

BEHOLDING FEMALE GENITAL INCISION THROUGH THE LENS OF CULTURAL RELATIVISM: THE NEED TO STRIKE A BALANCE

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ABSTRACT

Female Genital Incision (FGI), the cutting and/or removal of female genitals, is a practice that is celebrated by pro-FGI groups, that is, the majority of Nigerian tribes (Indigenous Actors) as a cultural heritage, although, it is considered as a violation of human rights by anti-FGI groups like few (non-practicing Indigenous Actors) such as the Ijebus of South-West Nigeria, and several (International Actors) including WHO, UNICEF and the International Committee of the Red Cross (ICRC). Both actors antagonize each other on FGI and have reasons for this, hence, the battle against FGI cannot be won. Therefore, the aim of this research is to ascertain the rationale for FGI practice and persistence in Moniya, Ibadan, Nigeria while employing cultural relativism as a tool to strike a balance between pro-FGI and anti-FGI cultures, thus, reducing/eradicating FGI. The article conducts doctrinal and qualitative research. It carries out Interviews on 20 purposively selected Key Informants. The study finds that although FGI prevalence has reduced in Ibadan, it is still practiced in its interiors/rural communities majorly due to the cultural significance attached to it. It finds that 60% of respondents knew of the existence of FGI laws, however, the laws are not enforced. The article suggests that government should strike a balance between the dual cultures by taking a multifaceted approach.

Keywords: *Nigerians, Cultural Relativism, Female Genital Incision, International Human Rights, Westerners*

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1.0.INTRODUCTION

Female Genital Incision (FGI),¹ also known as, Female Genital Mutilation (FGM), Circumcision or Cutting (FGC) refers to all procedures which involve partial or total removal of the external female genitalia and/or injury to the female genital organs, whether for cultural or any other non-therapeutic reasons.² FGI is referred to as Female Genital Circumcision by pro-FGI groups, that is, the majority of Nigerian tribes practicing FGI (who are the Indigenous Actors) at large because, in the latter's view, it is comparable, but broader, to the male circumcision conventionally conducted on male newborns.³

It is of four (4) types/forms. Type 1 is 'Clitoridectomy,' a partial or total removal of the clitoris⁴ and/or in very rare cases only, the prepuce.⁵ Type 2 is 'Excision,' a partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora.⁶ Type 3 is 'Infibulation,' the narrowing of the vaginal opening through the creation of a covering seal. The seal is formed by cutting and repositioning the inner, or outer, labia, with or without removal of the clitoris. Type 4 is 'Other,' comprising of all other harmful procedures to the female genitalia for non-medical purposes, e.g. pricking, piercing, incising, scraping, and cauterizing the genital area.⁷ Some communities introduce corrosive substances or herbs into the vagina to cause bleeding or to tighten

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¹ In this paper, the author has decided to use the term Female Genital Incision (FGI) to refer to the practice popularly known as Female Genital Mutilation (FGM) by the Non-practicing Indigenous and, International Actors, also known as anti-FGI; and Female Genital Circumcision by the practicing Indigenous Actors, also referred to as pro-FGI in this article. The term FGM denotes the damaging and horrific activities involved in the practice while FGC belittles/underplays the evils of the female practice. Therefore, the choice of the term FGI will aid this work, without advancing moral judgment, to take an objective position, in striking a balance, between the views of anti-FGI and pro-FGI groups, while analyzing the practice.

² World Health Organization (WHO) (1998), *Female Genital Mutilation: An overview*, Geneva: World Health Organization.

³ Male circumcision is the surgical removal of the skin covering the head/tip of the penis (male reproductive organ).

⁴ The clitoris is a small, sensitive and erectile part of the female genitals.

⁵ The prepuce is the fold of skin surrounding the clitoris.

⁶ WHO, and Pan American Health Organisation (2012), *Understanding and addressing violence against women*, 1-8, https://apps.who.int/iris/bitstream/handle/10665/77428/WHO_RHR_12.41_eng.pdf;jsessionid=5AAC8AC7EE2777DC1B8D9ADAD6043F68?sequence=1, accessed 26 June 2021. The labia are the 'lips' that surround the vagina.

⁷ Ibid.

or narrow the vagina.⁸ Type II is the commonest type of FGM practiced in Nigeria with 41% of women undergoing it.⁹

FGI practice is widely embraced culturally, hence, it is mostly prevalent among rural communities in Africa, however, some cultures do not practice it. Prevalent among such few cultures are the Ijebus of the South Western part of Nigeria.¹⁰ The natives of the community are knowledgeable about FGI, especially its negative effects, hence, they do not mutilate their females or promote its practice.

Some literates among the indigenous cultures that practice FGI permit its performance or are compelled to allow it on their female children. This is because it is believed to be a rite of passage from ‘girlhood’ to ‘womanhood.’¹¹ Deciding to perform, or not perform, FGI leaves a parent with only two options, neither of which are real choices.¹² On one hand, forcing her to undergo this surgery may violate international human rights instruments because of the deprivation of her bodily integrity.¹³ On the other hand, the parents can allow their daughter to avoid the mutilation by protecting her personal autonomy, only to realize that she could encounter embarrassment, humiliation, and alienation for failing to undergo a culturally recognized tradition.¹⁴ In both cases/options, culture is influencing people’s personal decisions which are conflicting with international human rights provisions, including, the right to personal integrity, privacy, autonomy, life, health, etc, introduced by the Western Culture. However, it should be noted that in as much

⁸ National Population Commission (NPC) [Nigeria] and ICF (2019), *Nigeria Demographic and Health Survey 2018*, Abuja, Nigeria, and Rockville, Maryland, USA: NPC and ICF, p. 465. See also M.U. Mandara, ‘Female Genital Mutilation in Nigeria’ *International Journal of Gynaecology and Obstetrics* 84 (2004), p. 291-298.

⁹ Ibid. 466.

¹⁰ See the study conducted on Iwasi village, located in Ijebu East Local Government of Ogun state; by H.O. Bodunrin, ‘Female Genital Mutilation: Perceptions and Beliefs in a Nigerian Rural Community’ *African Anthropology* 6:1 (1999), p. 75.

<file:///C:/Users/user/Downloads/23080-Article%20Text-30885-1-10-20040623.pdf>, accessed 29 December 2021.

¹¹ P.D. Mitchum, ‘Slapping the Hand of Cultural Relativism: Female Genital Mutilation, Male Dominance, and Health as a Human Rights Framework’ *Wm. & Mary J. Women & L.* 19 (2013), p. 586, <https://scholarship.law.wm.edu/wmjowl/vol19/iss3/4>, accessed 25 October 2021.

¹² Ibid. See also *Abbott Labs. v. Gardner* 387 U.S. 136, 152 (1967) (‘Either they must comply with the every time requirement and incur the costs of changing over their promotional material and labeling or they must follow their present course and risk prosecution.’) (citation omitted), superseded by statute, Pub. L. No. 94-574, 90 Stat. 2721, as recognized in *Califano v. Sanders* 430 U.S. 99 (1977). The Court determined this is not a real choice.

¹³ T. Ballenger, ‘Female Genital Mutilation: Legal and Non-Legal Approaches to Eradication’ *J.L. & SOC. CHALLENGES* 9 (2008) p. 84, 98.

¹⁴ Ibid, 90.

as these rights are inherent, traditional Africans of those times never widely recognized and affirmed such rights as much as the International community did.

The process of FGI highlights many complex universal human rights and cultural relativism arguments including, but not limited to, perspective, creation, and acceptance.¹⁵ Perhaps the most complex dilemma is the notion of ‘cultural relativism versus universality of human rights.’¹⁶ This dichotomy of ‘bad’ versus ‘good’ has been hotly contested among human rights activists and scholars as either a violation of human rights or simply as not valuing cultural relativism.¹⁷ With the practice of FGI, it is essential to recognize the role of universality in shaping human rights standards.¹⁸ Recognizing the importance of cultural relativism, however, is also critical to have an accurate and honest discourse regarding why FGI has been viewed positively in various cultures.¹⁹

A fair solution is needed, not to impose the values of non-practicing Indigenous Actors, such as the Ijebus of South-West Nigeria, and several International Actors including WHO, UNICEF, and the International Committee of the Red Cross (anti-FGI group) on practicing Indigenous Actors (pro-FGI group), but rather to prevent health issues among practicing populations and to empower women who continue to be subordinated through this painful and injurious practice.²⁰ These solutions can only be achieved if anti-FGI groups have a true understanding of FGI -- why it began and why it continues. To convince the FGI followers and supporters that they are doing more harm than good requires an understanding of how ‘good’ is perceived. Without a tight grasp on their own rationale, anti-FGI groups trying to eradicate FGI will be unsuccessful in framing convincing arguments. If the focus is truly on a solution, and not on the imposition of anti-FGI beliefs on Indigenous Actors’ cultures, then this solution must reconcile how on one hand FGI is a torturous, painful, barbaric practice, while on the other hand, it is a practice that lies at the heart of cherished

¹⁵ P. Goldberg, ‘Women, Health and Human Rights,’ *PACE INT'L L. REV* 9 (1997) p. 271.

¹⁶ Ibid.

¹⁷ See B.E. Hernández-Truyol, ‘Women’s Rights as Human Rights— Rules, Realities and the Role of Culture: A Formula for Reform’ BROOK. J. INT'L L 21 (1996) p. 605, 650–67.

¹⁸ Ibid. 606.

¹⁹ P. Goldberg, ‘Women, Health and Human Rights, p. 271.

