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**The Applicability of Africana Womanism in Interventions Against Female Genital
Mutilation in Nigeria: Lessons from Eritrea and Uganda**

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LIST OF ACRONYMS

FGM	Female Genital Mutilation
NGO	Non-Governmental Organisations
NUEW	National Union of Eritrean
NUEYS	National Union of Eritrean Students
SARS	Special Anti-Robbery Squad
UDHR	Universal Declaration of Human Rights
UNICEF	United Nations Population Fund
VAPP	Violence Against Persons (Prohibition) Act
WHO	World Health Organization

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Abstract:

For decades, Female Genital Mutilation has been a practice heavily practiced in Nigeria with states like Imo, Oyo, Osun, Oyo, Ebonyi, and Ekiti ranging the highest. With a population of well over 200 million, Nigeria has the unenviable leading position in the practice of FGM, with over 20 million women and girls forced to undergo this practice. Due to the patriarchal and conservatism nature of the country, it has become a breeding and nurturing environment for the practice as culture and patriarchy are the major factors promoting FGM.

This study seeks to conduct a comparative analysis of two African countries that have taken giant strides towards eradication of the practice, looking at their policies and practical implementations, and outcomes; then select out relevant strategies Nigeria can adopt from them.

Using the theoretical framework of feminism, we would have a deeper understanding of the role patriarchy plays in promoting FGM and explore ways we can get around it.

Relevance to Development Studies:

This topic is one whose relation to Development Studies is two pronged- first it is a pressing issue on Gender Studies and next, its nexus to human rights cannot be detached.

Female Genital Mutilation is one of the forms of Violence Against Women and Girls (UN Women, 2017) because it is a forceful practice done against the will of the victims and which leads to grievous bodily harm for the victims such as instant bleeding, high risk of childbirth complications, sexual problems, social exclusion (incases of those who refuses to engage in the act), sepsis, urinary tract infections, psychological trauma, fusion of the labia, death (Garcia-Moreno, Guedes and Knerr, 2012), and a host of other complications. As a result, it squarely focuses on gender studies aspect of development studies. It also is a human rights issue because it contravenes quite a number of human rights legislations such as the right to dignity of human persons, right to life, liberty and security of persons and freedom from torture (United Nations, 1948). In addition to the UDHR, the Convention on the Elimination of All Forms of Discrimination against Women (1979); the International Covenant on Civil and Political Rights and the International Covenant on Economic, Social and Cultural Rights (1966); the Vienna Declaration and the Programme of Action of the World Conference on Human Rights (1993); the Convention on the Rights of the Child (1990); the

African Charter on the Rights and Welfare of the Child (1990); and the Declaration on the Elimination of Violence against Women (1993), also view FGM as a human rights violation.

Key Words:

Feminism, Patriarchy, culture, religion, Africana Womanism, habarawi, Hamadea, Nigeria

CHAPTER 1- INTRODUCTION

“The tradition of female circumcision is so deeply entrenched in the culture and decisions regarding the practices are not made by individuals. In addition to the father, the mother and the girl, we have the community and the extended family system. This makes it difficult for one individual or family to decide on its own without pressure from others.” -Leah Muuya (Mohamud, Radney, and Ringheim, 2013)

The World Health Organization (2020) defined Female Genital Mutilation as the cutting out part(s) or all the female genitals for reasons that are not medically related. Nigeria ranks the most notorious in terms of FGM practice (Okeke, Anyachie and Ezenyeaku, 2012). The aim of this paper is to seek for ways to help curb the practice of FGM using the African Womanism theory. To approach this problem, this paper will analyze the interventions strategies used by Eritrea and Uganda, whether or not interventions are in line with the Africana Womanism concept, and the lessons Nigeria can learn from their successes and mistake. The overall objective is to then formulate interventions that are in line with the Africana Womanism concept. For the structure, we would do an individual analysis of Eritrea, Uganda, and Nigeria, looking at the legal structure, the interventions that were implemented, and the outcomes obtained. Subsequently, analysis of the countries’ interventions would be made using certain features (wholeness, family or community centeredness, black sisterhood, and political alignment with black men) of Africana Womanism as a benchmark.

This paper is seeking to find alternatives to FGM in Nigeria using the Africana Womanism theory because it is a gap that is yet to explored. This theoretical framework would be suited for Nigeria because Nigeria is a patriarchal society, and FGM is a practice that is fostered by patriarchy. The Africana Womanism is a type of feminism and I chose it because it mirrors the realities of the Nigerian woman. The challenge of the African woman is totally different from that of a white female, thus a solution for the African Woman, must be one that is cognizant with the African woman’s challenges.

