requirement but a cultural and ethical obligation and it predated both Islam and Christianity. It should, however, be noted that it is practiced by members of all faith.¹⁰²

ISLAM AND FGM

Circumcision is not mentioned at all in the Koran but there is a well-established tradition of male circumcision in Islam which a “Sunnah” act in obedience to the Abrahamic covenant.¹⁰³ There is a belief that FGM is synonymous with Islam. Some clerics have refuted this. However, majority of the practitioners are Muslims. The prevalence rate is over 90% in Islamic States with infibulations predominant in Islamic States. There is a strong link between Islam and FGM because of the following reasons:

- There is a belief that every Muslim must be subjected to FGM. According to the Somali community of Wajir, “one who is not circumcised is not a Muslim...”
- “people before us like Prophet Adam and Eve have been doing it, so whether good or bad we will continue with it”.
- “Islamically it is right to circumcise girls”

¹⁰² Abdi, M. S., Overview of FGM/C in North – Eastern Kenya and the Religious Oriented Approach (Nairobi, Population Council, 2009) p. 6.

¹⁰³ Exodus 12:44, Leviticus 12:3, Gen. 17:9-14.

- “... there is nobody who does not get a tear, only the severity matters... No, it is not because of circumcision, it is God’s will and it can happen to anyone.”¹⁰⁴

The Islamic world is the epicenter of FGM Islamic states from Senegal and Gambia in West Africa down to Horn of Africa in East Africa in Egypt in North Africa to the Middle East are riddled with FGM especially infibulation¹⁰⁵. It is only in Nigeria, Kenya and Ethiopia that have more Christians circumcised than Muslims. In Egypt, Islamic authorities on several occasions have issued “fatwa” mandatory for Muslim to circumcise their female children stating that “circumcision is mandatory for men and women. If the people of any village decide to abandon it, the village Imam must fight them as if they had abandoned the call to prayer.”¹⁰⁶

CHRISTIANITY AND FGM

Female circumcision is not mentioned in the Bible and it has never been part of doctrinal or scriptural practice or belief of Christianity. It is male circumcision that was mentioned in the Bible which is a spiritual requirement for Christians as part of the Abrahamic covenant.¹⁰⁷ Christians in Nigeria, Kenya and Ethiopia widely practice female circumcision and in 1938 Reverend Lowry advocated FGM for the cure of masturbation, “While incest and illicit commerce of the sexes is abominable, there is another even more so-if that be possible- that is, the heinous sin of self-pollution or masturbation... In some cases where there may be impingement of the clitoris, slight operation may be necessary to relieve the tension and irritation.”¹⁰⁸

¹⁰⁴ Thomas Von der Osten – Sacken, et.al., “Is Female Genital Mutilation an Islamic Problem”? Middle East Quarterly, winter 2007, pp. 29 – 36; Morgan, Adrian, “Women under Islam: Female Genital Mutilation” Islam Watch, July, 2007.

¹⁰⁵ Robinson, B. A., Female Genital Mutilation in Africa, the Middle East and far East: Where, Why, What and How It is done (Ontario, Ontario Consultants on Religious Tolerance, 1998) p. 2

¹⁰⁶ Statement from Fatwa issued in 1994 by Mufti Sheikh Jad Al-Hagg in Egypt., Human Rights Watch, Iraqi Kurdistan: FGM Fatwa Positive, But not defined (New York: Human Rights Watch, July 19, 2010, <http://www.hrw.org>, accessed April 2015.

¹⁰⁷ Exodus 12:44, Leviticus 12:3

¹⁰⁸ Lowry, Oscar, A Virtuous Women: Sex Life in Relation to the Christian Life (Michigan, Zondervan Publishing House, 1938) 412, ed; pp. 29 – 35

