

Female Genital Mutilation as a Persisting Human Rights Concern in Nigeria: A Contemporary Appraisal

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Abstract

Female genital mutilation (FGM) is fundamentally a serious violation of the rights, dignity and bodily autonomy of women and girls in Nigeria. Although Nigeria has adopted a number of legal measures aimed at prohibiting the practice, FGM has persisted in many communities, showing that there is still a wide gap between the law and what is obtainable in practice. This study examines the legal and institutional framework for addressing FGM and other related harmful cultural practices in Nigeria. It considers the adequacy of existing laws, the institutions responsible for enforcement, and the social and cultural factors that continue to fan the embers of the practice. The study adopts a doctrinal research method and relies on relevant legislations, international and regional human rights instruments, judicial decisions and academic literature. It also draws comparative lessons from the United Kingdom, Ghana and Kenya. The study finds that, despite some important legal developments, enforcement has been deficient because of limited legislative coverage, poor public awareness, institutional shortcomings and the continuing influence of deep-seated patriarchal customs. The study argues that legislation alone cannot eliminate FGM and recommends stronger enforcement, better coordination among institutions, wider public education, community engagement and stronger implementation of Nigeria's international and regional human rights obligations.

Keywords: Female Genital Mutilation, Human Rights, Nigeria, Women's rights, Law.

1.0 Introduction

Female genital mutilation (FGM) is not just a medical concern, it is an ugly manifestation of the entrenched systems of power that regulate the body, sexuality and social identity of women. The practice reflects longstanding patriarchal structures through which cultural norms are deployed or unleashed to sustain the pitiable subordination of women and girls. Globally, an estimated 230 million girls and women alive today have undergone some form of FGM, a practice classified by the World Health Organization into four categories, ranging from partial or total removal of the clitoris to infibulation and other harmful procedures carried out on female genitalia for non-medical purposes.⁴ In Nigeria, the scale of the problem remains far-reaching. According to the United Nations Children's Fund, Nigeria accounts for the highest absolute number of FGM cases in Africa, with approximately 19.9 million women and girls affected by the practice.⁵ FGM is deeply rooted in the social history of many Nigerian communities. Long before colonial rule, the practice existed among several ethnic groups,

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⁴ World Health Organization, 'Female Genital Mutilation' (February 2024) *WHO Fact Sheet* <<https://www.who.int/news-room/fact-sheets/detail/female-genital-mutilation>> accessed 8 May 2026

⁵ UNICEF, 'Female Genital Mutilation' (May 2023) *UNICEF Data* <<https://data.unicef.org/topic/child-protection/female-genital-mutilation/>> accessed 8 May 2026

including the Yoruba, Igbo, Hausa, and Ibibio, where it was associated with rites of passage, the control of female sexuality, notions of purity, and perceived standards of marriageability.⁶ During the colonial period, Sir Fredrick Lord Lugard's "Dual Mandate" focused on two goals, which was the economic development of the colony for Britain's benefit and the "civilization" of the locals. However, Lugard explicitly warned against "rashly interfering" with local customs. He believed that forcing social change too quickly would lead to social unrest, which would, in turn, disrupt trade and tax collection.⁷ In other words, as long as a custom did not lead to open rebellion or impede the production of cash crops (like palm oil or cocoa), it was generally left to the jurisdiction of the Native Courts. The writer believes, this policy of non-intervention and indirect rule contributed to the preservation and social entrenchment of many obnoxious oppressive practices including FGM across generations. Following Nigeria's independence in 1960, legislative attention to the issue also remained limited for decades. The practice continued largely unchecked, protected under the oasis of customary law operating within Nigeria's legal pluralism. The closing decades of the 20th century and the early years of the 21st century invited a gradual shift in legal and institutional responses to FGM. Nigeria ratified the Convention on the Elimination of All Forms of Discrimination Against Women in 1985⁸ and subsequently ratified the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa in 2005.⁹ Article 5 of the Protocol specifically requires State Parties to prohibit and condemn all forms of FGM through legislative, institutional, and supportive measures designed to protect women and girls from the practice. At the municipal level, several states, particularly in southern Nigeria, enacted laws prohibiting FGM during the late 1990s and early 2000s. A major legislative milestone was also reached with the enactment of the Violence Against Persons (Prohibition) Act 2015, which, for the first time, introduced a federal statutory prohibition of FGM and prescribed penalties for persons who perform, aid, or abet the procedure, including 4 years imprisonment, fine of N200,000, or both.¹⁰ However, despite these legal developments, the practical impact of existing laws on ground has remained limited. Firstly, the Violence Against Persons (Prohibition) Act applies directly only within the Federal Capital Territory unless adopted by individual states, and several states have yet to enact any corresponding legislation. More than a decade after its enactment, prosecutions relating to FGM under the Act have remained exceptionally rare as though the infraction is not taking place. In many rural communities, awareness of the legislation is low or even entirely absent. Furthermore, although Nigeria has ratified the Maputo Protocol, the instrument has not been domesticated by an Act of the National Assembly, meaning that it lacks direct enforceability before Nigerian courts because of the constitutional dualist approach of Nigeria.¹¹ Institutional agencies that are responsible for the protection of women's rights in Nigeria have unfortunately also been known to habitually face serious challenges, including inadequate funding, weak coordination, and inconsistent enforcement mechanisms.

⁶ TC. Okeke and CC. Ezenyeaku, 'An overview of female genital mutilation in Nigeria' (2012) 2 (1) *Ann Med Health Sci Res.* <<https://pmc.ncbi.nlm.nih.gov/articles/PMC3507121/>> accessed 8 May 2026

⁷ Toyin Falola, *Indirect Rule and the Native Administration* (1st edition, Cambridge University Press 2024) p225

⁸ CEDAW 1979

⁹ Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa (Maputo Protocol) 2003

¹⁰ VAPPA 2015 s 6(1) & (2)

¹¹ O.D Michael and C.G Offor, 'Due Process and the Right to Work in Nigeria: A Critical Analysis of Unlawful Dismissal Under International Labour Standards' (2025) 11(7) *Journal of Humanities and Social Policy* 8, 22.

Further, the persistence of FGM cannot be isolated from other harmful cultural practices such as child marriage, discriminatory widowhood rites, and the denial of inheritance rights to women, all of which are sustained by similar patriarchal assumptions regarding the status and autonomy of women in the society. The continuing gap between the formal legal commitments of Nigeria as a state and the daily experience of many women and girls evokes critical questions regarding the adequacy of existing legal and institutional responses. It is this gap that this study seeks to examine. The study critically evaluates Nigeria's legal and institutional framework for addressing FGM and related cultural prejudices, it identifies the structural and socio-cultural obstacles to veritable enforcement, and draws comparative insights from jurisdictions such as the United Kingdom, Ghana, and Kenya with a view to contributing to contemporary academic discussions on the protection of women's rights in Nigeria.