Female Genital Mutilation is a practice that done for a variety of reasons such as a cultural rite of passage (Mepukori, 2016), tradition, curbing promiscuity, increase chances of marriageability and religion (Sakeah et al., 2019). Whether or not these reasons are valid will be looked at later in this paper. In some communities, having daughters that have been cut is a thing of honour, because it shows the family raised chaste girls thus families urge their daughters to go through the practice to

earn their respect in society. Some others who do not subscribe to it, go ahead to practice for fear of exclusion by the community. Girls subject themselves to cutting as a way to escape public mockery that is attached to going against the tradition (Sakeah et al., 2019), while some others go through it to make them more attractive to suitors. FGM is a killer practice that has silenced the voices of many women and girls who have died because of the practice.

1.1 BACKGROUND OF THE STUDY

Female Genital Mutilation is practiced for cultural, social, religious purposes, and some ardent believers of the practice do it as a way of curtailing promiscuity of the female folks and retaining their 'virtue' thus making them more appealing for marriage. Based on reports by UNICEF, about 200 million women and girls worldwide are victims of FGM with countries in Africa (Nigeria, Uganda, Somalia, Cameroun, Djibouti, etc), Middle East (Yemen, Iraq), and Asia (Indonesia) leading the pack when it comes to the practice (UNICEF, 2022).

Research has shown that this practice, far from being harmless like the FGM preachers might think, has a multitude of risks which includes shock, issues with wound healing, intense pain, wound around the genital tissue, and infections for example tetanus. The long-term impact can be psychological trauma, elevated danger of problems during delivery, issues regarding sexual activity like decreased or lack of sexual satisfaction, issues with the vagina, urinary tract infection, and so on (Kaplan et al., 2011). It is however surprising that despite the plethora of established risks or dangers associated with this practice, it is still practiced regardless.

1.2 OBJECTIVES OF THE STUDY:

In order to eliminate female genital mutilation (FGM) in Nigeria, this study aims to do a contextual analysis of two African countries namely, Eritrea and Uganda , who are still undergoing the struggle of FGM, the results they achieved and they key take-aways Nigeria can take from them. This paper carries out the analysis using the African Womanism framework, to sieve out the elements of African Womanism Eritrea and Uganda infused in the FGM intervention plans, the success or otherwise of the same framework.

This study analyses how patriarchy has been the driving force behind the practice in Eritrea, Uganda, and Nigeria; and analyzes whether Eritrea and Uganda albeit implicitly have utilized Africana Womanism in fighting the practice. It also aims to suggest the mechanisms or

interventions Nigeria can adopt to end FGM based on the intervention techniques used by the two countries who adopted the Africana Womanism concept in their interventions.

This article will examine the viewpoints of victims of female genital mutilation, feminist writers such as Cleonara Hudson Weems, the originator of the African Womanism concept, Dorcas Akintunde, a Nigerian feminist writer, other feminist writers both local and international, local NGOS like Eritrea's NUEYS, and international non-governmental organizations like UNICEF, UNFPA, and WHO, and religious leaders. The viewpoints and experiences of these important stakeholders on the difficulties associated with implementation of the various intervention techniques.

In order to achieve this broad objective, I am going to take a look at some sub objectives:

The main aim of this study is to find out adequate and long-lasting solutions to female genital mutilation in Nigeria.

1. To investigate the rationale (cultural, religious, sociological, etc) behind not only the practice but its persistence, the supposed merits of the practice and specific gender perspectives, and gender specific views that underpin the practice in Nigeria.
2. To explore the measures put in place by Eritrea and Uganda, that have managed to drastically reduce the practice; and what Nigeria can learn from them.
3. To do a comparative analysis of the selected African countries that have adopted African Womanism to their interventions, to find out whether their FGM policies will work in Nigeria and why.

1.3 RESEARCH QUESTIONS:

How can Africana Womanism be used as a tool to curb the practice in Nigeria? To answer this question, the following sub questions would be addressed:

1. What are the drivers (social, economic, and cultural) behind the continued practice of FGM in Nigeria?
2. Which interventions have been used by Eritrea and Uganda and do they reflect the principles of Africana Womanism?
3. What does Africana Womanism entail and how can it be used to find possible solutions to end FGM in Nigeria?

4. What are the cultural parallels (between those other African nations and Nigeria) that would influence whether or not their strategy of preventing FGM will work for Nigeria?

1.4 METHODOLOGY:

This study uses an analytical qualitative technique, and the data gathering method is qualitative as well. The study collects secondary data from books and scholarly publications on FGM from both domestic and foreign sources. Also included in the study as a third source are trustworthy newspapers, reports, internet news sources, human rights tools, laws, and pertinent instances.