FGM AND VIOLATIONS OF FUNDAMENTAL HUMAN RIGHTS

FGM is violation of human rights of women. What is human rights? It is a badge of humanity. It is a universal moral entitlement. It is innate. A man is entitled to rights simply because he is a human being. When a right is violated this is an affront to justice and humanity. It is fundamental because it is sacred and it is codified by the supreme law of the land. What is women's rights? It is a proclamation that women are human beings and they have rights. It is also an affirmation that women are being denied their rights. Women deserve to be given dignity, honour, decency and respect which they deserve.¹⁰⁹

i. FGM and Rights to Life and Physical Integrity

The Universal Declaration of Human Rights (UDHR) provides that all human beings are equal in dignity and that everyone has the right to life, liberty and security of person. The International Covenant on Civil and Political Rights (ICCPR) provides that every human being has the inherent right to life. Sections 33, 34 and 35 of the Nigerian Constitution provides for the rights to life and dignity to every person. The right to life, dignity and integrity represents basic and core human values and without them a man/woman is not a human being. FGM violates this basic and core human value. Sometimes victims of FGM bleed to death due to the procedure or complications later in life. The human carnage is enormous. Exposing genitalia to mutilation is a violent and undignifying act which violates the right to dignity of the person.

ii. FGM and Reproductive and Sexual Rights

Reproductive and sexual health and rights is an offshoot of sexuality. Sexuality is a central aspect of being human throughout life which encompasses sex, gender identity, role, sexual orientation, eroticism, pleasure, intimacy and reproduction. Sexual health is a

¹⁰⁹ Charlotte, Bunch and Samatha Frost, Women's Human Rights: An Introduction, in Rutledge International Encyclopaedia of Women: Global Women's Issues and Knowledge, 2000, p. 1.

state of physical, emotional, mental and social well being in relation to sexuality. Sexual right is the right of all persons to the following: the highest attainable standard of sexual health; decision to be active sexually or not, etc. Reproductive rights encourages sexuality, sexual health and sexual rights. It must be freely exercised and must be free of coercion, discrimination and violence. FGM is an anti-thesis of reproductive rights. It is in conflict with sexuality, sexual health and sexual rights. FGM is imposed on women and girls. It is violent, discriminatory and gender coercion. Its purpose is to control, direct and subdue the sexuality and virginity of women and enhance their marriageability and make sex more pleasurable for men. It prohibits eroticism, pleasure, intimacy and reproduction of women.¹¹⁰

iii. **FGM and Right to Health**

Article 35 of the UDHR provides that everyone has the right to a standard of living adequate for the health and well-being of himself and his family. Article 12 of the International Covenant on Economic, Social and Cultural Rights (ICESCR) provides that States parties recognize the right of everyone to the enjoyment of the highest attainable standard of physical and mental health. Article 12 of CEDAW, Article 16 of African Charter and Article 24 of Child rights Convention all guaranteed right to health. The 1999 Constitution provides that the health, safety and welfare of all persons in employment are safeguarded and not endangered or abused.¹¹¹ The WHO defines health as “a state of complete physical, mental and social well-being, not merely the absence of disease or infirmity”¹¹². The right to health is a fundamental human right. Article 47 of the Constitution of DRC, Article 8 of the Republic of Benin, Article 41 of the

¹¹⁰ WHO, UNFPA, Measuring Sexual Health: Conceptual and Practical Consideration and Related Indicators (Geneva, WHO and UNFPA, 2010)

¹¹¹ Section 17 (3) (c) and (d) of 1999 Constitution of Nigeria. The Right to Health is not justiciable in Nigeria.

¹¹² World Health Organisation , Considerations for Formulating Reproductive Health Laws (Geneva, WHO, 2000) p. 6.

Constitution of Rwanda, Article 29 of the Constitution of South Africa and Article 35(8) of the Constitution of Ethiopia respectively guaranteed right to health. FGM violates the right to health and destroys the health of women. It has dangerous health and medical implications. The crude operation is painful and horrible. Victims are maimed and disfigured for life. Victims can be infected with HIV/AIDS and other obstetrical and gynecological disease.

iv. **FGM and Right to Culture**

The Africa Charter provides that individuals have a duty to preserve and strengthen positive African cultural values in their relations with other members of the society. The Declaration of the Principles of International Co-operation provides that “Each culture has a dignity and value which must be respected and preserved... Every people has the right and the duty to develop its culture”.¹¹³ A human being is a product of culture and there is a right of cultural self determination. FGM is a product of the culture of the people where it is practiced. However, there are some cultural values that is inimical to the rights and values of women in Africa and FGM is one of them. FGM is bad culture. Where a culture is in conflict with human rights it has to give way. This fact is recognized by the United Nations (UN): bad culture must give way to human rights. The Declaration of the Principles of International Cultural co-operation provides that, “the principles of this Declaration shall be applied with due regard for human rights and fundamental freedoms”¹¹⁴. There are similar provisions in Article 30 of UDHR and Article 5(1) of ICESCR respectively.