2.0 The Nature of Female Genital Mutilation

Female Genital Mutilation (FGM) is defined by the World Health Organization as all procedures that involve the partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons.¹² The WHO classifies FGM into four distinct types: Type I, which involves the partial or total removal of the clitoral glans. Type II, which involves the partial or total removal of the clitoral glans and the labia minora, with or without excision of the labia majora. Type III, also known as infibulation, which involves narrowing of the vaginal orifice with a covering seal, and Type IV, which encompasses all other harmful procedures performed on the female genitalia for non-medical purposes, including pricking, piercing, incising, scraping, and cauterisation.¹³ The classification informs us that FGM is not a single, uniform practice but consists of procedures of varying severity, all of which share the common characteristic of being performed without medical justification and in circumstances that violate the bodily integrity of the subject.

The concept of FGM lies in the recognition that the practice constitutes a fundamental violation of several internationally provided human rights. These include the right to life, the right to physical and mental integrity, the right to the highest attainable standard of health, the right to freedom from torture and cruel, inhuman or degrading treatment, and the rights of the child and of women to freedom from discrimination.¹⁴ The practice has no health benefits and is associated with immediate complications including severe pain, haemorrhage, infection, and shock, as well as long-term consequences such as chronic pain, urinary difficulties, complications during childbirth, and psychological trauma.¹⁵ The defining characteristic of FGM that distinguishes it from other cultural practices is the permanence and severity of the physical alteration it inflicts. Unlike a mere rite of passage that may involve acts that are symbolic with reversible modifications, FGM permanently alters the female body in ways that have lifelong consequences for the health, sexuality, and psychological wellbeing of that child. In Nigeria, the concept of FGM is understood through the lens of cultural and social dynamics. The practice is widespread across several ethnic groups including the Yoruba, Igbo, Hausa, and

¹²World Health Organization, 'Female Genital Mutilation' (February 2024) *WHO Fact Sheet* <<https://www.who.int/news-room/fact-sheets/detail/female-genital-mutilation>> accessed 16 May 2026.

¹³ Ibid

¹⁴ UNFPA and UNICEF, 'Accelerating the Elimination of Female Genital Mutilation' (2023) *Joint Programme Report* <<https://www.unfpa.org/publications/accelerating-elimination-female-genital-mutilation>> accessed 16 May 2026.

¹⁵World Health Organization, 'Female Genital Mutilation' (February 2024) *WHO Fact Sheet* <<https://www.who.int/news-room/fact-sheets/detail/female-genital-mutilation>> accessed 16 May 2026.

Ibibio, though the prevalence rate differs significantly by region.¹⁶ According to a 2026 study, it is still relatively high in the South-West, South-East, and North Central geopolitical zones.¹⁷ In many communities, FGM is associated with the control of female sexuality, the preservation of chastity before marriage, the enhancement of male sexual pleasure, and compliance with perceived religious obligations, though the practice has no scriptural basis in either Christianity or Islam.¹⁸ The practice is usually performed by traditional circumcisers, who are often elderly women within the community, using unsterilised instruments such as razor blades, knives, or broken glass. Sadly, the procedure is usually carried out without anaesthesia and in unsanitary conditions, exposing girls and women to severe health problems and pain.¹⁹

2.1 The Idea of Women's Rights in Nigeria:

In the writer's view, women's rights constitute that bundle of legal entitlements and protections that guarantee women equality before the law. It encompasses the rules of law that purports to ensure women's freedom from discrimination, bodily autonomy, and full participation in the political, economic, and social life of the community. These rights are predicated on the principle that women, by virtue of their common humanity, are entitled to the same fundamental rights and freedoms as men, and that legal systems have an obligation to remove the structures that perpetuate female subordination.²⁰ At the international level, the basic instrument is the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) 1979, which defines discrimination against women as 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 of human rights and fundamental freedoms.²¹ At the regional level, the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa (Maputo Protocol) 2003 provides these rights especially in the African context, as it specifically addresses harmful practices including FGM under Article 5.

In Nigeria, the concept of women's rights operates within a legal order that is badly shaped by legal pluralism. The CFRN 1999 (as amended) provides the right to freedom from discrimination on grounds of sex under section 42(1) and ensures the dignity of the human person under section 34. However, these constitutional rights coexist with customary and religious legal systems that are deeply patriarchal in their orientation and sadly govern the personal lives of the vast majority of Nigerian women. Customary law, which is recognised as

¹⁶ A.E Makanjuola, O. A Adenekan and B.O Atoba, 'Exploring the Socio-Cultural Dynamics of Female Genital Mutilation in Nigeria' (2023) 8(2) *Journal of African Social Studies* <<https://nigerianjournalonline.org/index.php/JASS/article/view/2725>> accessed 16 May 2026.

¹⁷ Emmanuela Nzeribe, 'Evaluating the effectiveness of the violence against persons prohibition act in reducing female genital mutilation/cutting in Nigeria: a multi-year policy impact analysis' (2026) 19(111) *BMC Research Notes* <<https://link.springer.com/article/10.1186/s13104-026-07700-1>> accessed 16 May 2026.

¹⁸ A.E Makanjuola, O. A Adenekan and B.O Atoba, 'Exploring the Socio-Cultural Dynamics of Female Genital Mutilation in Nigeria' (2023) 8(2) *Journal of African Social Studies* <<https://nigerianjournalonline.org/index.php/JASS/article/view/2725>> accessed 16 May 2026.

¹⁹ Y.S Muhammad and A.M Ayofe, 'Female Genital Mutilation (FGM) in Nigeria: A Violation of the Human Rights of Girls and Women and Implication for Counselling' (2024) 1(2) *Confluence Journal of Education and Knowledge Management* 13 <<https://cjekm.ng/index.php/cjekm/article/view/23>> accessed 16 May 2026.

²⁰ Justina Obaoye and Abdulraheem Musa, 'Prohibition of Discriminatory Laws and Practices Against Women's Rights in Nigeria' (2024) 9(11) *International Journal of Research and Innovation in Applied Science* 113 <https://econpapers.repec.org/article/bjffjournal/v_3a9_3ay_3a2024_3ai_3a11_3ap_3a113-123.htm> accessed 16 May 2026.

²¹ CEDAW 1979 art 1

a source of Nigerian law under the Constitution²², frequently subordinates women in matters of marriage, inheritance, property ownership, and family authority.²³ Therefore, there is technically a normative conflict in which women possess rights under statutory and constitutional law, but the same rights are often negated by the customary and religious laws that usually govern their daily lives. The concept of women's rights in Nigeria to be properly understood, must therefore be evaluated in view of the principle or persuasion that it is not a settled vested right in Nigeria, but an area that is highly disputed in practice amongst the constitution, statutory laws and customary laws of Nigeria.