For this study, the qualitative analytical approach is used, and qualitative data gathering techniques are also used. This is because a qualitative data gathering approach is beneficial for content analysis, drawing conclusions, and recommending policy measures. This study would employ the use of comparative analysis tool to understand the measures put in place by other African that has managed to drastically reduce their FGM practice and what Nigeria can learn from them. For purpose of this study, the countries that will be analyzed will be Eritrea and Uganda. The analysis will focus on the issues faced, the legal structure, interventions made, the outcome and challenges. Afterwards, I will pick out key lessons from these countries and the way forward for Nigeria.

1.5 NATURE OF THE PROBLEM

Female Genital Mutilation is a killer practice which is practiced extensively in Nigeria and is gaining momentum despite intervention attempts. FGM is practiced in almost every state of the Federation, however in varying degrees from infancy to maturity and with a population of over 200million, Nigeria occupies the unenviable position of one of the top countries in the practice of FGM worldwide, occupying one-quarter out of the estimated 130 million women circumcised worldwide (Okeke, Anyaehie and Ezenyeaku, 2012). Although practically all states in Nigeria, some states have gained notoriety in the practice such as Imo, Ebonyi (South-East), Oyo, Ekiti, and Osun (South-West). The zones with the highest FGM prevalence in Nigeria are the South-East (32.5% of women aged 15-49) and the South West (41.1%). Osun State has the greatest state incidence (67.8%) but it is done on a relatively small scale in the North; Adamawa, Niger, Kebbi, Bauchi, Gombe, Yobe, and Sokoto (North) all have a prevalence of less than 1% (28TooMany, 2019), albeit in a more severe form (UNICEF, 2001).

Some socio-cultural features have been identified as enabling this hazardous practice, for example, Nigeria is a patriarchal society that have cultures that are harmful and subjugating to women such as inability for women to inherit properties, shaving of the head of newly widowed women, early and

forced marriage, education deprivation for the girl child, and of course Female Genital Mutilation. The genesis of the practice is still largely unclear and there is confusion on whether it started as a means to protect women's chastity; or as an initiation ceremony into womanhood; or to protect virginity. Nevertheless, it is strongly embedded in Nigerian culture, with crucial decision makers such as traditional rulers, grandparents, age groups, elders, men, and mothers, backing it up.

It is done out at a very early age (minors) in most regions of Nigeria, with no prospect of permission from the subject (Hathout, 1963). Types I and II are more common and less dangerous than Types III and IV. In the Southern part of Nigeria, Type I excision is more common, whereas severe forms of FGM are more common in the Northern part of the country. It is practiced by both Muslims and Christians alike, but it is more prevalent in Christian-dominated areas of the country (UNICEF, 2001). The newborn or girl is pinned on her back and coerced into submitting to the circumciser, who might be an old woman, barber, or a midwife (Baron & Denmark, 2006). The mutilation exercise is usually carried out under no anesthesia (resulting in intense pain for the victims) with unsterile razors, which could result in infections. If infibulation is done, the freshly cut margins of the labia minora are stitched together (in certain circumstances) and a hole is made, and a tiny straw inserted for the passage urine and menstrual blood (Whitehorn, 2002). Afterwards, in some cases, some healing ointment is applied, and the girl's legs are secured together (Baron & Denmark, 2006).

1.6 TYPES OF FGM

According to WHO, there are four types of female genital mutilation, and they are as follows:

Type I: Partial or total removal of the clitoris and/or the prepuce (clitoridectomy),

Type II: Partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora (excision),

Type III: Narrowing of the vaginal orifice with creation of a covering seal by cutting and positioning the labia minora and/or the labia majora, with or without excision of the clitoris (infibulation) and

Type IV: All other harmful procedures to the female genitalia for non-medical purposes, for example: pricking, piercing, incising, scraping and cauterization. (WHO, 2010).

FGM has a plethora of health implications which include persistent and intense pain, abscesses, trouble having sex, cysts, and hemorrhage, incontinence, recurrent infections that can result in infertility, and complications during labor and delivery, which can be fatal to both mother and child. Excessive bleedings and/or infection can also lead to death for the victims (NHS, 2019). In addition, there are psychological impacts for example depression; associated economic impact which could involve the financial cost of treating complications or recurrent infections; and social impact as a result of the stigmatization surrounding having incontinence.

Even though these health risks have been identified, and the practitioners and cultural gatekeepers are made aware of the ramifications, this practice continues unabated. Despite the excruciating discomfort and health hazards, the potential victims, even if they are unaware of the reason behind the tradition, would rather go through with it than face the social exclusion, shame, and embarrassment that could result from non-compliance.