¹¹³ Article 1 (I) of the Declaration of the Principles of International Co-operation.

¹¹⁴ Article X 1 (2)

v. **FGM and Right to Religious Freedom**

The 1999 Constitution provides that every person shall be entitled to freedom of thought, conscience and religion.¹¹⁵ There are similar provisions in Article 18 of UDHR. Article 13 of ICCPR and Article 8 of African Charter on Human and People rights (ACHPR). FGM is practiced in Africa and in the Middle East as a religious obligation. In Sierra Leone female secret cults are the custodian of the practice. All members of all faith practice it. The truth, however, is that female circumcision is not mentioned in both the Bible and the Koran. The right to religious freedom is not absolute it must bow down to right of others. According to ICCPR freedom of religion is subject to some limitations, “to protect public safety, public health, order or morals or the fundamental rights and freedoms of others”.¹¹⁶ FGM is a public health matter. It is in conflict with rights of women and public health.

vi. **FGM and Right to Private and Family Life**

According to the Nigerian Constitution, “The privacy of citizens, their homes ... is hereby guaranteed and protected”¹¹⁷. The UDHR provides, “No one shall be subjected to arbitrary interference with his privacy, family, home ..., nor attacks upon his honour and reputation. Everyone has the right to the protection of the law against such interference or attack”.¹¹⁸ It also provides that the family is the natural and fundamental group unit of society and is entitled to protection by society and the state. FGM is an affront to the dignity, decency, privacy and family life which is the natural and fundamental unit of society and humanity. FGM is the greatest threat to marriage and family instability in Africa. It is based on women’s sexuality and affects the right of women to family life.

¹¹⁵ Section 38 of 1999 Constitution of Nigeria.

¹¹⁶ Article 18 (3) of ICCPR

¹¹⁷ Section 37

¹¹⁸ Article 12 of UDHR

The sub-region has the highest maternal and infant mortality in the world due to deaths from FGM. Divorce which is a threat to family life and marriage is rampant among infibulated women due to lack of consummation.

vii. **FGM and Violations of International Human Rights Law**

FGM is a violator of women's rights. Women's rights or human rights of women is enforced and protected under International Human rights Law (IHR) and International Humanitarian Law (IHL). Since 1945 women's rights have been protected by UN under the UN Charter, UDHR, ICCPR, ICESCR, CAT, CRC, CEDAW, etc.

a. **The United Nations Charter**

The UN was established in 1945 and it boldly proclaims respect for human rights in its Preamble, " ... to reaffirm faith in fundamental human rights, in the dignity and worth of the human person, in the equal rights of men and women ... to promote social progress and better standards of life in larger freedom ... to employ international machinery for the promotion of the ... social advancement of all people".¹¹⁹ The FGM factor as a human right issue is relevant to the Charter because it proclaims respect for human rights, liberty, justice and progress. FGM touches on the dignity and rights of women. It violated the dignity and worth of a human person.

b. **Universal Declaration of Human Rights (UDHR)**

UDHR was adopted and proclaimed by the General Assembly in 1948. It is not a treaty but it is binding in conscience of member States of the UN. Its Preamble provides for the recognition of inherent dignity and of the equal and inalienable rights of freedom, justice and peace in the world. Respect for and enjoyment of right is the highest aspiration of the common people and disregard and contempt for human rights have resulted in barbarious

¹¹⁹ See Preamble of the UN Charter

acts which have outraged the conscience of mankind. The UDHR can be sued as a springboard to eradicate FGM because it violates inherent dignity and inalienable rights of women. Its terrible obstetrical and gynecological disaster have jolted the conscience of mankind and advocates of feminism and human rights have labeled it an instrument of tyranny, oppression and dominance.¹²⁰