3.0 Conceptualising Female Genital Mutilation Within the Lense of Feminist Legal Theory:

Feminist legal theory is a body of jurisprudence that examines how law has historically constructed, reinforced, and justified the subordination of women, and which seeks to reimagine legal institutions and doctrines in ways that advance genuine gender equality. The theory emerged from the broader feminist movements of the late 19th and 20th centuries and has developed into several distinct but interrelated types, including liberal feminism, radical feminism, cultural feminism, and postmodern feminism.²⁴ Despite their differences, these types share a common conviction, which is that law is not neutral as between men and women, that it has been shaped by male perspectives and interests, and that its claims to objectivity and universality must be subjected to critical scrutiny. Liberal feminism is associated with early thinkers such as Mary Wollstonecraft and John Stuart Mill. It focuses on the removal of legal barriers that prevent women from participating equally in public life. It argues that women should enjoy the same formal legal rights as men and that discrimination should be eliminated through legal reform.²⁵ Radical feminism is associated with thinkers such as Catharine MacKinnon, and it goes further by arguing that the very structure of law is patriarchal and that merely extending formal rights to women within an unreconstructed legal system is insufficient. For radical feminists, the law itself embodies male perspectives and must be fundamentally altered.²⁶ MacKinnon argued that the state is male in the feminist sense. It adopts the standpoint of male power and enforces its norms through law.²⁷

When we apply this theory to the question of FGM in Nigeria, feminist legal theory provides a powerful analytical lens. It reveals that FGM is not a neutral cultural practice but a manifestation of patriarchal power operating through the control of female bodies and sexuality. The rationale for FGM in many Nigerian communities, such as the preservation of chastity, the control of female sexual desire, the enhancement of male pleasure are all perfect examples of what feminist theory identifies as the patriarchal construction of female sexuality in service of male interests. Secondly, feminist legal theory exposes the limitations of purely legislative approaches to FGM. The existence of laws prohibiting FGM does not, by themselves, alter the patriarchal structures that invigorate the practice. Nzeribe for instance, has argued that despite the VAPPA 2015, enforcement remains poor across most states, leaving

²²M.O Izunwa and O.D Michael, 'Conceptualising Jesus as the "Living Customary Law": A Christological Re-Reading of the African Charter on Human and Peoples' Rights for Restorative Justice and Socio-Economic Rights in Africa' (2026) 3(1) *Journal of Customary and Religious Law* 1, 4-5

²³ Mosunmola Imasogie, 'Cultural Impediments to the Domestication of Women's Rights Instruments in Nigeria' (2014) (2) (3) *IAFOR Research Archive* <<https://papers.iafor.org/submission03681/>>accessed 16 May 2026

²⁴ Martha Chamallas, *Introduction to Feminist Legal Theory* (3rd edition, Wolters Kluwer 2013) p 48

²⁵ Ibid

²⁶ Catharine MacKinnon, *Toward a Feminist Theory of the State* (1st edition, Harvard University Press 1989) p 237

²⁷ Ibid

millions of girls vulnerable.²⁸ lastly, the feminist legal theory demands that legal responses to FGM should go beyond criminalisation to address the underlying structures of gender inequality, factors such as educational disparities, the economic dependency, the political exclusion make women and girls vulnerable to the practice in the first place. The theory properly supports the primary argument of this study: that significant legal protection of women's rights requires not just the enactment of prohibitions but the transformation of the institutional and cultural conditions under which those prohibitions are enforced.

4.0 The Legal Framework on Combating Female Genital Mutilation in Nigeria:

4.1.1 Constitution of the Federal Republic of Nigeria 1999 (as amended):

The Constitution of the Federal Republic of Nigeria 1999 (as amended) is the grundnorm from which all other laws derive their validity. It is the supreme law, and any law inconsistent with its provisions is void to the extent of the inconsistency.²⁹ The Constitution does not contain a specific provision addressing FGM by name, but it establishes a framework of rights and principles that are directly relevant to the protection of women from harmful cultural practices. Section 34(1) of the CFRN 1999 (as amended) entitles every individual with the right to the respect for the dignity of the person and prohibits torture and inhuman or degrading treatment. FGM, which involves the infliction of severe physical pain on girls and women using unsterilised instruments and without anaesthesia, falls squarely within the prohibition on inhuman and degrading treatment. The permanent alteration of the female body for non-medical reasons, performed without consent and in circumstances of coercion, is a violation of dignity in its most elemental sense. Section 42(1) of the CFRN 1999 (as amended) prohibits discrimination on grounds of sex, among other grounds, while section 42(2) of the CFRN 1999 (as amended) specifically prohibits subjecting any citizen to a disability or deprivation by reason of the circumstances of birth. FGM is a practice directed exclusively at women and girls. It is a form of sex-based discrimination because it subjects women and girls to a harm from which men and boys are spared, and it is based on patriarchal assumptions about female sexuality that the constitutional right of equality was designed to obliterate. The Constitution also contains provisions in Chapter II, the Fundamental Objectives and Directive Principles of State Policy, that lend interpretive support to the protection of women. Section 17(2)(a) of the CFRN 1999 (as amended) provides that every citizen shall have equality of rights, obligations and opportunities before the law. Section 17(3)(e) of the CFRN 1999 (as amended) directs the state to ensure that there is equal pay for equal work without discrimination on account of sex. Although these provisions are non-justiciable by virtue of section 6(6)(c) of the CFRN 1999 (as amended), they provide a constitutional policy orientation that supports legislative measures aimed at eliminating gender discrimination.

The constitutional framework, however, has identifiable limitations in the context of FGM. The first limitation is the non-justiciability of Chapter II, which means that the obligation of the state to eliminate gender discrimination cannot be directly enforced by courts.³⁰ The second limitation is the recognition of customary law as a source of Nigerian law under section 315(4) of the CFRN 1999 (as amended). While the mere recognition itself is not a problem, it is the sweeping effect that by doing so, it inexorably preserves all customary law rules including those that might be repugnant to natural justice, equity, and good conscience. The third limitation is the dualist principle that a treaty between Nigeria and another country shall not

²⁸ Adewale Kayode, 'Researcher calls for urgent action to end FGM in Nigeria' *The Guardian* (Lagos, 12 October 2025) <<https://guardian.ng/news/researcher-calls-for-urgent-action-to-end-fgm-in-nigeria/>> accessed 16 May 2026.

²⁹ CFRN 1999 (as amended) s1(3)

³⁰ Ibid s6(6)(c)

have the force of law unless enacted into law by the National Assembly.³¹ This provision has prevented the direct enforcement of CEDAW and the Maputo Protocol before Nigerian courts.