²⁰ R. Cassman, ‘Fighting to Make the Cut: Female Genital Cutting Studied within the Context of Cultural Relativism’ *Nw. J. Int'l Hum. Rts.* 6 (2008) p. 128. <http://scholarlycommons.law.northwestern.edu/njihr/vol6/iss1/5>, accessed 15 August 2021.

tradition, value, and honor.²¹ Therefore, this work will analyze the arguments of both Actors: the anti-FGI and pro-FGI groups; and then try to strike a balance between them through the tool of cultural relativism, thus, leading to a gradual reduction of the practice, and probably its end in Nigeria.

2.0.CULTURAL RELATIVISM

Franz Boas first introduced cultural relativism to anthropological research at the beginning of the 20th century. Melville Herskovits helped popularize the principle through his book *Man and His Works* in the 40's. The principle was partly a response to Western ethnocentrism, in which one people believe that their culture is the most accurate and righteous, and as a result, spread their beliefs towards other different peoples.²²

Herskovits developed his view on cultural relativism during his work with African studies and international affairs during which time he realized the principle as a highly significant contribution to society made by anthropologists.²³ Herskovits defined cultural relativism, in his book *Man and His Works*, as ‘evaluations of cultures are relative to the cultural background out of which they arise, judgments are based on experience, and experience is interpreted by each individual in terms of his own enculturation.’²⁴ That is to say, one should not place any culture with higher or lower rankings, and doing so would be considered ethnocentrism. He reasoned that primitive people’s cultures and philosophies are just as complex as any other culture with different ways of developing. The only real approach that any culture can use to bring their lives forward is the skill to survive. Survival is what every culture has in common and every person thinks their way of survival is the best way. However, he argues that every culture’s approach to life is just as good as any other approach and all approaches to the quality of one’s life should be respected.²⁵

²¹ O. Bambose, ‘Legal and Cultural Approaches to Sexual Matters in Africa: The Cry of the Adolescent Girl’ U. MIAMI INT'L & COM. L. REV 10 (2002) p. 127, 128.

²² J. El-Sissi et al, *Female Genital Mutilation: An Analysis through Capability Approach and Cultural Relativism*. Global Political Studies, Human Rights, Malmö University, (2013) p. 25, <http://www.diva-portal.org/smash/get/diva2:1483276/FULLTEXT01.pdf>, accessed 23 October 2021.

²³ J. Gershengorn, *Melville J. Herskovits: And the Racial Politics of Knowledge* (2004) p.170.

²⁴ M. Herskovits, *Man and His Works: The Science of Cultural Anthropology*, New York: Alfred Knoff. (1949) p.65

²⁵ J. El-Sissi et al, *Female Genital Mutilation*, p. 26.

As a method, cultural relativism embraces the attitude of science that, in studying a certain culture, one should always seek to achieve the highest degree of objectivity conceivable. In doing so, one does not judge the behaviors of that culture and logic for that behavior, so as to not seek to change people's behavior. Instead, the researcher should simply aim to understand the logic of that behavior that arises from the culture, in order to fully capture the essence of that culture, free from preconceptions.²⁶ In other words, cultural relativism is an approach that clarifies how 'human values, far from being universal, vary a great deal according to different cultural perspectives.'²⁷ It represents the notion that 'one must not judge others using the standards of one's own culture,' but, should '...discern and study the parallelisms in human civilizations,'²⁸ that is, allow each culture to be analyzed on its own terms.²⁹

As a modern-day example, cultural relativism can be applied to plastic surgeries (e.g., sex change operations and breast implants), tattoos, and body-piercing, which are viewed as normal, mainstream, and generally harmless by Americans.³⁰ African feminists analogize such elective cosmetic surgeries to FGI in that both create a hierarchical ordering of sexuality and gender,³¹ and are likewise painful and extreme cultural avenues to make the woman's body more attractive and in line with male imposed cultural standards of beauty.³²

Therefore, accurate, unbiased, and comprehensive information, along with open-mindedness, is essential to understanding cultural relativism.³³ In the long run, cultural relativism can be a key factor that can lead the pro-FGI groups into gaining a well-formed perceptive of FGI, thus, developing an objective outlook not significantly dictated by pro-FGI philosophy.

²⁶ S. Satris, *Taking Sides: Clashing Views on Controversial Moral Issues* 9th ed. Guliford: McGraw- Hill/Dushkin. (2004) p. 2-25.

²⁷ D. Ayton-Shenker, *The Challenge of Human Rights and Cultural Diversity* New York: United Nations Background Note, (1995).

²⁸ M. Herskovits, *Cultural Relativism*, ed. Frances Herskovits, New York: Random House, (1972) p.35.

²⁹ S. Zeidan, 'Agreeing to Disagree: Cultural Relativism and the Difficulty of Defining Terrorism in the Post-9/11 World' *HASTINGS INT'L & COMP. L. REV.*, 29 (2006) p. 215, 216.

³⁰ B.A. Gillia, 'Female Genital Mutilation: A Form of Persecution' *N.M.L.REV*, 27 (1997) p. 579, 585.

³¹ Ibid.

³² See N. Ehrenreich and M. Barr, 'Intersex Surgery, Female Genital Cutting, and the Selective Condemnation of Cultural Practices' *HARV. C.R.-C.L. L. REV*, 40 (2005) p. 71 to compare FGI to intersex surgery.

³³ R. Cassman, 'Fighting to Make the Cut' p. 128.

3.0.FGI AS A CULTURAL PRACTICE IN NIGERIA

Culturally, FGI is practiced for a multitude of reasons but most significantly, as ‘an important rite of passage into adulthood and into the community.’³⁴ Traditionally, the initiation into adulthood is performed to remove the ‘masculine’ part of the girl’s body, the clitoris.³⁵ Approximately forty (40) African and Middle Eastern countries engage in the practice of FGI.³⁶ However, prevalence rates significantly vary from country to country.³⁷ Although not formally recognized, estimates indicate that FGI is a custom that originated over 2,500 years ago.³⁸ Approximately, about 200 million girls and women in the world are estimated to have undergone FGI worldwide.³⁹ FGI can be performed at any time: at infancy, during childhood, at the time of marriage, during a woman’s first pregnancy, or after the birth of her first child. Recent reports suggest that the age has been dropping in some areas, with most FGM carried out on girls between the ages of 0 and 15 years.⁴⁰ It is usually performed on many girls at one time.

FGI is frequently performed by elderly people in the community (regularly, but not restrictive to women) chosen to carry out this task or by Traditional Birth Attendants (TBA). In some communities, FGI may be performed by traditional health practitioners, (male) barbers, secret society members, herbalists, or a female relative.⁴¹ In Ibadan, female circumcision is usually undertaken as a family profession and the family is referred to as *Oloola* (traditional circumcisers). FGI is usually carried out with special knives, scissors, herbs, sharpened stones, needles and thread, scalpels, pieces of glass, razor blades, or hot coals in various communities. The *Oloolas* in Ibadan uses a traditional instrument called *Abe*.

³⁴ V.E. Beety, ‘Reframing Asylum Standards for Mutilated Women’ *J. GENDER, RACE & JUST* 11 (2008) p. 245.

³⁵ Ibid.

³⁶ P.D. Rudloff, In ‘Re Oluloro: Risk of Female Genital Mutilation as ‘Extreme Hardship’ in Immigration Proceedings’ *ST. MARY’S L.J.*, 26 (1995) 877, 880.

³⁷ Population Reference Bureau, ‘Female Genital Mutilation/Cutting: Data and Trends- Update 2017’ (2017) p. 1-11, https://www.prb.org/wp-content/uploads/2017/02/FGMC_Poster_2017-1-1.pdf, accessed 08 September 2021.

³⁸ L. Cipriani, ‘Gender and Persecution: Protecting Women under International Refugee Law’ *GEO. IMMIGR. L.J.* 7 (1993) p. 511, 525–26.

³⁹ UNICEF, ‘Female Genital Mutilation/Cutting: A Global Concern’ February 2016, <https://data.unicef.org/resources/female-genital-mutilation-cutting-global-concern/>, accessed 26 June 2021.

⁴⁰ United Nations Population Fund (UNFPA), *Female genital mutilation (FGM) frequently asked question*, (2020) <https://www.unfpa.org/resources/female-genital-mutilation-fgm-frequently-asked-questions>, accessed 26 June 2021.

⁴¹ NPC and ICF, *Nigeria Demographic and Health Survey 2018*, p. 469.

Although FGI is widely perceived to be a vehicle for the subjugation of women, the ceremony that accompanies the practice may serve as an important rite of passage for women, making it highly desirable to them. In the cultures in which FGI is performed, it may be a strictly ritualized, woman-centered experience that occurs at special times and places, such as around the time of harvest.⁴²

At the start of FGI initiation ceremony, girls are regularly accompanied by a family member, perhaps a woman from her father's family. They are forcibly held down and may be encouraged not to cry out or move during the procedure because that might bring shame to the family.⁴³ The participants may be sequestered and given special foods and clothes. A communal meal for women might be served, during which an oral history of domestic life, the expected role of the adult woman, and information about women's secret societies are shared.⁴⁴ After the FGI and initiation ceremonies are completed, girls usually return home. In some groups, they are expected to join the household of their future husband. Usually, anesthetic and antiseptics are not used unless the procedure is carried out by medical practitioners.⁴⁵ These communal aspects of FGI contribute to the difficulty in eradicating it because FGI and the ceremonies associated with it give women access to rituals and customs that they prize.⁴⁶

Furthermore, FGI is important not only for the woman who receives it but also for the woman who performs it because she gains respect and reverence in her community for her role.⁴⁷ Increasingly, out of concern for morbidity, mortality, and public health, FGI is being performed in hospitals and clinics by physicians, nurses, and nurse-midwives.⁴⁸ The participation of trained health care providers in FGI is a subject of great ethical and cultural debate in North America and in African countries. Performing FGI in a hospital, without the ritualistic or socialization components, alters

⁴² O. Koso-Thomas, *The circumcision of women: A strategy for eradication*, (1992), London: Zed Books, Ltd.