- c. International Covenant on Economic, Social and Cultural Rights (ICESCR). Its Preamble proclaims the Charter of the United Nations as well as provisions of ideals of UDHR. The following rights in ICESCR are violated by FGM: Article 1 which protects the right to self determination. Article 3 protects the rights of men and women to the enjoyment of all social and cultural rights. The Covenant also provides for special protection for mothers before and after child birth and special protection and assistance to be given children without discrimination. FGM violates right to bodily integrity and bodily self determination. FGM is not a product of culture as such but deeply rooted in ignorance and patriarchy. It violates women and children's right and their health. It ruins the lives of girls and women in terms of health, education and marital life.¹²¹
- d. International Covenant on Civil and Political Rights (ICCPR). The ICCPR provides that every human being has the inherent right to life, not to be subjected to torture, cruel or degrading treatment or punishment. It further provides everyone has the right to liberty and security and shall be treated with humanity and with respect for the inherent dignity of human person. FGM violates all the above rights. The Committee of ICCPR has recommended that FGM was both a domestic and sexual violence against women and girls and it denounced it as torture and cruel, inhuman and degrading treatment.¹²²

¹²⁰ The Universal Declaration of Human Rights was proclaimed in 1948 by the UN.

¹²¹ The Committee on ESCR in its General Comment 14 prescribes that human beings under Art. 12 are entitled to the right to the highest attainable standard of health.

¹²² See the Human Right Committee Report of Benin and C.A.R: UN. Doc. CCPR/Co/82/BEN (2004) and UN DoC. CCPR/C/CAR/(2006) respectively

e. **Convention on the Elimination of All forms of Discrimination Against women (CEDAW)**

CEDAW is a UN treaty that specifically targets women and to affirm women's rights. It was promulgated by the UN to redress the issue of discrimination facing women in respect of women's dignity, equal rights and so on. It defines discrimination against women to mean any distinction, exclusion or restriction made on the basis of sex which has the effect or purpose of impairing or nullifying the recognition, enjoyment or exercise by women irrespective of their marital status on a basis of equality of men and women of human rights and fundamental freedoms in the political, economic, social, cultural, fundamental, civil or any other kind. The following CEDAW provisions are relevant to FGM: Article 5 provides that all states parties shall take appropriate measures to modify the social and cultural pattern with a view to achieving the elimination of customary prejudices based on inferiority of the sexes. Article 12 provides that states parties shall take all appropriate measures to eliminate discriminations against women in order to ensure on a basis of equality, access to health care services and safe motherhood. The Committee on CEDAW has on several occasions addressed the issue of FGM. It labeled FGM as violence to women as well as its dangerous health consequences. It calls on states parties to eliminate FGM by "enactment and effective enforcement of law".¹²³

f. **Convention on the Rights of the Child (CRC)**

The CRC is the most authoritative document or treaty that codified children's right. CRC is directly related to FGM because greater percentage of FGMs' brutalities are against children. The CRC prohibits torture, cruel and inhuman treatment of children. It also calls for the protection of right to health and education of children. Article 18 provides, "States

¹²³ CEDAW Committee is the only treaty monitoring body to adopt a General Recommendation solely addressing FGM. See its General Recommendation 24 in Women and Health: UNDOC. A/54/38/Rev. 1 (1999).

Parties shall use their best efforts to ensure recognition of the principles that both parents have common responsibilities for the upbringing and development of the child. Parents ... have the primary responsibility for the upbringing and development of the child. The best interests of the child will be their basic concern". The Committee on CRC calls FGM a dangerous and harmful practice inimical to the rights and survival of children and not in the best interest of the child and calls for its abolition.¹²⁴

g. **Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (CAT)**

CAT defines torture to mean any act by which severe pain or suffering whether physical or mental is intentionally inflicted on a person for such purposes ... or intimidating or coercing him/her. The Special Rapporteur on Torture has declared that FGM is torture and CAT is applicable to FGM. The pain inflicted on victims by circumcision is tragic, brutal, barbaric and unquantifiable. It can also lead to mental and psychological torture.¹²⁵

h. **UN Plan for the Elimination of Harmful Traditional Practices Affecting the Health of Women and Children**

The UN labeled female circumcision as one of the dangerous and harmful traditional practices militating against the health of women and children in Africa. The Plan mapped out two strategies for its elimination: National Action Plan and International Action Plan. The former is for all states to put plans in place to eliminate it while under the latter states are to ratify all treaties relating to the protection of women and children.¹²⁶

¹²⁴ See Committee Report on Austria and Burkina Faso: UN. Doc. CRC/C/15/Add. 251 (2005) and UN Doc. CRC/15/Add. 193 (2002)

¹²⁵ Manfred Nowak, UN Special Rapporteur on Torture made this statement in Europe: Time for Concrete EU Action Against Female Genital Mutilation.