4.1.2 Violence Against Persons (Prohibition) Act 2015:

The Violence Against Persons (Prohibition) Act 2015 can correctly be considered the most significant federal legislative response to gender-based violence in Nigeria. Its Explanatory Memorandum states that it is an Act to prohibit all forms of violence against persons in private and public life and to provide maximum protection and effective remedies for victims. The VAPP Act 2015 was enacted after decades of advocacy by women's rights organisations and in response to the obligations of Nigeria under CEDAW 1979 and the Maputo Protocol 2003, both of which require state parties to take legislative measures to eliminate harmful practices against women. Section 6 of the VAPP Act 2015 is the provision that clearly addresses FGM. It provides that the performance of female genital mutilation or a medical assistance in the performance is an offence.³² A term of imprisonment not exceeding four years or a fine not exceeding N200,000, or both is prescribed as the penalty.³³ And the liability is extended to any person who aids, abets, or coerces another to undergo FGM, ensuring that not only the direct perpetrator but also family members and community leaders who facilitate the practice can be held accountable.³⁴ And most importantly, the VAPP Act provides that nothing in the section shall preclude any person from being charged with a more serious offence including murder.³⁵ The VAPP Act 2015 is commendable for its comprehensive approach. It defines FGM broadly enough to cover all four types classified by the World Health Organization. It creates vicarious liability, extends criminal responsibility to aiders and abettors, and preserves the possibility of more serious charges where the procedure results in death. However, the VAPP Act 2015 suffers from a fundamental constitutional limitation. The Act was enacted by the National Assembly under its general legislative powers, but matters of criminal law fall within the Concurrent Legislative List, and the specific application of the Act to states is constitutionally debated. The prevailing interpretation among legal scholars and practitioners is that the VAPP Act 2015 applies only within the Federal Capital Territory, Abuja, and must be adopted by the Houses of Assembly of each state to become an operational law in that state.¹² More than a decade after its enactment, several states however, have not yet enacted a corresponding state-level VAPP law. Even among states that have adopted it, the quality of adoption varies, with some states modifying important provisions or failing to put in place the necessary tools of implementation. A further lapse is the near-total absence of reported prosecutions under section 6 of the VAPP Act. Regardless of the scale of FGM in Nigeria there have been sadly few convictions under the Act for FGM-related offences. This narrative informs us that the VAPP Act 2015, while it remains theoretically important, has not really become an operational tool of law enforcement.

4.1.3 Child Rights Act 2003:

The Child Rights Act 2003 was enacted to domesticate the United Nations Convention on the Rights of the Child and the African Charter on the Rights and Welfare of the Child. While the Act does not contain a specific provision on FGM, it establishes a child protection framework that is directly relevant to the practice, given that FGM is most commonly performed on girls before the age of fifteen. Section 11 of the Child Rights Act guarantees every child the right to

³¹ Ibid s12(1)

³² VAPP Act s6(1)

³³ Ibid S6(2)

³⁴ Ibid S6(3)

³⁵ Ibid S6(4)

dignity and prohibits subjecting any child to physical, mental or emotional injury, abuse, neglect or maltreatment, including torture, inhuman or degrading treatment or punishment. Section 27 of the CRA 2003 specifically addresses harmful traditional practices, providing that no child shall be subjected to any form of social or cultural practice that is harmful to the physical, emotional or psychological wellbeing of the child. The section expressly includes child marriage and betrothal as prohibited practices, and although FGM is not named, the language of the provision is broad enough to encompass it. Section 30 of the CRA 2003 prohibits the tattooing and skin marking of children, another provision that is sufficiently broad to cover FGM in many of its forms. The CRA 2003 imposes criminal sanctions for violations. Section 27(2) of the CRA 2003 provides that a person who subjects a child to a harmful social or cultural practice commits an offence and is liable on conviction to a fine not exceeding N10,000 or imprisonment for a term not exceeding one month, or both. The penalty is especially light and has been criticised as inadequate to deter the practice.³⁶ Section 277 of the CRA 2003 defines a child as a person under the age of 18, which particularly brings all girls subjected to FGM before that age within the protective scope of the Act. A major limitation of the Child Rights Act 2003, as noted in the preceding section, is jurisdictional. Child rights fall under the Concurrent Legislative List, meaning the federal Act applies only in the Federal Capital Territory and must be adopted by each state to become an operational law in that state. As of 2026, not all states have properly adopted the Act by legislation and assent, more so, several states that have adopted the Act included some amendments that dilute its protective force, especially the provisions relating to the age of the child and the prohibition on child marriage.

4.1.4 Criminal Code Act 2004:

The Criminal Code Act, Cap C38 Laws of the Federation of Nigeria 2004, is the primary law on crimes applicable in the southern states of Nigeria. It does not contain a specific provision on FGM, but several of its general provisions can be, and have occasionally been, used against persons who perform or facilitate the procedure. Section 335 of the Criminal Code contains the offence of unlawfully doing grievous harm to another. FGM, especially Type II and Type III, which involve extensive tissue removal and infibulation, constitutes grievous harm within the meaning of the section. The maximum penalty for the offence is 7 years imprisonment. Section 252 of the Criminal Code creates the offence of assault occasioning actual bodily harm, which could also apply to the performance of FGM without the consent of the victim. Section 355 of the Criminal Code also creates a specific offence for persons who unlawfully and indecently assault a woman or girl. And this provision can also be applied where FGM involves non-consensual touching of a sexual nature. The Criminal Code also contains provisions on consent that are relevant to FGM. Section 290 of the aforementioned law provides that a person cannot consent to the infliction of death or grievous harm upon himself. This means that the consent of a parent or guardian to the performance of FGM on a girl child, and even the consent of an adult woman to the procedure, is immaterial as a defence where the procedure results in grievous harm. The limitation of the Criminal Code in addressing FGM is that its provisions were not designed with the practice in mind. They are general criminal provisions that require prosecutors to fit FGM within the elements of existing offences, and this approach in the opinion of the writer is less efficacious compared to a specific statutory prohibition. The Criminal Code also applies only in the southern states, the Penal Code, which applies in the northern states, has its own equivalent provisions, but neither Code addresses FGM by name.

³⁶ Ademola Ojekunle and Oladiran Ayodele, 'The Effect of the Legal Framework for the Protection of the Nigerian Girl-Child' (2024) 2(1) *Nigerian Current Law Review* 293
<<https://journal.nials.edu.ng/index.php/nclr/article/view/33>> accessed 16 May 2026

The absence of a specific prohibition under the general criminal law of Nigeria is precisely the lacuna that the VAPP Act 2015 was enacted to cover, but the jurisdictional limitations of the VAPP Act 2015 mean that in states without a VAPP law, the Criminal Code will be the only tool for prosecuting FGM, and sadly it is a tool that was not designed for the task.