⁴³ A.M. Gibeau, 'Female Genital Mutilation: When a Cultural Practice Generates Clinical and Ethical Dilemmas' *JOGNN*, (1998) p. 87.

⁴⁴ Ibid.

⁴⁵ UNFPA, *Female genital mutilation (FGM) frequently asked questions*, <https://www.unfpa.org/resources/female-genital-mutilation-fgm-frequently-asked-questions>, accessed 26 June 2021.

⁴⁶ A.M. Gibeau, 'Female Genital Mutilation: p. 87.

⁴⁷ Ibid.

⁴⁸ This is referred to as the Medicalization of FGC.

the cultural practice of FGI.⁴⁹ The reason behind the medicalization of FGI⁵⁰ is based on the claim that physicians should participate in order to limit injury, since if physicians refuse to perform such procedures, they may be performed more harmfully by unqualified persons. However, such claim/argument is rejected in much the same way that medical professional organizations prohibit medical participation in torture and execution of judicial sentences of flogging, amputation,⁵¹ and abortion.

4.0.INTERNATIONAL HUMAN RIGHTS AND OTHER LEGAL PROVISIONS ON FGM

In attempting to eradicate FGI practice worldwide, the United Nations, as one of the International Actors, at the international level; African nations at the regional level; and the Nigerian government at the local level have published/enacted several treaties, policies, and laws prohibiting it. Some of them are examined below:

4.1. International Treaties

The Universal Declaration of Human Rights (UDHR)⁵² is the foremost international legal document that recognizes human rights. Article 5 recognizes and protects an individual's right to health. It encompasses a general concern for the physical, mental, psychological, and social welfare of a person. Moreover, article 25, states that everyone has 'the right to a standard of living adequate for the health and well-being of himself [or herself] and of his [or her] family, including food, clothing, housing, and medical care...'⁵³ Also, '[m]otherhood and childhood are entitled to special care and assistance.'⁵⁴ In practice, women who undergo FGI receive no beneficial health care, however, thus continuing the violation of international laws. Moreover, FGI practicing communities refuse to: treat gender equally; provide women equal opportunities to work, in marriage, or in regard to their own body...⁵⁵ The examination of health in a broader perspective

⁴⁹ Ibid.

⁵⁰ NPC and ICF, *Nigeria Demographic and Health Survey 2018*, p. 469.

⁵¹ R.J. Cook, B.M. Dickens, and M.F. Fathalla, *Reproductive Health and Human Rights: Integrating Medicine, Ethics and Law*, 1st ed. Oxford: Clarendon Press, (2003) p. 268.

⁵² UDHR was proclaimed by the United Nations General Assembly in Paris on 10 December 1948.

⁵³ Ibid.

⁵⁴ Ibid, Article 25(2).

⁵⁵ L.A. Trueblood, 'Female Genital Mutilation: A Discussion of International Human Rights Instruments, Cultural Sovereignty and Dominance Theory, *DEN. J. INT'L L. & POL'Y* 28 (2000) p. 452.

makes it understandable that health cannot be protected without preserving fundamental human rights.

The International Covenant on Civil and Political Rights (ICCPR)⁵⁶ and the International Covenant on Economic, Social and Cultural Rights (ICESCR)⁵⁷ also recognize various international human rights, but fails to expressly prohibit FGI, however, inferences can be drawn from the human rights recognized that FGI is an act of torture⁵⁸ and discrimination against women.

It should be noted that the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW)⁵⁹ is a treaty majorly devoted to the protection of women. It describes discrimination as a violation of women's rights,⁶⁰ and in interpreting this provision, FGI practice fits within it being a practice exclusively directed at women and girls. Hence, it instructs States Parties to '...take all appropriate measures to eliminate discrimination against women...' and to include 'legislation, to modify or abolish existing laws, regulations, customs and practices which constitute discrimination against women...' ⁶¹ Subsequently, FGI is explicitly recognized by the Committee on CEDAW⁶² as a form of violence against women and recommends that state parties take measures to abolish it.

Furthermore, the Convention on the Rights of the Child (CRC) enjoins State Parties to ensure the protection of children's rights in 'the best interests of the child.'⁶³ Likewise, State Parties should

⁵⁶ Adopted by General Assembly resolution 2200A (XXI) of 16 December 1966 and entered into force on 23 March 1976. Article 3 provides for right to equality as men and women. Article 6: right to life. Article 7: right to freedom from torture or to cruel, inhumane or degrading treatment or punishment. Article 17: right to privacy. Article 24: right to protection from discrimination as a child, and Article 26: right to equality before the law.

⁵⁷ Adopted by General Assembly resolution 2200A (XXI) of 16 December 1966 and entered into force 3 January 1976. Article 3 recognises the equality of right of men and women to the enjoyment of all economic, social and cultural rights set forth in the present Covenant. Article 12; right to physical and mental health.

⁵⁸ According to the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, GA res. 39/46, annex, 39 UN GAOR Supp. (No. 51) at 197, UN Doc. A/39/51 (1984); torture is defined as 'any physical or mental act that is intentionally inflicted for any discriminatory reason.'

⁵⁹ Adopted by UN General Assembly on 18 December 1979 and entered into force on 3 September 1981.

⁶⁰ Ibid. Article 1.

⁶¹ Ibid.

⁶² General recommendations made by the Committee on the Elimination of Discrimination against Women. See the General Recommendation Nos. 14, 19 and 24, <https://www.un.org/womenwatch/daw/cedaw/recommendations/recomm.htm>, accessed 28 June 2021.

⁶³ Adopted by General Assembly resolution 44/25 of 20 November 1989 and entered into force 2 September 1990, Article 3. Every child is also entitled to right to privacy- Article 16.

‘take all appropriate...measures to protect the child from all forms of physical or mental violence...while in the care of parent(s), legal guardian(s), or any other person who has the care of the child.’⁶⁴ This article renders parents who subject their girl children to the ordeal of FGI (at a very tender age, and without obtaining their consent) legally responsible under CRC; however, there is no Article expressly sanctioning or punishing such parents. Similarly, the UN in its Sustainable Development Goals 5 (SDG 5) seeks to end all forms of discrimination against all women and girls everywhere, and also to eliminate all harmful practices, such as child, early and forced marriage, and FGI.⁶⁵ From the foregoing, the question is that what success has been recorded by the International Actors and some Indigenous Nigerian cultures anti-FGI in abolishing cultural practices like FGI? Do practicing Indigenous Actors view FGI practice as an act of discrimination against women? It is until practicing communities share a similar ideology with anti-FGI groups that they can end such custom. But, is that possible? Will practicing communities in Nigeria permit anti-FGI customs to override theirs, thus, ending the aged-long custom of FGI? In response to these questions, this work suggests the finding of a middle ground between both customs through the lens of cultural relativism.

4.2. Regional Treaties

The African Charter on Human and People’s Rights (the Banjul Charter)⁶⁶ is a leading regional treaty ratified by Nigeria. It protects women’s human rights by ensuring the right to the physical and mental health of all.⁶⁷ Also, it demands the government to ‘ensure the elimination of every

⁶⁴ Ibid, Article 19.

⁶⁵ United Nations, *Goal 5: Gender Equality*, https://www.undp.org/sustainable-development-goals?utm_source=EN&utm_medium=GSR&utm_content=US_UNDP_PaidSearch_Brand_English&utm_campaign=CENTRAL&c_src=CENTRAL&c_src2=GSR&gclid=Cj0KCQjw_8mHBhCIARIsABfFgpi5F5rWHyyjwyR10NU61nbJYH_6SarKwRqgv_RdSJQPqNG_ymgzqOkaAub1EALw_wcB#gender-equality, accessed 17 July 2021.

⁶⁶ Concluded at Nairobi on 27 June 1981, came into force on 21 October 1986 and registered by the Organization of African Unity on 28 December 1988.

⁶⁷ Ibid. Article 4 and 5: the respect for life, integrity of person, and the ‘right to the respect of the dignity inherent in’ every person

discrimination against women and also ensure the protection of the rights of the woman and the child as stipulated in international declarations and conventions.⁶⁸

Correspondingly, the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa (The Maputo Protocol),⁶⁹ and the African Charter on the Rights and Welfare of the Child⁷⁰ both have similar provisions to their international counterparts of CEDAW and CRC respectively. They protect women and girls (children) from discrimination, inequality, and FGI.

4.3.National/Local (Nigerian) Laws

The Constitution of the Federal Republic of Nigeria 1999 (as amended)⁷¹ does not expressly recognize/prohibit it. However, sections 34 and 42 protect Nigerians' human rights and reference can be made to FGI from them. Section 34 (1)(a) states that 'no person shall be subjected to any form of torture, inhuman or degrading treatment or punishment.'⁷² Further, section 42 prohibits discrimination and sets out equality of rights.

The Child's Right Act 2003 does not recognize FGI, but, relies on some human rights provisions in protecting girls from FGI harmful practice.⁷³ Section 11 provides that no child shall be '(a) subjected to physical, mental or emotional injury, abuse, neglect or maltreatment...(b) subjected to torture, inhuman or degrading treatment or punishment'.⁷⁴ Section 13 entitles every child to the enjoyment of the best attainable state of physical, mental, and spiritual health.⁷⁵ Hence, girls are entitled to enjoy their reproductive and sexual health rights as it falls under the right to health. Nevertheless, practically, the majority of Nigerian girls and women are circumcised without

⁶⁸ Ibid. Article 18(3).