¹²⁶ The Plan is prepared by the 2nd UN regional Seminar on Traditional Practices Affecting the Health of Women and Children held in Colombo, Sri-Lanka, 4 – 8 July, 1994.

i. **Programme of Action of the International Conference on Population and Development (PAICPD)**

The PAICPD Conference in Cairo in 1994 was the 5th Population Conference of the United Nations. The Conference hammers on the importance of equality, gender equality, elimination of violence against women, women's rights, elimination of all forms of discrimination against women and women's empowerment. The Conference noted that FGM is against all the values identified above. It calls for its abolition.¹²⁷

j. **Beijing Declaration and Platform of Action of the 4th World Conference on Women**

The 4th World Conference on Women's Rights was held in Beijing, China, in 1995. The Mission and Objective of the Conference is the promotion of human rights of girls and women, eradication of poverty among women and elimination of all form of violence against women. The Conference labeled FGM as anti-women, harmful traditional practice, violence against women and inimical to women's progress.¹²⁸

FGM AND REGIONAL INSTRUMENTS

Even though the epicenter of FGM is Africa it has been exported to Europe and North America by African immigrants thus, it is now a global phenomenon.

1. Europe and FGM

The abolition of FGM is top priority to EU states. The EU recognizes FGM as gender based violence and its campaign to ban it is anchored on the principles of Human Rights Based Approach (HRBA). It frames FGM as a human right violation to be abolished by using the following human rights instruments: (1) Convention for the Protection of Human Rights and Fundamental Freedoms (2) European Social Charter (3) Protocol No. 12 to the European

¹²⁷ Paragraph 4. 22 of the Programme of Action of the Conference.

¹²⁸ See Paragraphs 112 – 116 of the Platform of Action.

Convention (4) Resolutions passed by the European Parliament (5) European Convention on the Exercise of Children's Rights.

It is instructive to note that as a result of the horrors of FGM in Europe the EU parliament on several occasions have passed Resolutions¹²⁹ condemning FGM and calls for its eradication. In response to this the U.K, Norway, Austria and Sweden have promulgated laws criminalizing it.

2. **America and FGM**

FGM has not been well documented in Central and Southern America unlike in Canada and USA where it has been documented and criminalised. In South and Central America it has been reported in Peru, Brazil, Guyana, Haiti and other countries with black population. The Organization of American States (OAS) has not specifically promulgated a treaty on FGM. It, however, has three treaties that can be used to curb the menace: (1) American Declaration of the Rights and Duties of Man (The American Declaration) (2) American Convention on Human Rights (The American Convention) (3) Inter-American Convention on the Prevention, Punishment and Eradication of Violence Against Women. The Inter-American Convention on the Prevention, Punishment and Eradication of Violence against Women is directly relevant to FGM because female circumcision is violence against women even though the Convention does not specifically mention FGM. It can be used for its abolition. Canada and ten states in USA have criminalized female circumcision.¹³⁰

3. **Africa and FGM**

The ECOWAS and the African Union have passed several resolutions and treaties on FGM. The treaties are as follows: (1) African Charter on Human and Peoples' Rights (2) African

¹²⁹ The strategy to end FGM in Europe is codified in a document entitled, Ending Female Genital Mutilation: A Strategy for the European Union Institutions by End FGM – European Campaign. See also Resolutions of Female Genital Mutilation of 2001/2035, 2001/1247 and 2008/2071 passed by the European Parliament respectively.

¹³⁰ In Canada see Prohibition of Female Genital Mutilation Act S. 273a. For United States see Illegal Immigration Reform and Immigrant Responsibility Act of 1996. The following States have criminalised FGM: California, Delaware, Illinois, Maryland, Minnesota, New York, North Dakota, Rhode – Island, Tennessee, and Wisconsin.