4.1.5 Convention on the Elimination of All Forms of Discrimination Against Women 1979:

The Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) is the primary international legal framework on the rights of women. It was adopted by the United Nations General Assembly in 1979, and it defines discrimination against women and provides a comprehensive framework of state obligations to eliminate such discrimination in all its forms. Nigeria ratified the CEDAW on 13 June 1985, thus undertaking to be bound by its provisions at least in principle. Article 2 of the CEDAW 1979 requires state parties to pursue by all appropriate means and without delay a policy of eliminating discrimination against women, including by embodying the principle of equality in their national constitutions and by adopting legislative measures prohibiting all discrimination against women. Article 5 of the CEDAW 1979 requires state parties to take all appropriate measures to modify the social and cultural patterns of conduct of men and women, with a view to achieving the elimination of prejudices and customary practices based on the idea of the inferiority or the superiority of either sex. This provision is material to the cultural prejudices that perpetuate FGM. It imposes on Nigeria an obligation not just to criminalise harmful practices but to take active measures to change the cultural attitudes that give those practices their legitimacy.

Article 12 of the CEDAW 1979 requires state parties to eliminate discrimination against women in the field of healthcare. The Committee on the Elimination of Discrimination Against Women, the treaty body that monitors compliance with CEDAW, has in its General Recommendation No. 24 interpreted Article 12 as requiring states to take measures to prohibit FGM.³⁷ The Committee has further stated that cultural or religious practices cannot be invoked to justify violations of women's rights under the Convention. The most fundamental weakness of CEDAW in the Nigerian legal context is its non-domestication. Nigeria ratified the Convention in 1985, but the National Assembly has not enacted it as required by section 12(1) of the CFRN 1999 (as amended). The consequence is that while it is binding on Nigeria internationally, sadly it does not have the force of law before Nigerian courts.

4.1.6 Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa (Maputo Protocol) 2003

The Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa, commonly referred to as the Maputo Protocol, was adopted in Maputo, Mozambique in 2003 and entered into force in 2005. It is the most significant regional instrument on the rights of women in Africa and is widely regarded as the most comprehensive legal framework for addressing harmful practices including FGM. Nigeria signed the Protocol in 2004 and ratified it in 2005. Article 5 of the Maputo Protocol 2003 is specifically directed at the elimination of harmful practices. It provides that state parties shall prohibit and condemn all forms of harmful practices which negatively affect the human rights of women and which are contrary to recognised international standards. The Article specifically requires state parties to take all necessary legislative and other measures to eliminate such practices, including through the prohibition of FGM through legislative measures backed by sanctions, the provision of

³⁷ Office of the High Commissioner for Human Rights, 'General Recommendation No. 24: Article 12 of the Convention "Women and Health"' (1999) *UNO* <<https://share.google/DDEysS7OioK4j015U>> accessed 17 May 2026

necessary support to victims of harmful practices, and the creation of public awareness programmes. The Protocol is significant because it names FGM specifically, it removes any ambiguity about whether the practice falls within the category of prohibited harmful practices. Secondly, it goes beyond criminalisation to require states to provide support services to victims and to undertake public education, recognising that legal prohibition alone might not be insufficient. It also contextualises FGM within the wider context of women's rights, thus linking the practice to the right to health, the right to dignity, and the right to freedom from discrimination, all of which are provided elsewhere in the Protocol. Article 2 of the Maputo Protocol 2003 requires state parties to enshrine the principle of gender equality in their constitutions and to enact legislation prohibiting all forms of discrimination against women. Article 8 of the Maputo Protocol 2003 also requires states to ensure women's access to health services and to take measures to address the physical and psychological needs of women. Whereas, Article 14 of the Maputo Protocol 2003 addresses the health and reproductive rights of women. When examined cumulatively, these provisions create a comprehensive obligation on Nigeria to eliminate FGM through a combination of legal prohibitions, institutional support, and cultural transformation. However, like the CEDAW, the Maputo Protocol has not been domesticated by an Act of the National Assembly. Nigeria ratified the Protocol in 2005, but more than two decades later, a domestic legislation has not been enacted. So like the CEDAW it cannot be enforced in the courts in Nigeria. The writer believes the domestication of the Maputo Protocol 2003 remains one of the most significant unfinished business in the legal framework for the protection of women's rights in Nigeria.

5.1 FGM and Cultural Prejudices as Violations of Women's Rights in Nigeria:

Female genital mutilation is a harmful cultural practice. But more terribly, it is also a gross violation of several rights that Nigerian law, at multiple levels, has committed itself to protecting. The right to dignity and bodily integrity is the most direct casualty. FGM involves the infliction of severe physical pain on a girl or woman, usually without anaesthesia, using unsterilised tools. The procedure permanently alters healthy genital tissue and is performed in circumstances in which the subject, most often a child under the age of ten, is physically restrained by family members. The World Health Organization has stated that FGM has no health benefits and that it harms girls and women in many ways that interfere with the natural functions of their bodies.³⁸ It is difficult to conceive of a more blatant assault on dignity and bodily integrity than the non-consensual cutting and removal of the most intimate parts of a girl's body. The right to freedom from discrimination under section 42 of the CFRN 1999 (as amended) is another right violated by FGM because it is a practice directed exclusively at women and girls. The writer is of the persuasion that FGM is nothing but the expression of patriarchal control over female bodies and sexuality. Some of the cultural rationale proffered for it such as the enhancement of male sexual pleasure subordinates women as mere tools in the hand of men. The rights of children are specifically violated because the overwhelming majority of FGM procedures are performed on girls below the age of fifteen. Section 27 of the Child Rights Act 2003 prohibits subjecting any child to a social or cultural practice that is harmful to the physical, emotional, or psychological wellbeing of the child. Data from UNICEF also indicates that most Nigerian girls who undergo FGM are cut before their fifth birthday.³⁹ At

³⁸ World Health Organization, 'Health risks of female genital mutilation' <[https://www.who.int/teams/sexual-and-reproductive-health-and-research-\(srh\)/areas-of-work/female-genital-mutilation/health-risks-of-female-genital-mutilation](https://www.who.int/teams/sexual-and-reproductive-health-and-research-(srh)/areas-of-work/female-genital-mutilation/health-risks-of-female-genital-mutilation)> accessed 16 May 2026.