⁶⁹ Signed on 11 July 2003 and entered into force 25 November 2005.

⁷⁰ Adopted on 11 July 1990 and entered into force in 1999.

⁷¹ The Constitution of the Federal Republic of Nigeria 1999 (as amended) Laws of the Federal Republic of Nigeria 2004.

⁷² Ibid.

⁷³ The Child's Right Act 2003, Act No. 26 of 2003. See also section 10: the right to freedom from discrimination.

⁷⁴ Ibid. Section 11 recognizes the right to dignity of a child

⁷⁵ Ibid.

obtaining their consent (mostly infants whose parents forcefully put through the practice), which also amounts to physical/body abuse and inhuman or degrading treatment.⁷⁶

The Violence Against Persons (Prohibition) Act [VAPP Act], 2015 is the only law that expressly bans FGI in Nigeria.⁷⁷ It punishes all persons engaged in the act.⁷⁸ However, despite the laudable provisions of the Act, it has some lacunae. First, it fails to overtly prohibit failure to report the occurrence of FGI. Besides, it does not punish health professionals involved in FGI. Further, VAPP was initially applicable in the Federal Capital Territory, but, not entire Nigeria; presently, its application is restricted only to the 23 out of the 36 States of Nigeria that domesticated it. In 2016, Oyo state domesticated it and enacted the Violence Against Women Law (VAWL) of 2016 which also prohibits FGI. Similarly, the Oyo State Child Rights Law of 2006 bars the mutilation of a girl-child.⁷⁹ It should be noted that the enactment of the laws discussed above has been ineffective in ending FGI as no Nigerian has ever been convicted of FGI. Also, many local women feel hesitant about speaking up against FGI or reporting the practice because the cultural norms and taboos have silenced them. The effect is that the laws have made the practice a clandestine one.

5.0. THE DICHOTOMIES BETWEEN PRO-FGI AND ANTI-FGI GROUPS ON FGI THROUGH FGI PRACTICE

This section will examine the controversies between the majority of Indigenous Actors who are proponents of FGI and opponents of FGI who are few non-practicing Indigenous Actors and International Actors like HO, UNICEF, and ICRC. Notwithstanding, a balance cannot be struck, nor can a solution be reached on FGI reduction/eradication unless the anti-FGI groups objectively study and understand the historical rationale behind the cultural practice of pro-FGI groups, and the honor, tradition, and purpose attached to it.

⁷⁶ But, does parental or a guardian's consent not amount to a minor's consent under the law? It sure does, but, practically, it is controversial. This is another future area of research.

⁷⁷ The Violence Against Persons (Prohibition) Act [VAPP Act], 2015; section 6 (1).

⁷⁸ See section 6(2) (3) and (4) of VAPP Act.

⁷⁹ Section 26 of Oyo State Child Rights Law.

Cultural relativists justify FGI practice on four major grounds: religious, psychosexual, sociologic, and hygienic.⁸⁰ Firstly, religious rationales are attributed to Islam. FGI is not an entirely Muslim practice; it is also practiced by secular and other religious groups.⁸¹ Generally, Muslim communities practice FGI because of the belief that they are required to do so by their faith.⁸² Religious scholars, however, have confirmed that the Koran does not mention FGI at all.⁸³ However, it is mentioned in one of the Fatwas⁸⁴ contained in the Sunna⁸⁵ that abandoning ‘excision’ was not a sin.⁸⁶ However, some more recent Fatwas oppose ending the practice of excision on the basis that the teachings of physicians should not outweigh the teachings of the Prophet Mohammed.⁸⁷ This still does not prevent religious leaders from asserting that it has a place in Islam.⁸⁸ In 1994, the Sheikh of Al-Azhar, Sunni Islam’s highest leader, persuaded the Egyptian Ministry of Health to issue a proclamation allowing hospitals in Egypt to perform FGI.⁸⁹ In 1997, however, the Sheikh changed his support in favor of the Egyptian Ministry of Health’s prohibition on FGI.⁹⁰ Today, many religious leaders continue to defend the practice, and religion continues to be a primary justification for FGI among some religious groups.⁹¹

Further, many supporters argue that sociological reasons for FGI are the strongest because they are entrenched in the lives of women in Africa and Middle Eastern countries.⁹² In many countries, FGI is performed as a rite of passage from ‘girlhood’ to ‘womanhood.’⁹³ As such, many ceremonies are accompanied by men and women from villages performing traditional songs and dances.⁹⁴ Furthermore, the young girl undergoing the procedure will receive gifts, clothing, and

⁸⁰ E. Dorkenoo, *Cutting the rose: Female genital mutilation: the practice and its prevention*. London: Minority Rights Publishers, (1994) p. 1-192.

⁸¹ L.A. Trueblood, Female Genital Mutilation, p. 445.

⁸² Ibid, p. 445-446.

⁸³ Ibid, p. 446.

⁸⁴ Fatwas are the religious teachings of the Muslim scholars.

⁸⁵ Sunna represents words and actions attributed to the Prophet Mohammed.

⁸⁶ Dorkenoo. *Cutting the rose: Female genital mutilation*.

⁸⁷ A.M. Gibeau, Female Genital Mutilation, p. 88.

⁸⁸ L.A. Trueblood, Female Genital Mutilation, p. 446.

⁸⁹ Ibid.

⁹⁰ Ibid.

⁹¹ Ibid.

⁹² L.A. Trueblood, Female Genital Mutilation, p. 446–447.

⁹³ Ibid. p. 447.

⁹⁴ Ibid.

food.⁹⁵ A young girl who does not undergo FGI may suffer long-term cultural consequences.⁹⁶ For example, the girl may be ostracized by her family and, in some instances, may not be able to marry.⁹⁷ Failure to suffer through the procedure can lead to various social pressures.⁹⁸ The most common illustration is in Uganda, where a woman ‘cannot speak in front of elders, hold any position of responsibility, or even marry’ if she does not undergo the procedure.⁹⁹ Although there are social pressures, some women have decided not to compel their daughters to be mutilated.¹⁰⁰ Unfortunately, however, most women who have been subjected to FGI strongly support it for their daughters.¹⁰¹ A woman perpetuating the subordination of her own daughters is a difficult notion for the anti-FGI groups to accept.¹⁰² Women in the community have a large role, as they arrange for and perform the operation.¹⁰³ Typically, the mother or grandmother arranges the procedure, which only helps promote a system of patriarchy.¹⁰⁴

Various cultures actively promote and perform FGI based on aesthetics and hygiene.¹⁰⁵ FGI-practicing societies believe that external female genitalia is ‘dirty’ and not aesthetically pleasing.¹⁰⁶ Members of these cultures admire women who have their genitalia removed, and those who retain their genitalia are detested.¹⁰⁷ Moreover, proponents believe that excision is essential to prevent infection and maintain cleanliness.¹⁰⁸ Excision is considered a more ‘hygienic sound form of health care than remaining unexcised’¹⁰⁹ and is believed to improve the aesthetics of female genitalia and

⁹⁵ Ibid.

⁹⁶ L.A. Trueblood, Female Genital Mutilation, p. 447.

⁹⁷ Ibid.

⁹⁸ Ibid.

⁹⁹ Ibid.

¹⁰⁰ See D. Shepherd-Johnson, *Somali Communities Say ‘No’ to Female Genital Cutting*, UNICEF (14 December, 2009)

¹⁰¹ L.A. Trueblood, Female Genital Mutilation, p. 447–448.

¹⁰² Irin, Razor’s Edge—the Controversy of Female Genital Mutilation, 3 (01 March 2005) <https://www.yumpu.com/en/document/read/23510335/razors-edge-the-controversy-of-female-genital-mutilation-irin>, accessed 29 June 2021.

¹⁰³ Ibid.

¹⁰⁴ Ibid.

¹⁰⁵ L.A. Trueblood, Female Genital Mutilation, p. 448.

¹⁰⁶ Ibid.

¹⁰⁷ Ibid.

¹⁰⁸ B. M. Guy, ‘Female Genital Excision and the Implications of Federal Prohibition’ *WM. & MARY. J. WOMEN & L.* 2 (1995) p. 149.

¹⁰⁹ Ibid.

prevent venereal diseases.¹¹⁰ Despite evidence to the contrary, excision is also believed necessary for the safe delivery of a baby and thought to increase fertility as well as improve a woman's production of healthy children.¹¹¹ FGI practicing communities believe the clitoris is a 'dangerous organ' that will cause symbolic or spiritual injuries to newborns and as a result, decrease the number of live births.¹¹² In the 'bisexuality of the god's myth,'¹¹³ the clitoris will grow to the size of a penis if left as is. Additionally, a girl's clitoris must be removed so that she is free from male characteristics before she is allowed to enter the world of adults.¹¹⁴ To pro-FGI supporters, this is yet another example of the system of patriarchy that will only serve as a tool of female subordination and male dominance. As such, aesthetic reasons for beauty should not be justifications for why women are compelled to undergo FGI.¹¹⁵

The most blatant justification for the subordination of women is psychosexual reasons.¹¹⁶ According to some FGI-practicing societies, 'women are fundamentally sexual creatures and naturally promiscuous; thus the purpose of FGI is to prevent women from succumbing to these impulses and to protect them from the aggression of others.'¹¹⁷ Supporters of FGI argue that cutting the clitoris can reduce a woman's sex drive so the husband can match his wife's when they get older.¹¹⁸ This is the clearest form of the non-subordination theory encompassing FGI because instead of protecting women, men are concerned with being emasculated.¹¹⁹ Supporters of FGI contend that the practice is a cultural and social right that they choose to practice.¹²⁰ As many women do, in fact, support FGI, this argument can appear rational.¹²¹ However, FGI deprives women of equal status in society and ensures that they will remain submissive to men.¹²²

¹¹⁰ Ibid.