In other African countries like Eritrea, South Africa, and Uganda, the incidences of Female Genital Mutilation have reduced greatly. This paper would seek to investigate what these countries are doing differently to curtail the practice and what Nigeria can adopt from their already existing frameworks.

1.7 SIGNIFICANCE OF THE STUDY:

There is a plethora of studies that have been made on Feminism as a theoretical framework in discussing FGM. However, currently, there are no works on using Africana Womanism as a tool for ending the practice. This paper attempts to be the first to venture into this area and find enduring solutions to FGM in Nigeria using Africana Womanism theory.

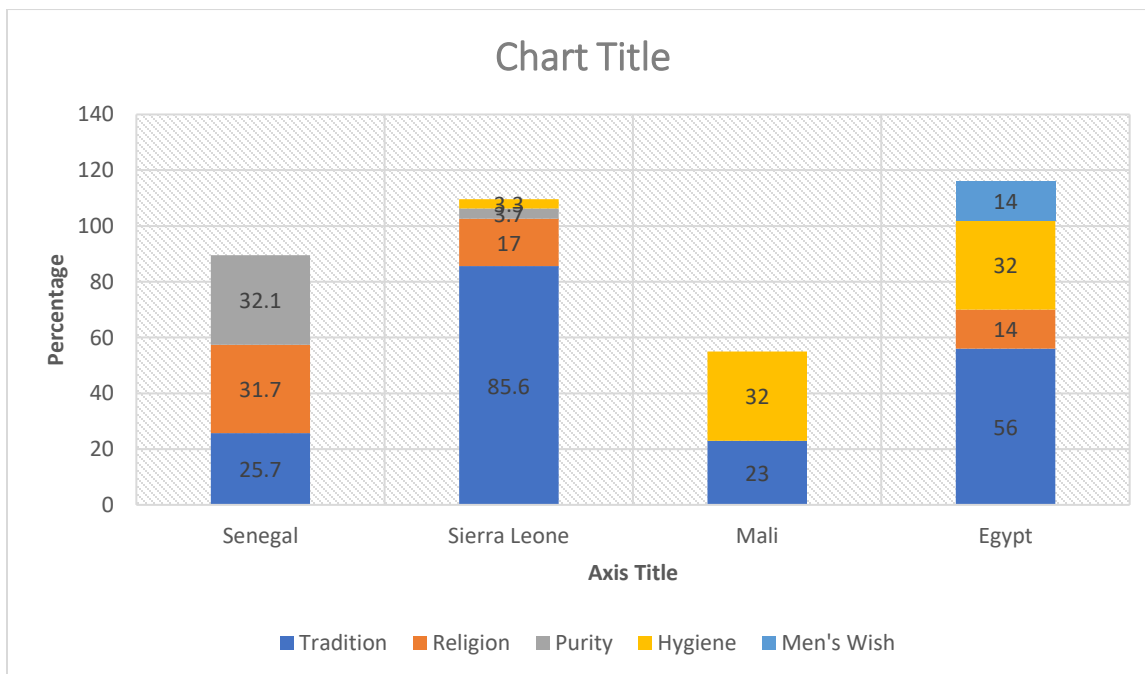
CHAPTER 2: LITERATURE REVIEW AND CONCEPTUAL FRAMEWORK

2.1 INTRODUCTION

The major goal of this section is to collate various research on FGM, both local and worldwide, educate readers about the important concerns surrounding FGM. This chapter discusses the widespread prevalence of FGM, its repercussions, international and local legislation and the extent of enforcement, sociocultural realities, and the many players involved in FGM practice.

In this chapter, I discuss the measures some African countries who have made marked improvement in curtailing Female Genital Mutilation have put into place. This section surmises that in order for the genital cutting of women and girls be curtailed, a leaf should be borrowed from these countries. Several scholars have claimed that female genital mutilation is deeply rooted in cultural practices, religion, and social norms; hence it would require a lot more than passing a legislation to faze it out. This entrenchment has led to the acceptance of Female Genital Mutilation in the various communities that practice, thus the continual practice.

Female Genital Mutilation which is alternatively known as female circumcision has a long history in many countries and cultures (Serour and Ragab, 2013). Although it is not clear where it originated from, several researchers claim it started in Egypt before spreading to other parts of the world (Guilliani, 2006).