³⁹ Sade Oguntola, 'UNICEF calls for collective ending of FGM in the South-West' *Tribune Online* (25 September 2025) <<https://tribuneonlineng.com/unicef-calls-for-collective-ending-of-fgm-in-the-south-west/>> accessed 17 May 2026.

that age, the child is incapable of understanding what is happening to her, let alone consenting to it. The rights of the child are thus grossly violated. The right to the highest attainable standard of health under Article 12 of CEDAW and Article 14 of the Maputo Protocol, is also violated because FGM produces immediate and long-term health consequences that are terrible. A 2025 WHO study analysing evidence from more than 75 studies in approximately 30 countries, found that women with FGM have more than double the risk of prolonged or obstructed labour or haemorrhage, an almost three-times greater risk of depression or anxiety, and a 4.4 times higher likelihood of experiencing post-traumatic stress disorder.⁴⁰ The study, was described by Dr Pascale Allotey, Director of Sexual and Reproductive Health and Research at WHO, as painting a devastating picture of the manifold health implications of FGM. And this confirms that the health consequences span both physical and mental health throughout the life course of an affected woman.⁴¹ On the other hand, cultural prejudices also manifest as violations of the rights of women, especially the right to equality and non-discrimination on the basis of gender because they perpetuate customs that provide validity for practices like FGM. They normalise female subordination and treat women as less fully autonomous persons worthy of their own bodily integrity without the input and consideration of men.

5.2 Impact of FGM and Cultural Prejudices on the Rights of Women:

It has properly been established that FGM and cultural prejudices are not just harmful practices but they constitutes gross violations of the rights of women. In this section, the varied impacts of these practices will be examined. The writer believes FGM and cultural prejudices are harms that unfolds across the lifetime of the survivor, affecting her physical health, her psychological wellbeing, her sexual function, her reproductive experiences, and even her social and economic participation in the society. The immediate impact is the health of the woman. The WHO has identified severe pain, excessive bleeding, shock, genital tissue swelling, infections, urinary problems, impaired wound healing, and death as short-term health risks associated with FGM.⁴² Death can result from infections, including tetanus, as well as from haemorrhage leading to shock. This is possible because as noted earlier, the procedure is often performed in unsanitary conditions using instruments that have been used on multiple girls without sterilisation, which increases the risk of infection and the transmission of diseases.

These immediate health problems are especially severe for girls subjected to Type III FGM, because it involves the narrowing of the vaginal orifice and is the most invasive form of the practice anywhere in the world. The long-term physical consequences are equally serious and must be pointed out. Scarring for example, can lead to the trapping of nerve endings and cause serious pain. Obstructed menstrual flow, especially in Type III FGM, can cause severe dysmenorrhea and the accumulation of menstrual blood. There are also long term sexual health problems which may include decreased sexual desire, pain during intercourse, and reduced lubrication, all of which is the consequence of the removal or damage to sensitive genital tissue.⁴³ The obstetric consequences can even be more terrible, because it affects not only the woman but also her child. The WHO study found that women with FGM have more than double the risk of prolonged or obstructed labour, a significantly higher likelihood of requiring emergency caesarean sections or forceps delivery, and that babies born to women who have

⁴⁰ World Health Organization, 'New study highlights multiple long-term health complications from female genital mutilation' (14 April 2025) *WHO* <<https://www.who.int/news/item/14-04-2025-new-study-highlights-multiple-long-term-health-complications-from-female-genital-mutilation>> accessed 16 May 2026.

⁴¹ Ibid

⁴² World Health Organization, 'Health risks of female genital mutilation' (2025) *WHO* <[https://www.who.int/teams/sexual-and-reproductive-health-and-research-\(srh\)/areas-of-work/female-genital-mutilation/health-risks-of-female-genital-mutilation](https://www.who.int/teams/sexual-and-reproductive-health-and-research-(srh)/areas-of-work/female-genital-mutilation/health-risks-of-female-genital-mutilation)> accessed 16 May 2026.

⁴³ Ibid

undergone FGM are more likely to experience birth complications such as fetal distress or asphyxia, resulting in lower newborn survival rates.⁴⁴ These findings inform us of the sad truth, that FGM may be a one-time harm but its consequences never end even when the physical wound heals. The psychological impact is not talked about enough, it is also the least visible, even if it remains very debilitating. Studies have shown that girls and women who have undergone FGM are more likely to experience post-traumatic stress disorder, anxiety disorders, depression, and somatic complaints.⁴⁵ Another type of impact which is real but sadly very difficult to quantify is the social and economic impact. Girls who undergo FGM may be withdrawn from school during the recovery period, and the psychological consequences can affect their educational performance and even disrupt their future if proper care is not administered. In a nutshell, the practice of FGM and all cultural prejudices that attach to women no matter how subtle or innocuous they may seem, are scourges that need to be obliterated from every society. The impact they have on women and children is catastrophic, and the cost diverted to treat the consequences after the fact is massive, and could easily have been diverted to other pressing needs in the healthcare system of a country. The global cost of treating the medical consequences of FGM has been estimated at USD 1.4 billion per year, a figure sadly projected to rise by 50% as populations grow.⁴⁶

5.3 Challenges Affecting the Enforcement of Women's Rights in Nigeria:

The existence of laws that prohibit FGM and ensure the protection of women's rights in Nigeria is not in question. Nigeria has enacted the VAPP Act 2015, the Child Rights Act 2003, and has ratified CEDAW and the Maputo Protocol. The fundamental problem is that these laws have not, as expected, materialised into concrete protections for women and children in Nigeria, due to diverse challenges militating against their success. The foremost challenge is the constitutional limitation on the application of the VAPP Act 2015. As noted earlier, the prevailing interpretation among legal practitioners is that the Act applies directly only in the Federal Capital Territory and must be adopted by each State House of Assembly to become an operational law in that state. Presently, not all states have a corresponding state law, and in some states, the law has been passed but has not been assented to by the governor.

A second challenge is the rare incidence of prosecutions targeted at FGM. Although the scale of FGM is preposterous, with approximately 20 million women and girls affected, there has been no known successful prosecution under section 6 of the VAPP Act 2015. A UNICEF Child Protection Specialist, Denis Onoise, noted in September 2025 that despite the sundry laws in Nigeria, prosecutions are rare because communities are often reluctant to report cases of FGM.⁴⁷ Other reasons for this rarity could be because even the law enforcement officers are often drawn from the same communities that practise FGM and may share the cultural assumptions that perpetuate it. Secondly, they may be reluctant to arrest family members for a practice that is widely accepted in the community. And the victims and their mothers may refrain from reporting due to the fear of social sanctions like ostracism and mockery. Another

⁴⁴ Ibid

⁴⁵ Catarina Emmanuel et al, 'Psychological Consequences of Female Genital Mutilation - A Review' (2023) (12) (3) *International Journal of Psychology and Psychoanalysis* <<https://clinmedjournals.org/articles/ijpp/international-journal-of-psychology-and-psychoanalysis-ijpp-9-070.php?jid=ijpp>> accessed 18 May 2026

⁴⁶ Sade Oguntola, 'UNICEF calls for collective ending of FGM in the South-West' *Tribune Online* (25 September 2025) <<https://tribuneonline.ng/unicef-calls-for-collective-ending-of-fgm-in-the-south-west/>> accessed 17 May 2026.