Charter on the Rights and Welfare of the Child (3) Protocol to the African Charter on Human and People's Rights on the Rights of Women in Africa (Maputo Protocol). The African Charter deals with rights generally while the Charter on Children's rights defends children's rights generally. The Maputo Protocol or the Protocol on Women's Rights specifically promotes and protects Women's rights. It specifically codify the rights of women in Africa. It also specifically prohibit FGM. The Maputo Protocol is the legal instrument to combat female circumcision in Africa.¹³¹

Since 1998, the AU has passed several resolution calling for the prohibition of FGM in Africa. In 1998 there was an OAU Declaration on the Abolition of FGM. It was adopted in the 64th session of OAU in Ouagadougou in June, 1988.¹³² On 6th June, 2003, the Inter African Committee (IAC) on Traditional Practices Affecting the Health of Women and Children in Collaboration with the African First Ladies launched the "Zero Tolerance to FGM in Addis-Ababa."¹³³ In Cairo in 2003 under the Afro-Arab Expert Consultation in "Legal Tools for the Prevention of Female Genital Mutilation", launched the Cairo Declaration for the Elimination of FGM. In 2004 during the Summit of African Heads of States and Government adopted the Solemn Declaration affirms the principle of gender equality in Africa¹³⁴. In 2005 in Djibouti there was Djibouti Declaration under the theme "Towards A Political and Religious Consensus on the Elimination of FGM".¹³⁵ In April 2005 there was a "Bamako Declaration on Terminology of FGM" where it was decided that the best description or terminology for female circumcision was "Female Genital Mutilation".¹³⁶ In 2009 in Nairobi, the Final Declaration of the Regional

¹³¹ Maputo Protocol was adopted by the 2nd Ordinary Session of the Assembly of the Union on the 11th July, 2003. Its Article 5 expressly prohibits FGM.

¹³² This is the first declaration on FGM by O.A.U

¹³³ 6th February is the International Day of Zero Tolerance against FGM

¹³⁴ The Solemn Declaration provides for gender quality in Africa: FGM is a function of gender inequality and unequal power relations

¹³⁵ Djibouti Declaration was held in Djibouti from 2 – 3 February, 2005. It was organised by NGO'S like AIDOS, TOSTAN, etc.

¹³⁶ The Bamako Declaration on the terminology of FGM was held in Bamako, Mali from 4 – 7 April, 2005 under the auspices of the 6th G.A. of the I.A.C on Traditional Practices.

Workshop for Health Professionals on Engaging Zero Tolerance to FGM/Child Marriage was held.¹³⁷ The AU Declaration on the Abolition of FGM was held in July, 2011 in Malabo, Equatorial Guinea, this was the second declaration of AU on FGM¹³⁸.

Abolition and Abandonment of FGM

The elimination, abolition and abandonment of FGM and other harmful and dangerous traditional practices is now high on the agenda of governments, international organizations, human rights NGOs, donor agencies, health organizations, etc. the various models of abandonment are as follows:

1. WHO Model¹³⁹

In abolishing FGM, WHO has recommended the following:

- Reconciling strategies to the distinctive features of each culture
- Integrating strategies with other health and development efforts
- Forming alliances between modern and traditional healers
- Exercising discretion and tact in referring to deeply held beliefs.
- Seeking solutions from within countries complemented by international solidarity.

WHO also recommended setting up of a Legal Policy Framework (LPF). The LPF requires multi-sectorial cooperation of key ministries like health, justice, education, information and social welfare, civil society and police. The LPF must incorporate the following:

- Adopt a clear policy for its abolition including criminalisation
- Support and carryout research not all aspects of FGM

¹³⁷ The Final Declaration of the Regional Workshop on Zero Tolerance for FGM/Child Marriage was held in Nairobi, Kenya from 28 – 29 October, 2009.

¹³⁸The Malabo Summit decided to support the adoption of a UNGA Resolution to ban FGM worldwide proposed by Burkina Faso and jointly spear headed by No Peace without Justice (JWJ), IAC and other NGOs.

¹³⁹ World Health Organisation (WHO), Female Genital Mutilation: Information Kit (Geneva, 1996) pp. 12 – 13

- Organise and disseminate information about FGM to families, community outreaches and religious leaders
- Prohibit medicalisation
- Rehabilitation and treatment and counselling for victims of FGM
- Support and encourage NGOs, education and advocacy groups.