¹¹¹ Ibid. p. 149-150.

¹¹² B.M. Guy, Female Genital Excision and the Implications of Federal Prohibition, p. 150.

¹¹³ Ibid.

¹¹⁴ Ibid.

¹¹⁵ P.D. Mitchum, 'Slapping the Hand of Cultural Relativism: Female Genital Mutilation, Male Dominance, and Health as a Human Rights Framework' *Wm. & Mary J. Women & L.* 19 (2013) 595.

¹¹⁶ L.A. Trueblood, Female Genital Mutilation, p. 448.

¹¹⁷ Ibid.

¹¹⁸ Ibid, p. 448-449.

¹¹⁹ Ibid, p. 449.

¹²⁰ L.A. Trueblood, Female Genital Mutilation, p. 453.

¹²¹ Ibid.

¹²² Ibid.

Additionally, marriage and economics are two other major factors that influence FGI practice in Nigeria. A woman's marital status is often associated with her status in the African community.¹²³ With a common prerequisite to marriage being mutilation of the potential wife,¹²⁴ FGI is encouraged by mothers to ward against unmarriageability.¹²⁵ Consequently, the very gender that is physically pained and affected by its harmful consequences is the same gender supporting and perpetuating the practice,¹²⁶ oftentimes under the basis (and assumedly, fear) that unexcised daughters will be unmarriageable and severely ostracized from the community.¹²⁷ This has been evidenced by women who refuse the procedure and are subsequently rejected from their communities and unaccepted in social circles.¹²⁸ The unmutilated woman is left to live her life enduring ridicule and without a husband.¹²⁹ Furthermore, economics continues to play a role for parties on both sides of the procedure. Excisors, many of whom are women, make 'more money than they could make any other way.'¹³⁰ And, because the dowry price¹³¹ increases if the woman's virginity has been preserved,¹³² there is a financial incentive for the families of eligible girls to perform FGI on their daughters.¹³³

Mothers and grandmothers, cut as little girls themselves, carry the weight in upholding these rituals, with younger females embracing the legitimacy of female authority.¹³⁴ Understandably, it is challenging to eradicate a procedure that is actively supported and legitimated by the very individuals suffering from its effects. Women are the 'caretakers of the very culture that often

¹²³ S. McGee, 'Female Circumcision in Africa: Procedures, Rationales, Solutions, and The Road To Recovery' *WASH. & LEE RACE & ETHNIC ANC. L.J.*, 11 (2005) p. 142.

¹²⁴ R. Cassman, Fighting to Make the Cut, p. 135.

¹²⁵ F.A. Althaus, 'Female Circumcision: Rite of Passage or Violation of Rights. International Family Planning Perspectives' 23 (3) (1997).

¹²⁶ R. Cassman, Fighting to Make the Cut, p. 135.

¹²⁷ See R. Coomaraswamy, 'Identity Within: Cultural Relativism, Minority Rights and the Empowerment of Women' *GEO. WASH. INT'L L. REV.*, 34 (2002) p. 493. K. Trangsrud. *Female Genital Female Genital Mutilation: Recommendations for Education and Policy*.

¹²⁸ B.M. Guy, Female Genital Excision and the Implications of Federal Prohibition, p. 146.

¹²⁹ K. Trangsrud, *Female Genital Female Genital Mutilation: Recommendations for Education and Policy*.

¹³⁰ Ibid. See also H. Lewis, 'Between Irua and 'Female Genital Mutilation': Feminist Human Rights Discourse and the Cultural Divide' *HARV. HUM. RTS. J.*, 8 (1995) p. 1.

¹³¹ Fact Sheet No.23, Harmful Traditional Practices Affecting the Health of Women and Children [hereinafter Fact Sheet No. 23], Office of the High Commissioner for Human Rights.

¹³² Ibid.

¹³³ Ibid.

¹³⁴ R. Coomaraswamy, *Identity Within*, p. 490.

discriminates against them¹³⁵ and have been ‘socialized to believe that they are the custodians of the very laws, rituals, and practices that discriminate against them.’¹³⁶

On the other side of the divide, anti-FGI groups have a rationale for blatantly opposing FGI worldwide through the introduction of human rights treaties. The reasons are not far-fetched. They are majorly centered on the protection of women’s rights, especially, rights to health, privacy, dignity, and life.

According to Herskovits’ ethnocentric ideas of the history of the West and Africa, the United Nations (UN) has a major influence on how Sub-Saharan African human rights function. In support of Herskovits’s ethnocentric perspectives, it may be noted that the UN’s Declaration of Human Rights was written to mimic the United States Constitution, therefore, causing the spread of Western ideas of human rights.¹³⁷ Also, the Maputo Protocol denotes strong senses of liberties of value and freedom that are of western origins. When taking into account the timeline of events, a deduction can be made by looking at where the African Union’s inspiration of strengthening women’s rights may have originated from; there are strong western influences throughout African human rights policies.¹³⁸ No wonder the human rights treaties and national laws prohibiting FGI have been unsuccessful in eradicating the practice, but, have pushed it underground, while little or no prosecution of offenders have been made.

Pro-FGI groups believe that FGI poses serious mental and physical health risks for women and young girls, especially for those who have undergone the more extreme forms of genital mutilation.¹³⁹ Generally, complications from FGI can ‘include severe pain, hemorrhage, tetanus, infection, infertility, cysts and abscesses, urinary incontinence, and psychological and sexual

¹³⁵ Ibid, p. 487.

¹³⁶ Ibid, p. 487-488.

¹³⁷ J. El-Sissi et al, *Female Genital Mutilation*, p. 27.

¹³⁸ Ibid.

¹³⁹ Population Reference Bureau, *Female Genital Mutilation/Cutting*.

problems.¹⁴⁰ Whereas, the belief in practicing cultures is that FGI cures the female genitalia of its uncleanliness, danger, and poison,¹⁴¹ but, in reality, FGI results in serious complications.

The complications of FGI on women's health are extensive and can include urinary tract infections and, in some instances, death.¹⁴² Although the numbers of girls who die from FGI are not known, the highest infant mortality rates are in countries that traditionally practice FGI.¹⁴³ Death may result from FGI because of the unsanitary method used by local practitioners and community leaders.¹⁴⁴ Often, practitioners use instruments such as razor blades or broken glass to perform the procedure.¹⁴⁵ Many of these instruments have not been disinfected but are still used to excise the woman's clitoris.¹⁴⁶ After the procedure is performed, the practitioners are not equipped with antibiotics, thus potentially leaving the victim around a pool of blood.¹⁴⁷ In some regions in West Africa, dirt, ashes, or animal faeces are placed into a wound to stop bleeding, which increases the risk of infections and uncontrolled hemorrhaging.¹⁴⁸ The consequences of undergoing FGI have short-term and long-term effects.¹⁴⁹ For example, some short-term effects are immediate physical problems, wound infection, tetanus, and urinal blockage.¹⁵⁰ On the other hand, long-term effects include blocked menses, hardened scars, child morbidity, sexual dysfunction, and less reproductive rights.¹⁵¹ Specifically, research in Sudan exposed that '50% of women who had undergone FGI say that they do not enjoy sexual intercourse, but rather they accept it as their duty.'¹⁵² Regrettably, this duty highlights subordination to men. FGI may be encompassed with this subordination.¹⁵³

¹⁴⁰ Ibid.

¹⁴¹ A.N. Wood, 'A Cultural Rite of Passage or a Form of Torture: Female Genital Mutilation From An International Law Perspective' *HASTINGS WOMEN'S L.J.*, 12 (1995) p. 358.

¹⁴² L.A. Trueblood, Female Genital Mutilation, p. 442.

¹⁴³ Ibid.

¹⁴⁴ Ibid, p. 443.

¹⁴⁵ Ibid.

¹⁴⁶ L.A. Trueblood, Female Genital Mutilation, p. 443.

¹⁴⁷ Ibid.

¹⁴⁸ Ibid.

¹⁴⁹ Ibid.

¹⁵⁰ L.A. Trueblood, Female Genital Mutilation, p. 443.

¹⁵¹ Ibid. p. 443-444.

¹⁵² Ibid, p. 445.

¹⁵³ P.D. Mitchum, 'Slapping the Hand of Cultural Relativism: Female Genital Mutilation, Male Dominance, and Health as a Human Rights Framework' p. 593.