⁴⁷ Raji Adebayo, 'Oyo, UNICEF Call For Stronger Legal Action Against FGM' *Independent Newspaper Nigeria* (12 September 2025) <<https://independent.ng/oyo-unicef-call-for-stronger-legal-action-against-fgm/>> accessed 18 May 2026.

angle that may also be influencing the problem, is the fact that medical documentation that would have otherwise supported the prosecution of FGM in court is frequently unavailable because FGM is performed outside the formal health system by traditional circumcisers. The third challenge is the non-domestication of important conventions and protocols. We must in this case distinguish the mere ratification of a convention with its domestication or reenactment. Nigeria has ratified a number of important international treaties meaning they are binding on Nigeria at least under International law, but citizens however can never make those treaties their causes of actions in court because of Nigeria's dualist approach to enforcement of treaties and conventions. This means the Maputo Protocol and the CEDAW are technically useless for Nigerian girls and women. The Group Chief Executive Officer of BAOBAB for Women's Human Rights noted in 2025 that the continued non-domestication of the Maputo Protocol in Nigeria was regrettable, because its domestication and successful implementation would not only protect women's rights but will lead to women's empowerment, improved healthcare, and gender equality.⁴⁸ The fourth challenge we can deduce relates to institutional incapacity. As we have seen, important institutions that ordinarily ought to fight for the protection of women and children are the same institutions least funded by the Nigerian Government. It would thus be rhetorical to ask how exactly they would be able to fund programs to tackle the millions of human rights violation complaints they receive daily. The last challenge pinpointed by the writer in this study is cultural and operates at the level of community norms. FGM is not imposed by a hostile external force. It is a practice performed by mothers, grandmothers, and aunts on girls whom they love, and it is performed because they genuinely believe it is in the girl's interest. The belief that FGM preserves chastity, enhances marriageability, and complies with religious obligations is sincerely held, even though it is factually wrong and medically harmful. Changing these beliefs would require serious community engagement over years, not simply just the enactment of criminal sanctions. This approach is very important because if the communities are not persuaded of the reasons for the legal prohibition, they will simply evade it, and end up performing the procedure in secrecy or crossing state or even national borders just to do so in their blinding ignorance.

6.0 Comparative Analysis with Selected Jurisdictions:

6.1 United Kingdom:

The United Kingdom offers a useful example of a jurisdiction that has combined criminal prohibition with civil protection measures alongside the responsibility of reporting which is mandatory, but yet still faces difficulty securing convictions. FGM became a specific criminal offence in the UK under the Prohibition of Female Circumcision Act of 1985, which was later replaced by the Female Genital Mutilation Act of 2003. The 2003 Act criminalised the performance of FGM, assisting another person to perform FGM, and assisting a non-UK person to carry out the procedure abroad. The maximum penalty for the most serious offences is 14 years imprisonment. The Serious Crime Act 2015 introduced further measures into the legal framework. It enabled courts to issue FGM Protection orders, to protect girls from the risk of FGM. The Serious Crime Act also imposed a compulsory reporting duty on regulated professionals in health care, social care, and education, which required them to report known cases involving girls under the age of 18 directly to the police. In addition, it created the offence of failing to protect a girl from the risk of FGM, which placed liability on persons with parental responsibility who fail to prevent the act. However, even with these measures, prosecutions under the Female Genital Mutilation Act of 2003 have been extremely limited. The first

⁴⁸Collins Osuji, 'Group seeks media support for Maputo Protocol in Nigeria' *The Guardian* (3 July 2025) <<https://guardian.ng/news/group-seeks-media-support-for-maputo-protocol-in-nigeria/>> accessed 17 May 2026.

conviction under section 3 of the Female Genital Mutilation Act for assisting a non-UK person to mutilate a child's genitalia abroad came in *R v Noor*⁴⁹ where the appellant received a seven-year sentence for taking a three-year-old girl to Kenya for the procedure.

From the situation in the UK, Nigeria can learn a few lessons. The first being that even where the regime is extensive and almost watertight, prosecutions can still be few. Especially when the practice is laundered secretly to another jurisdiction. Secondly, extending the arm's length of the law to cover instances where the practice is secretly shipped abroad is a proactive step forward in the fight against FGM. Also, the compulsory reporting responsibility on teachers, health workers and social care professionals offers some guidance on what Nigeria should do, because these sets of professionals are usually the first outside of a family to know that such a harm has been done to a little girl.

6.2 Kenya

Kenya enacted the Prohibition of Female Genital Mutilation Act in 2011, which criminalised the performance of FGM, aiding or abetting the practice, and failure to report it to law enforcement authorities. Section 29 of the Female Genital Mutilation Act provides a mandatory minimum sentence of three years imprisonment or a fine of not less than 200,000 shillings, or both. Kenya also provided the Anti-FGM Board, a government body that is responsible for coordinating anti-FGM programmes across the country. The position of Kenya with prosecutions under its anti-FGM legislation is far broader than that of Nigeria and shows a serious problem Nigeria should avoid. A 2024 report reviewed 68 criminal cases brought under the Female Genital Mutilation Act of Kenya and found that more than 55% of defendants were women and girls who had themselves been subjected to FGM.⁵⁰ By comparison, only 6% of those prosecuted were actual perpetrators, while 16% were owners of premises where the procedure took place. Section 24 of the Female Genital Mutilation Act, which criminalises failure to report FGM, appeared in almost half of the observed cases and was frequently used against victims.⁵¹ These findings later gave rise to a constitutional objection. For instance, In 2025, five women charged for allegedly undergoing FGM and failing to report it filed a petition before the High Court in Narok, arguing that the law had virtually turned victims into offenders.⁵² The petitioners maintained that women and girls who were victims or suspected victims of FGM were often arrested and prosecuted across Kenya. The case drew international attention and renewed calls for amendments to ensure the law cannot be applied against victims. Nigeria can learn from the position in Kenya, a statute enacted to protect women and girls from FGM should not be turned against the very people it seeks to protect. The situation in Kenya shows how broadly framed responsibility on reporting may result in the criminalisation of victims rather than the actual perpetrators. The Violence Against Persons (Prohibition) Act 2015 does not contain an equivalent provision to section 24 of the Kenyan Act, which is commendable, but any future amendment introducing additional offences should be carefully studied and weighed to avoid creating avenues for the prosecution of victims. Kenya has also recorded achievements from which Nigeria may learn from. The Anti-FGM Board created in Kenya maintains committees in 22 hotspot counties and even introduced a

⁴⁹ (2024) EWCA Crim 714

⁵⁰ Kamau Machaue 'Victims or criminals? The dark side of FGM prosecutions' *Nation Africa* (7 January 2025) <<https://www.nation.africa/kenya/news/gender/-victims-or-criminals-the-dark-side-of-fgm-prosecutions-4881230>> accessed 18 May 2026.