2. **UNICEF Model**¹⁴⁰

UNICEF has identified 8 core requirements for abolition:

- Attitude, traditions, customs and beliefs need to change so that parents and communities are aware of the dangers of FGM.
- Governments need to openly **demonstrate** commitment to ending FGM.
- Laws prohibiting FGM must be implemented
- FGM needed to be confronted by national media and civil society groups
- Children and adolescents must be informed about the risks of FGM
- Monitoring prevalence and nature of FGM is an essential first step to addressing it.
- Health and social services must be able to respond to the severe consequences of FGM
- Teachers, health and social workers and others must be able to counter all forms of FGM.

UNICEF also identified 6 key elements for change:

- A non-coercive and non-judgmental approach
- Awareness on the part of a community of the harm caused by the practice
- The decision to abandon practice must be a collective choice of the community
- An explicit public affirmation on the part of the communities to abandon it.
- An environment that enables and support change

¹⁴⁰ UNICEF, Changing A Harmful Social Convention: Female Genital Mutilation/Cutting, pp. 13 – 14. See also Carol Bellamy, Executive director, UNICEF in Report of the International Conference on “Zero Tolerance To Female Genital Mutilation”, 4 – 6 Feb. 2003, Addis-Ababa, Ethiopia, p. 74.

- A process of organised diffusion to ensure that the decision to abandon FGM spreads rapidly from one community to another.
3. **IAC Model**¹⁴¹
- IAC's strategy of abandonment include the following:
- a. **Operational Research Measures**
 - Set up a team of researchers from WHO, UNICEF, UNFPA, ECA, IAC, medical schools, etc to carry out research on FGM.
 - Examine existing guidelines and tools with the aim of making them user friendly.
 - Agree on standardised research protocol and prioritise area needing research
 - b. **Production of Appropriate Information and Education Materials**
 - Compilation, evaluation and update of existing materials
 - Update websites and establishing new ones
 - c. **Training and Information Campaign**
 - Sensitization of general public about dangers of FGM
 - Organise workshops for different target groups: youths, women, policy-markers, health workers, jurists, media men, excissors, etc.
 - d. **Special Programmes for Religious Leaders**
 - Synopsia for Religious Leaders
 - Use of mosques and churches as public information centers to discourage the practice
 - e. **Youth Participation**
 - Establish national and youth networks
 - f. **Targeting media personnel**
 - Information/training of journalists about FGM

¹⁴¹ Inter-African Committee (IAC) on Traditional Practices Affecting the Health of Women and Children, Report of the International Conference on "Zero Tolerance to FGM", 4 - 6 Feb. 2003, Addis-Ababa, Ethiopia, p. 17 – 20.

g. **Reorientation of Health Professionals: doctors, nurses, midwives, TBA**

h. **Reorientation of Circumcision Practitioners**

- Sensitization of exercisers
- Building their capacity to sensitize their communities
- Providing them with alternative income generating activities

i. **Legislative Measures**

- Through legal measures governments can guide and institutionalise changes in attitudes regarding harmful traditional practices and enable women to enjoy fully the integrity of their body.

j. **An Integrated Approach**

- Reproductive health programmes for child survival and protection and development and school animation.
- Involvement of medical schools, training of midwives, nurses and TBAs.

4. **The MDGs Model¹⁴²**

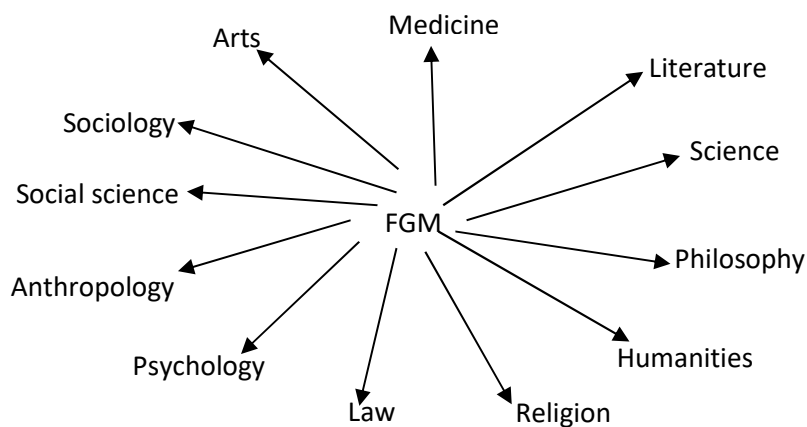
The MDG goals are as follow:

- No. 1 Eradication of extreme poverty and hunger
- No. 2 Achieve Universal Primary Education
- No. 3 Promote gender equality and empower women
- No. 4 Reduce child mortality
- No. 5 Improve Maternal Health
- No. 6 Combat HIV/AIDs, Malaria and other diseases
- No. 7 Ensure environmental sustainability
- No. 8 Develop a global partnership for development'

MDGs was launched in 2000 by the UN. Out of 8MDGs five are directly related to FGM: platform of MDGs to eradicate female circumcision.

5. **Holistic Model**

The abolition of female circumcision needs a holistic approach FGM cut across several disciplines. It is a multidisciplinary matter.



¹⁴² United Nations Millennium Declarations, UN Department of Public Information, 2000; millenniumindicators.UN.org;www.un.org/millenniumgoals;www.millennuimcampaign.org;

FGM is studied in Law, Social science, Science, Medicine and Humanities. All these disciplines must carry out further researches on FGM and they must collaborate to eliminate it. A multi-disciplinary problem needs a multi-disciplinary solution.

CONCLUSION

FGM a dreaded traditional and dangerous practice is still waxing stronger in some parts of Africa and Asia. Some of the reasons why the act is still being practiced is because some people regard it as a hallowed tradition. The greatest assault, however, on FGM is the emergence of human rights as a basis of opposition to the practice. Human rights issue has been led by advocates of feminism, victims, human rights NGOs, regional and global bodies like ECOWAS, AU, EU, UN and its specialized agencies like WHO, UNICEF, UNFPA, UN Women, World Bank, UNESCO and fund donors like DANIDA, USAID, etc. States and governments all over Africa have a crucial role towards the eradication of the practice. It is their duty to ensure that human rights are protected and promoted and to take all measures and adopt steps to make the environment free from genital mutilation and give women social justice. It is the duty of states to fulfill their treaty obligations and provide an enabling environment for empowerment of women and freedom from dangerous and harmful traditional practices. This is also applicable to all policy makers. FGM thrive in an atmosphere of ignorance and deceit. It is the duty of states to embark on massive awareness and education campaign to educate the people about the dangers of the practice. To achieve this traditional rulers and religious leaders must be involved. Governments must involve more women in policy decision making process. Majority of practitioners of FGM are old women and grandmothers. Women must be empowered and be liberated from archaic culture and they must be agents of change. Governments must take a critical look at all the models of abandonment suggested above and implement them.

I would like to end this lecture by quoting Sarah Grinke:

“All history attests that man has subjugated woman to his will, used her as means to promote his self gratification, to minister to his sensual pleasures, to be instrumental in promoting his comfort but never has he desired to elevate her to that rank she was created to fill. He has done all he could to debase and enslave her mind and now he looks triumphantly on the ruin he has wrought and, says, the being he has thus deeply injured is his inferior... but I ask no favours for my sex...All I ask of our brethren is, that they will take their feet off from our necks and permit us to stand upright on that ground which God designed for us to occupy”.¹⁴³

¹⁴³ Sarah Grinke, *Letter on the Equality of the Sexes and the Condition of women* (Boston: Isaac Knapp, 1838) reprinted by Source Book Press, New York. P. 10

**LIST OF INAUGURAL LECTURES IN BENSON IDAHOSA UNIVERSITY
TO DATE**

S/N	NAME	CHAIR	TITLE	DATE
1	Prof J. O. Oyedeji B. Agric, M.Sc., Ph.D (Ilorin)	Agriculture	Bricks with Little Straws: How Efficient Are the Meat and Egg Type Chickens?	July 27 th , 2010
2	Prof. R. A. Masagbor B.A, PGDE, MA, M.PHIL, Ph.D (ABU)	English	Language A Complementarity of Being	April 17 th , 2012