Cultural relativists argue that pro-FGI proponents ‘establish norms based on their own idea of right and wrong.’¹⁵⁴ This causes pro-FGI supporters to ‘inadequately recognize how different cultures possess different concepts of moral rules as well as different concepts of right and wrong.’¹⁵⁵ Consequently, pro-FGI feminists and human rights activists are perceived as arrogant and condescending, and only interested in imposing their ideas onto African cultures.¹⁵⁶ However, pro-FGI feminists are not trying to replace patriarchal oppression with pro-FGI cultural oppression,¹⁵⁷ but are rather attempting to eradicate the procedure through education and empowerment.¹⁵⁸ Also, pro-FGI feminists have fashioned alternatives to FGI that focus on maintaining the celebration of womanhood while eliminating the painful cutting. Proponents react to these solutions with the fear that the ‘abolition of the surgical element [of FGI] means the abolition of the whole institution.’¹⁵⁹

While pro-FGI feminists tend to view FGI as a form of male societal control, female oppression, and subordination of women,¹⁶⁰ African or anti-FGI feminists, particularly those who do not wish to eliminate FGI,¹⁶¹ take the focus off subordination and place it on the cultural importance of FGI.¹⁶² Anti-FGI feminists tend to view pro-FGI feminists’ ‘articulations of concern...as thinly disguised expressions of racial and cultural superiority and imperialism.’¹⁶³ Anti-FGI feminists contend that pro-FGI feminist discourse is ineffective at least partly because of the pro-FGI group’s failure to ask appropriate questions such as: what socioeconomic purposes does FGI serve, whether there are alternative ways of fulfilling the purposes of FGI and whether domestic and international actors contribute to the continuation of FGI.¹⁶⁴ FGI proponents feel that anti-FGI feminists, in their focus on health complications, fail to take into consideration other social,

¹⁵⁴ K. Bowman, ‘Comment: Bridging the Gap in the Hopes of Ending Female Genital Cutting’ *SANTA CLARA L. REV.* 3 (2005) p. 4.

¹⁵⁵ Ibid, p. 4.

¹⁵⁶ D.S. Davis, ‘Male and Female Genital Alteration: A Collision Course with the Law?’ *HEALTH MATRIX* 11 (2001) p. 495.

¹⁵⁷ H. Lewis, *Between Irua and ‘Female Genital Mutilation’*.

¹⁵⁸ Ibid.

¹⁵⁹ Ibid.

¹⁶⁰ A. Stern, ‘Female Genital Mutilation: United States Asylum Laws Are In Need Of Reform’ *AM. U.J. GENDER & L.*, 6 (1997) p. 103.

¹⁶¹ B.A. Gillia, ‘Female Genital Mutilation: A Form of Persecution’ *N.M.L.REV.*, 27 (1997) p. 583.

¹⁶² A. Stern, Female Genital Mutilation, p. 103.

¹⁶³ B.A. Gillia, Female Genital Mutilation, p. 585.

¹⁶⁴ H. Lewis, *Between Irua and ‘Female Genital Mutilation’*. See also Ibid.

political, and economic issues linked to the health of African women.¹⁶⁵ Unlike their pro-FGI counterparts, anti-FGI feminists lack physical, political, cultural, and emotional relatedness to African women and children.¹⁶⁶ Although anti-FGI feminists continue to fight FGI using public education that focuses on health risks, religious myths, and legal repercussions of resisting the law,¹⁶⁷ there continues to be a demeaning, judgmental, and imperialistic spin in their message.¹⁶⁸ As a reaction to the recent legacy of Western imperialism, anti-FGI feminists have even advised pro-FGI feminists to modify their rhetoric to gain credibility within the populations their message is intended for.¹⁶⁹ If the antagonists of FGI persistently fail to observe and understand FGI practice through the eyes of cultural relativism, it will remain unsuccessful in its abolition efforts.

6.0.METHODOLOGY

Study Population and Location

The study was carried out in Akinyele Local Government, one of the 33 Local Government Areas (LGA) of Ibadan, the capital city of Oyo State, Nigeria. The LGA covers an area of 518 km², using a 3.2% growth rate from 2006 census figures, the 2010 estimated population is 239,745.¹⁷⁰ The LGA is bounded to the west by Ido LGA, to the east by Osun State and Lagelu LGA, to the south by Ibadan North LGA, and to the north, by Afijio LGA. 12 Wards make up the LGA, including Moniya, the selected area of the research. Moniya was selected because it is the largest ward in the LGA. Besides, in 2020, the state government conducted some advocacy programs in the area so as to sensitize the community residents, thus, eradicating FGI prevalence. The program is still ongoing, but, the practice persists. Therefore, this paper intends to ascertain the rationale for FGI practice and persistence in spite of previous efforts of the government. It intends to assess the level

¹⁶⁵ Ibid.

¹⁶⁶ Ibid.

¹⁶⁷ I. Ferguson and P. Ellis, ‘Canada Department of Justice Female Genital Mutilation: A Review of Current Literature’ (1995).

¹⁶⁸ E.L. Han, ‘Legal and Non-Legal Responses to Concerns for Women’s Rights in Countries Practicing Female Circumcision’ *B.C. Third World L.J.* 22 (2002).

¹⁶⁹ J. Dimauro, ‘Toward a More Effective Guarantee of Women’s Human Rights: A Multicultural Dialogue in International Law’ *WOMEN’S RTS. L. REP.*, 17 (1996) p. 339.

¹⁷⁰ National Population Commission (NPC) and ICF Macro, Nigeria, Demographic and Health Survey 2008: Key Findings, (2010), Calverton, Maryland, USA: NPC and ICF Macro.

of knowledge of the provisions of the law among the surveyed people and whether the law can be used to balance culture and human rights while attempting to end FGI in the study area.

Ethical Approval

The Oyo State Research Ethics Review Committee under the Ministry of Health (AD 13/479/4247B) reviewed and gave ethical approval for this study.

Study Design and Size

The design of this study is a socio-legal one, comprising of both doctrinal research methods (legal methodology), and qualitative research via oral interviews (social/behavioral methodology). A qualitative methodology via oral interview was selected over quantitative/questionnaire because of its flexibility as ‘the researcher is not constrained by predetermined categories of analysis while approaching fieldwork. Rather, themes of analysis ideally emerge from the data, thereby, enhancing the study’s credibility.’¹⁷¹ Qualitative research is also beneficial to this research because it ‘offers a cogent template to study selected issues exhaustively’¹⁷² and it epitomizes uprightness and sincerity towards inquiries, recognizing that every investigation is loaded with standards.¹⁷³ Thus, this qualitative research was conducted through the interview method by studying and interacting with about nine selected groups of people in order to discover their socio-cultural backgrounds and beliefs on FGI practice within practicing communities like Moniya.

Furthermore, the oral interview questions were semi-structured while the mode of selecting respondents was through Key Informant Interview. These set of individuals are specialists, who with their awareness, can enlighten on the nature of prevailing issues and offer suggestions for resolutions.¹⁷⁴ Its essence is to get information about prevailing issues in the society from a small number of well-verses participants; second, it assists in understanding the drive, values, and beliefs

¹⁷¹ M.Q. Patton, *Qualitative Research & Evaluation Methods*, 3rd ed, London, Thousand Oaks: Sage, (2002) p. 1-598.

¹⁷² Ibid, p.14.

¹⁷³ D.M. Mertens, Mixed Methods and the politics of human research: The transformative-emancipatory perspective, *Handbook of Mixed Methods in Social & Behavioral Research*. A. Tashakkori and C. Teddlie, London, Thousand Oaks: SAGE Publications, (2003) p. 1-913.

¹⁷⁴ UCLA Centre for Health Policy Research, *Section 4: Key Informant Interviews*, Health DATA Program – Data, Advocacy and Technical Assistance, 1-10, https://healthpolicy.ucla.edu/programs/health-data/trainings/Documents/tw_cba23.pdf, accessed 28 December 2021.

of citizens of a particular society on a prevailing problem; and third, it aids in obtaining information from participants with varied backgrounds and beliefs through in-depth questioning.

The selected persons, although appear minute in number, were key stakeholders to the issue of FGI in Ibadan, particularly, in Moniya environs. The respondents were 20 in number, such as Religious Leaders (2 participants), Community Leaders (2 participants), Legal Practitioners (2 participants), State Ministry of Health officers focused on the eradication of FGM (2 participants), Gynaecologists (2 participants), Nurses (2 respondents), Traditional circumcisers (2 participants), NGOs focused on the eradication of FGM (2 participants), and Victims of FGM (4 participants). The research instruments were pretested and authenticated by a pilot study. Respondents participated voluntarily and gave written informed consents before participating in the research.

Data Collection

The researcher conducted each interview session. The interview was in English and Yoruba languages. The interview guide, advanced tape recorder, pen, and book were the main instruments used. The file number of the voice recorder for each session was written in the research book. After every session, the researcher listened to the tape recorder and transferred the information to a safer place. Also, the researcher ensured the anonymity of participants and the confidentiality of their data by excluding all personal information from which participants are identifiable, such as names, addresses, or phone numbers of participants. Similarly, each participant was given an identification number/code which ensured stronger privacy and made it impossible for a person to identify any respondent once the data has been collected.

Data Analysis

Analysis of data was carried out through Content Analysis using NVIVO version 12. Furthermore, related thoughts expressed by participants were identified, coded and grouped together as underlying Themes. Emerging similar themes were grouped together to make up major themes. The cassettes used for the recordings were kept in cassette cases and after transcribing into the computer, the original data were kept in a locked safe. The original data will be kept for two (2) years after the publication of this paper before they are destroyed.

Disclosure

The author reports no conflict of interest in this work.

7.0.RESULTS AND DISCUSSIONS

This section presents results and discussions from conducted semi-structured interviews with 20 participants. The age range of the respondents was 25–54 years, with a mean of 47 years. 13 of them had at least Senior Secondary School education while 7 had a little level of formal education or illiterates. 10 were professionals. 4 of them were victims of FGI. All the participants were from Yoruba ethnic groups and of different occupations/socioeconomic classes. The opinions of respondents on FGI, their knowledge of the law, and its impact on FGI prevalence, including multifaceted steps that can be taken by all stakeholders in the society in eradicating FGI in Nigeria were obtained.

Meaning of FGI and rationale for its practice

Two semi-illiterates/illiterates opine that FGI is the practice of cutting a female's vagina. One of them, a 25-year-old female native expressed in her local dialect about FGI: “*Idabe fun omo obinrin*”.¹⁷⁵ Moreover, the majority of them described FGI as a cultural practice handed down to them by their ancestors. A 43 years old male [Traditional Circumciser]- “*Oloola*” defined it as “*a cultural practice passed over to us over 50 years ago*”.