⁵¹ Ibid

⁵² Moraa Obira 'Arrested for being cut: The women challenging Kenya's anti-FGM law' *Nation Africa* (6 February 2026) <<https://nation.africa/kenya/news/gender/arrested-for-being-cut-the-women-challenging-kenya-s-anti-fgm-law-5350532>> accessed 18 May 2026.

mobile application known as Pasha, which allows citizens to report cases of FGM.⁵³ Community-based initiatives such as the Kakenya Center for Excellence have also promoted dialogue with parents and traditional leaders to discourage both FGM and child marriage. The combination of these measures is a framework Nigeria can learn from and perfectly adapt.

6.3 Ghana

Ghana was among the earliest West African countries to criminalise FGM, it amended its Criminal Code in 1994 to prohibit the practice. The law was also strengthened in 2007 through the Criminal Code (Amendment) Act, which replaced the term female circumcision with female genital mutilation in order to widen the scope of the offence and increase the existing penalties. Ghana may have benefited from an early active prohibition of FGM. The prevalence of the harmful practice in Ghana remains considerably lower than in Nigeria. UNICEF data indicates that approximately 4% of Ghanaian women between the ages of 15 and 49 have undergone FGM, compared with roughly 20% in Nigeria.⁵⁴

The Ministry of Gender and UNFPA observed in February 2026 that legal measures in Ghana contributed to a significant decline in prevalence and communicated clearly that violence against girls would not be accepted, even when defended on cultural grounds. Even so, regional disparities have remained. It is important to point this out especially because of its dynamics. In parts of the Upper East Region, the prevalence is close to 30% while the practice still occurs secretly in Bono East and the Upper West Region.⁵⁵ Ghana has also encountered a challenge that is relevant for Nigeria, namely cross-border FGM. In 2026, the Ministry of Gender and UNFPA warned that families were taking girls across national borders into neighbouring countries to evade the law of Ghana.⁵⁶ Communities close to the Burkina Faso border reportedly move girls across the border for the procedure. This pattern is material because a similar pattern may emerge in Nigeria, especially where differences in legal protection exist across state boundaries. What we see in Ghana suggests that for enforcement to be credible, it must accommodate regional cooperation including harmonized laws and information sharing amongst neighbouring states. Ghana has also furthered its commitment through an innovative method of data collection. In 2025, the country hosted the “Peer Learning Exchange” on inclusive data, which brought together governments, civil society groups, academics, and development partners to encourage the use of citizen-generated data in uncovering the actual scale of FGM in affected communities. This method allows communities to document their own experiences and contribute data for targeted intervention. Nigeria can learn and adopt this approach because it cures one of the strongest defects in its fight against FGM, which is the concealed nature of the practice.

7.0 Conclusion and Recommendations

This paper has undertaken a critical legal examination of female genital mutilation, cultural prejudices and the rights of women in Nigeria. It examined the conceptual foundations of FGM and the rights of women, and also analysed feminist legal theory as a critical theory through

⁵³Tina Nzivola, 'Kenya's battle to eradicate FGM' *Healthwise* (14 March 2023) <<https://healthwise.punchng.com/kenyas-battle-to-eradicate-fgm/>> accessed 18 May 2026.

⁵⁴Jennifer Amboley 'Feature: Ending Female Genital Mutilation In Ghana: Voices, Data, And The Fight For Change' *The Ghanaian Chronicle* (9 September 2025) <<https://thechronicle.com.gh/feature-ending-female-genital-mutilation-in-ghana-voices-data-and-the-fight-for-change/>> accessed 16 May 2026.

⁵⁵Ibid

⁵⁶Isaac Apiah, 'FGM remains a major threat in Ghana despite progress — UNFPA, Gender Ministry' *Citinewsroom* (6 February 2026) <<https://citinewsroom.com/2026/02/fgm-remains-a-major-threat-in-ghana-despite-progress-unfpa-gender-ministry/>> accessed 16 May 2026.

which the practice may be understood. It further scrutinised the existing legal frameworks, the impact of FGM and related cultural prejudices on women and girls; including identifying the challenges affecting enforcement in Nigeria, and comparative lessons from the United Kingdom, Kenya and Ghana. A fundamental finding of the paper is that Nigeria undoubtedly possesses a body of laws which, in principle, prohibits FGM and protects the rights of women and girls. Nigeria has also ratified important international and regional instruments, including CEDAW and the Maputo Protocol. However, these legal commitments have not been adequately translated into viable protection in practice. Four interconnected problems remain particularly important: the limited application of the VAPP Act 2015, the near-total absence of prosecutions under section 6 of the Act, the non-domestication of the Maputo Protocol, and the poor funding of institutions responsible for the protection of the rights of women. The comparative analysis equally showed that criminalisation alone is insufficient. The situation in the United Kingdom, Kenya and Ghana demonstrates that legal prohibition must be accompanied by strong institutions, careful prosecution and viable community engagement. The paper further found that FGM does not exist in isolation. It is sustained by wider cultural assumptions that subordinate women and girls, alongside harmful practices such as child marriage, discriminatory widowhood rites and the denial of rights of inheritance to women. Any serious attempt to eliminate FGM must therefore also confront the patriarchal structures and social beliefs that continue to give the practice legitimacy within affected communities. Against this background, Nigeria should strengthen both the legal and institutional response to FGM. The National Assembly should pursue measures capable of ensuring more uniform legal protection across the Federation and should domesticate the Maputo Protocol without eroding its substantive protections relating to FGM, equality and the protection of women. The offices of the Attorney-General of the Federation and State Attorneys-General should establish specialised mechanisms for the prosecution of FGM cases, supported by prosecutors with appropriate knowledge of the medical and evidential issues involved. Greater financial support should also be provided to the Federal Ministry of Women Affairs and the National Human Rights Commission to improve public education, community outreach and enforcement. The federal and state governments should equally adopt viable community-based strategies involving traditional rulers, religious leaders, women's organisations, youth groups and civil society organisations. Nigeria should also consider introducing a compulsory obligation on reporting for relevant health professionals, teachers and social workers in cases involving girls below the age of eighteen. Lastly, the National Bureau of Statistics, working with the Ministry of Health and relevant partners, should undertake regular and comprehensive national surveys on FGM. The elimination of FGM in Nigeria requires more than the existence of laws. It requires consistent enforcement, properly funded institutions, community participation and a deliberate effort to confront the cultural prejudices that continue to implicitly sustain the practice.