On the other hand, medical professionals and Ministry of Health officials describe FGI according to WHO’s definition.¹⁷⁶ They had this knowledge and could also classify FGI into 4 types as a result of their training and profession. Other literate respondents were aware of only Type 1 - ‘Clitoridectomy,’ a partial or total removal of the clitoris. They were unaware of other types of FGI. This is mainly dictated by their levels of education and exposure; and also because it is the commonest type that is culturally recognized in Ibadan and its South West environs. This reflects that culture is a major determinant of people’s ways of life.

¹⁷⁵ It means FGI is the circumcision of a female private part.

¹⁷⁶ WHO, ‘*Female Genital Mutilation: An overview*’ (1998).

Several cultural rationales were recounted for the performance of FGI in the study area. Participants adduced to the fact that FGI is a culturally celebrated practice for many reasons. Some of them include initiation rights for a woman of marriageable age; greater sexual pleasure; family tradition; chastity in marriage; it gives a woman the ability to conceive; easy childbirth; prevention of promiscuity among women; sicknesses/diseases control; etc. A female nurse participant stated that; “*some cultures feel that girls not mutilated would bring shame or not have a stable home*”. Another participant, a 52 years old Ministry of Health Official and the State Coordinator of FGI, opined that if FGI is not done, “*...and the head of the newborn touched the clitoris, it will die*”. It may be quite surprising to realize that myth of this sort is being held by a Ministry of Health official who is supposed to educate others. This goes to show that one’s profession may not necessarily divorce one of one’s traditional background and mythical beliefs.

Nevertheless, a participant did not know about the cultural bases for FGI, but, he practices it by mutilating his female children. Thus, for the avoidance of numerous cultural myths, and the honor of one’s culture, many women get cut/mutilated. Further, all the participants collectively opined that FGI is not backed up religiously because it is not explicitly stipulated for in the Bible and Quran, the two prominent religions in Nigeria.

Effects of FGI on women

The semi-illiterates/illiterates noted that FGI has no negative effects/consequences on women. This is probably because they are more culturally inclined to FGI. Hence, they are highly likely to continue FGI practice. For instance, a 46 years old Muslim religious leader stated emphatically that “*FGI has no consequences. It does not affect chastity*”.

However, the literates/professionals highlighted many consequences of FGI ranging from the ones having short-term effects, to intermediate and long-term. A participant: a female 35 years old NGO official classified the effects into physical and mental consequences.

“*Physical consequences- pain, bleeding, infection, the pain of having sex, vagina fistula, reduced sexual libido, obstructed labor;*

Mental consequences- anxiety of having the procedure, depression, low self-esteem, lack of confidence for sexual activity, post-traumatic disorderliness”.

The negative medical effects of FGI listed above are backed up by scientific research and proof, and they are the strong points of International Actors and a few non-practicing Indigenous Actors on their reasons for antagonizing FGI. However, as opined by semi-illiterate/illiterate participants, they see nothing wrong with it.

Perspectives about FGI

The different views held about the effects of FGI on women by literates/professionals and semi-illiterates/illiterates influence their attitude towards the practice, and its prevalence. While the literates/professionals perceive FGI as a violation of women's human rights, semi-illiterates/illiterates view it as a robust cultural practice that may have repercussions if not done. 25% of participants (the semi-illiterates/uneducated) were not aware of the meaning of reproductive and sexual health rights and/or what constitutes its violation. They opine that FGI does not in any way hinder the enjoyment of a woman's sexual activity. For instance, a 25 years old native female participant felt that not doing FGI does more harm than good to a female. According to her: "*I did not circumcise my daughter and because of that, she is having white discharge from her private part*". She regretted not giving consent for her daughter to undergo FGI. However, the above report has no scientific evidence, but, it is a reflection of a deeply-entrenched cultural myth/belief about FGI. The myth teaches that there are sanctions attached to willful refusal to mutilate a female child, such as the production of white discharge from her private part, which unknown to them is not a sanction, but, maybe a symptom of infection or normal discharge as a lady approaches puberty.

On the other hand, 13 literate participants and 2 semi-illiterates/uneducated participants believed that FGI violates women's RSH rights. Their perspectives developed from their previous sensitization about FGI and its evils, which have influenced their attitude towards it. A 44-year-old Nurse reported; "*FGM robs a woman of the ability to have a satisfactory and enjoyable sex life. It reduces her sexual libido*". Thus, the Oyo State Government's advocacy programs have started having a gradual, but, positive impact on the attitudes of natives, hence, the change in

narratives of the participants examined above. Furthermore, the 52 years old Ministry of Health Official who is also a medical expert recounted; “*FGM causes a scar which reduces the vagina’s capacity to expand during sex and child delivery*”. Once again, the personal opinion of the Ministry of Health Official shows that one’s traditional background and mythical beliefs may influence one’s ideology in spite of one’s profession.

Additionally, the different perspectives held about FGI are dictated by the angles from which the participants view it (either as pro-FGI or anti-FGI), hence, there is a need for both actors to shift grounds in order to strike a balance and end FGI.

Prevalence and persistence of FGI in Nigeria and Oyo State

Participants could not give a precise prevalence rate because of Nigeria’s poor attitude of gathering data and the secrecy involved in FGI which prevents it from being reported or underreported, but, they unanimously believed that although it has been reduced, it is still in practice clandestinely. Reliance on NDHS reports of 2013 and 2018 show that in Nigeria, FGI decreased from 25% in 2013 to 20% in 2018,¹⁷⁷ while in Oyo State, it reduced from 65.6% in 2013¹⁷⁸ to 31.1% in 2018.¹⁷⁹ However, the Programme Coordinator of FGI in Oyo state, a participant, mentioned that her work experience reveals that practice within the rural communities, the prevalence rate is higher than the NDHS 2018 report of 31.1%. Also, she listed the prevalence rates in Oyo State Local governments: “*Kajola (Okeho) Local Government- 98% (the highest in Oyo State); Oyo West- 86.9%; Ibarapa North- 84.2%; Ogbomosho South- 75%; Akinyele- 66.3%; and Ibadan North- 48%. There is no local government in Oyo State where FGM is not practiced*”. All the figures above imply that in spite of advocacy programs embarked upon in the study area, and some reduction in the previous rates, the latter still requires attention.

Laws on FGI

¹⁷⁷ Op. cit. 9, p. 466. Unfortunately, the NDHS 2018 is the most recent report of NPC (Nigeria) and ICF International.

¹⁷⁸ National Population Commission (NPC) [Nigeria] and ICF International, 2014, *Nigeria Demographic and Health Survey 2013*, Abuja, Nigeria, and Rockville, Maryland, USA: NPC and ICF International, (1998) p. 350.

¹⁷⁹ NPC and ICF. *Nigeria Demographic and Health Survey 2018*, p. 474.

This paper enquired about participants' levels of knowledge on the laws on FGI, the impacts of the laws on FGI, and the amendments that can be made to the laws on FGI in Oyo state and in Nigeria. Perhaps through the legal mechanism, headway can be made towards FGI reduction/eradication.

On awareness of the law, 12 participants knew that some laws, such as VAPP Act, Child's Right Act, CEDAW, exist on FGI, however, only 7 out of the 12 participants knew the provisions/contents.

On the impact of the laws, opinions differed. 6 participants believed the laws had a positive impact; 11 viewed that they had a negative impact while 3 did not know whether they were a positive impact or not. On the positive impact, a male participant- 43 years old Christian religious leader II noted; "*it is impactful because no one wants to go to jail*". On the other hand, a 43-year-old Ministry of Health Official II stated on the law's negative impact: "*The law is not functional because FGM is practiced in secrecy and due to family/communal bond, no one wants to report it so as not to be castigated or tagged as 'omo ale'*".¹⁸⁰ Also, *where it is reported, nobody has been prosecuted*".

As a result of secrecy attached to the act, there is no prosecution yet, neither is there any other empirical evidence, such as court cases, that can be referenced in this article to buttress the claim that the law has a negative impact on FGI practice/persistence. Therefore, if the majority of participants opined that the law has a negative impact on FGI practice as it has drawn the practice underground. The majority of natives no longer mutilate their female children publicly anymore, unlike before when a small village or community would circumcise all females deemed to be culturally due for it. Presently, natives do it in the secret corners of their rooms, known only by the circumcisers and the parents of the girl. A participant submitted; "*it is possible that sometimes when a girl child is crying uncontrollably in her mother's room, she is being circumcised; but, unknown to you, if you knock on the door in order to assist in pacifying her, her parents will lie that she is only hungry, naughty or merely seeking for attention. So, it may be happening secretly*

¹⁸⁰ The translation of "omo ale" into English language means "a bastard".

in your household and you may not know." Then, perhaps, it can be submitted that the majority of participants, representing the Moniya Community, are of the opinion that there is a need for an amendment of the law and/or other possible solutions outside of the law. Consequently, 16 participants suggested that FGI laws in Oyo state and Nigeria should be amended. 11 of them asked for enforcement of the extant laws; 2 participants demanded the provision of stricter sanctions/laws, and 3 asked for the enactment of specific laws on FGI.

Cultural Relativism: Solutions on FGI reduction/eradication

Only about 6 of the participants had knowledge of the word 'cultural relativism. However, after the phrase and its significance to this research were described to all of the participants, they were able to suggest a multifaceted approach in striking a balance between the stance of pro-FGI and anti-FGI groups. Some key solutions mentioned by a participant, particularly by a 44 years old Nurse II, are: "*Increased awareness in rural areas via radio, jingles, media, online platforms, community awareness, National Orientation Agency, and women rights group or NGOs, targeted at women*".

Existing evidence of ongoing awareness/advocacy within the Moniya metropolis shows persistence, but, a reduction in FGI practice. Thus, the participants submitted that via increased awareness about the cultural rationale behind FGI (which favors pro-FGI), and the teachings about the negative health effects of FGI to women and girls (which favors anti-FGI), natives' perspectives about the practice would gradually change towards putting an end to it. Similarly, participants recommended that the government should reinforce her advocacy programs on health education. She should educate religious and community leaders, medical practitioners, and TBAs, being major stakeholders, who will, in turn, carry the message across to their religious centers and communities. Furthermore, the *Oloolas* (traditional circumcisers) clamored for economic empowerment by the government and the provision of alternative jobs or sources of income.

8.0. STRIKING A BALANCE BETWEEN PRO-FGI AND ANTI-FGI GROUPS THROUGH CULTURAL RELATIVISM

There is a proliferation of arguments on FGI particularly between the majority of indigenous actors, and international and some indigenous actors whose opinions are tainted with their ideologies on the practice. The constant struggle between both cultures in trying to impose one's cultural values on the other has made it difficult for the anti-FGI groups to eradicate FGI through their human rights arguments. The only way forward is for both cultures to strike a balance in their ideologies, that is, while the anti-FGI groups view FGI from the pro-FGI group's point of view (as a rich cultural practice); proponents of FGI should also understand FGI beyond it being a cultural practice, but as an act affecting women's rights and health. Therefore, findings from the doctrinal and qualitative studies conducted above recommend that efforts must be put in place to change broad social norms; the most effective approach to eradicating FGI seems to be multifaceted, intervening at many strategic points throughout society, and promoting a different norm publicly. Efforts to eradicate FGI must address a range of community stakeholders, health professionals, and policymakers.¹⁸¹

As a start, the anti-FGI group must find out and understand all the cultural rationale behind FGI practice. Then, they can sensitize the community about it via local (religious and community) leaders, together with providing locally appropriate alternative rites of passage for girls to substitute for mutilation.¹⁸² This article believes, subject to personal opinion, that such alternative rites of passage for girls will be a subtle way of reducing or eliminating FGI from the community, without antagonizing it. Also, it will shift attention away from FGI and will have a positive effect on pro-FGI groups' attitudes and behaviors about women's bodies, sexuality, and role in society, as well as a reinterpretation of religion and traditions of initiation.¹⁸³ Support must come from religious leaders, scholars, activists, and health care providers who are dedicated to the development of human rights, women's rights, and child development.¹⁸⁴

Also, a government may find an alternative to FGI practice as it occurred in Kenya by maintaining the ceremonial rite of passage through a modification (rather than abandonment) of the practice.

¹⁸¹ L.M. Shaaban and S. Harbison, 'Reaching the tipping point against female genital mutilation' *The Lancet*. 366 (2005) p. 347-349, DOI:10.1016/S0140-6736(05)67003-1, accessed 17 October 2021.

¹⁸² Ibid.

¹⁸³ K. Trangsrud, Female Genital Mutilation: Recommendations for Education and Policy.

¹⁸⁴ Ibid.

‘Circumcision through words’ was initiated by the Kenyan group Maedneleo Ya Wanawake Organization (WYWO) whose mission was to replace cutting with non-cutting rituals. Such ‘initiation without cutting’ programs in Kenya has been a huge success, integrating counseling and education of young women with attention to health issues like human sexuality, hygiene, self-esteem, and peer pressure. The initiation is marked with a celebration, rather than a cut, where the girls receive gifts and extra respect for the day.¹⁸⁵

Another successful community-based intervention was implemented by Tostan in 90 villages in the Kolda region of Senegal. It included a basic education program for women that addressed hygiene, human rights, literacy, community problem-solving, and health. As women learned about health issues and their rights, they focused on FGI. A key feature was the ‘public declaration’ opposing FGI, which included men, women, religious leaders, and other stakeholders. The program had a significant effect on community attitudes towards FGI, leading to a dramatic decrease in the number of parents who intended to have their daughters cut.¹⁸⁶ Hopefully, a similar program would be replicated among practicing indigenous communities in Nigeria and other African countries.

Due to the economic dependency some cultures have on the continuation of FGI, a possible solution is to provide sources of additional income, new jobs, (such as community health care work), or government funding to those who financially benefit from FGI.¹⁸⁷ This would help to curtail opposition to change. However, providing practitioners with an alternative means of livelihood must be coupled with addressing community demand for if the demand remains, the need for practitioners will continue to exist.¹⁸⁸

¹⁸⁵ J. K. Wellerstein, ‘In the Name of Tradition: Eradicating the Harmful Practice of Female Genital Mutilation’ *LOY. L.A. INT'L & COMP. L. REV.*, 22 (1999) p. 136. See also N.J. Friedenthal, ‘It's Not All Mutilation: Distinguishing Between Female Genital Mutilation and Female Circumcision’ *N.Y. INT'L L. REV.*, 19 (2006) p. 147-149.

¹⁸⁶ N.J. Diop, M.M. Faye, A. Moreau, et al, *The TOSTAN program: evaluation of a community based education program in Senegal: FRONTIERS final report*, Population Council 2004 Washington, DC, <https://namati.org/resources/the-tostan-program-evaluation-of-a-community-based-education-program-in-senegal/>, 05 November 2021.

¹⁸⁷ N.J. Friedenthal, It's Not All Mutilation, p. 147.

¹⁸⁸ L.M. Shaaban and S. Harbison, Reaching the tipping point against female genital mutilation.

Another alternative to an outright ban of FGI is medicalizing/canonicalizing the practice so that it is performed under sanitary and safe conditions.¹⁸⁹ This would likely entail training midwives and doctors to perform the procedures in hospitals, as well as using anesthesia and sterile instruments.¹⁹⁰ However, although clinicalizing may avoid medical risks by utilizing qualified medical personnel and guarding against the most serious side effects, it communicates a sense of acceptance, thus perpetuating FGI.¹⁹¹ Consequently, medical professional organizations prohibit it.

A different approach is the promotion of activism by African women. Their legitimacy and credibility are linked with an inherent connection to those who have undergone FGI and they are able to identify with and connect to the same cultural influences.¹⁹² This power of connectedness is reflected in the efforts of Alice Walker, an African American feminist who unequivocally opposes FGI,¹⁹³ and who is perceived as the ‘ideal ambassador between the cultural divide of white Western feminists and African feminists.’¹⁹⁴ Similarly, the ‘positive deviance’ approach can be employed. This identifies women and men who oppose the practice despite prevailing norms and uses them to raise awareness of the issue and advocate for change.¹⁹⁵

A final and very strong approach is the legal one, which must be combined with one or more of the approaches suggested above for it to be successful, as the prohibition of FGI through international legal provisions is not sufficient until individual countries enforce the law and implement their own laws that support such international prohibition.¹⁹⁶ Where local law overlaps international laws and codes, and where local state governments apply international law to their

¹⁸⁹ Somalia has medicalized FGI in order to protect girls from the unsafe conditions of the practice. See C. Fernandez-Romano, ‘The Banning of Female Circumcision: Cultural Imperialism or a Triumph for Women’s Rights?’ *TEMP. INT'L & COMP. L.J.*, 13 (1999) p. 159.

¹⁹⁰ K. Trangsrud, Female Genital Mutilation: Recommendations for Education and Policy.

¹⁹¹ Unfortunately, medicalization increases parents’ interest in FGI. See D.S. Davis, Male and Female Genital Alteration, p. 497.

¹⁹² H. Lewis, Between Irua and ‘Female Genital Mutilation.’

¹⁹³ Ibid.

¹⁹⁴ Ibid.

¹⁹⁵ *The positive deviance approach in female genital mutilation eradication*. Final end-of-project report for PROWID to the Center for Development and Population Activities, Cairo: CEDPA, (1999).

¹⁹⁶ J.K. Wellerstein, ‘In the Name of Tradition: Eradicating the Harmful Practice of Female Genital Mutilation’ *LOY. L.A. INT'L & COMP. L. REV.*, 22 (1999) p. 120-121.

own individual legislation, there is a much greater likelihood that FGC can be stopped.¹⁹⁷ Again, this process must be done with great sensitivity and respect, and absent excessive imposition of anti-FGI groups' cultural norms.¹⁹⁸ 'Change can only occur if the global community embraces the laws of individual nations, works with those laws, and coordinates them with international legislation.'¹⁹⁹

9.0.CONCLUSION

This paper has attempted to behold FGI through the lens of cultural relativism. It finds that there is a constant struggle of supremacy between the pro-FGI and anti-FGI groups and it tried to strike a balance between them. Also, it examined the rationale for FGI practice and persistence in Moniya, Ibadan, Nigeria by asking semi-structured questions via the conduct of Key-informant interviews. It finds that not until the cultural background, rationale, values, and beauty of FGI are well understood by the few non-practicing Indigenous, and International Actors, while the practicing Indigenous Actors also see the impact the practice has on the human rights of women that FGI can be eradicated. It suggested sensitization of the people; provision of locally appropriate alternative rites of passage for girls; promotion of activism by African women; 'positive deviance' approach; 'circumcision through words'; enforcement and implementation of local laws supporting international prohibition of human rights; as solutions in finding a middle ground to end FGI in Nigeria.

¹⁹⁷ Ibid, p. 132.

¹⁹⁸ Ibid.

¹⁹⁹ Ibid.