(ibid)

2.2 SOCIOLOGICAL ASPECT OF FGM:

Amongst the communities that practice FGM, quite a number of them hinge their justification of the practice on social norms. The major justification for the prevalence of FGM is on the basis of societal considerations. In Africa, FGM is closely linked to social standing and how girls and their families are treated in society. As a result, their assent grants them the position of respectable community members, and their family will be widely acknowledged (UNFPA, 1994). Many communities consider it a rite of passage and signifies group identity- young girls are cut as a rite of passage into adulthood; and adult women are cut before marriage as a rite of passage into marriage. The former President of Kenya, Jomo Kenyatta, a strong supporter of FGM in expressing his reservations about abolition of clitoridectomy described it as having huge impact morally, socially, educationally, and religiously, and expressed fear that it will lead to an erosion of the FGM practice (Moges, 2021).

According to Toubia, one of the most powerful motivators of conformity is the fear of losing the psychological, moral, and monetary rewards of belonging (Toubia, 1994). This has led a lot of women and girls into conforming to the practice, and the fear of social exclusion, has forced parents into making their daughters get cut. As a result, it may act as a social cohesiveness mechanism (WHO, 2000). Speaking on the social exclusion she faced, Oiyie, a lady who was rescued just before she was genitally mutilated says:

“The hardest thing for me was leaving home, leaving my family...I would wake up in the middle of the night and think, should I go back and get FGM?” (UN Women, 2019).

FGM, as previously stated, can be considered a rite of passage. The clitoris, in certain parts of West Africa, is regarded as the masculine equivalent to the “feminine penis prepuce”, and so must be cut off before a person can be regarded as an adult (Hosken, 1993). In many African communities, it is seen as a criterion for marriage because cut women are regarded as chaste hence more desirable. This echoes with the practice of the Chagga in Arusha, Tanzania where the bride price of cut girls are higher than that of uncut girls (Dunn, 2017).

2.3 RELIGION AS A JUSTIFICATION FOR FGM:

FGM is practiced by people of various religions. In some states where FGM is being practiced, religion has been cited as one of the guiding reasons for the practice; however, on closer look, this statement is not on par with the Torah, Quran nor are there any provisions for it in the Bible. This, however, does not stop people from engaging in the practice on the basis of religion. In 2001, Hegar-Boyle et al conducted a study on FGM in three distinct African nations and discovered that in Egypt, over 95% of the population is Muslim and that religious authorities utilize their authority to compel women to undergo this treatment without objection or discussion.

The Quran and the Sunnah (Prophet Mouhammed's way of life which has become the standard of other Muslims) are the major sources that prescribe the duties of a Muslim (Turshen, 2000), and both contains nothing on Female Genital Mutilation. Scholars from around 35 Islamic countries gathered at Al-Azhar University in Cairo in 1998 to examine FGM/C and other reproductive health concerns. After deliberation, they agreed that it is a not mandatory in Islam because it was not in the Holy Qur'an neither are there any citations in Prophet Muhammad's Hadith that includes or justifies such practice (Serour & Ragab, 2013). According to Prophet Muhamed in a Hadith, Allah curses those who changes his creation (Majah, 1989). Despite the fact the Holy Quran frowns against this practice, based on studies by Satti (2006), the most acute forms of FGM are practiced more in Muslim nations. This study by Satti is shown to be evident in Nigeria where the more extreme forms of FGM are practiced in the Northern part of the country (UNICEF, 2001), a region that is dominated by Muslims. Some Muslim scholars argue that the proof that Female Genital Mutilation is inconsistent with the provisions of the Islam is that there is no account that Prophet Muhammed had his wives and daughters go through practice (Asmani and Abdi, 2008).

Some Christians who are pro FGM use God's instruction to Abraham (New International Version, Gen. 17:10) to circumcise all the children in his household, as a justification for FGM, but the bibles was referring to male circumcision. Just like Islam, in Christianity, the Bible makes no express provision against Female Genital Mutilation, although both religions makes provisions for male circumcision. However, some Christian leaders have been unequivocally vocal against the practice. According to Murray (1976), Christian missionaries ensured they made new Christian converts vow against putting their daughters through FGM as a criterion for baptism. Some Bible verses which can be used as argument against FGM. For example, the Holy Bible makes no reference of FGM,

Genesis 1:31 records God acknowledges the perfection of His creation thus: “And God looked upon all that He had made, and indeed, it was very good” (New International Version, Gen. 1:31). The Bible in describing the perfection of Absalom’s bodily looks wrote: “In all Israel there was not a man so highly praised for his handsome appearance as Absalom. From the top of his head to the sole of his foot there was no blemish in him’, thus ascribing beauty and perfection to being blemish free. Shedding light on the biblical import of the word ‘blemish’, Olyan (2000) writes that blemishes in the bible includes conditions such as visual impairment, inability to walk, uneven limbs, afflictions of the skin, body wounds, genital wounds, amongst others.

Although this practice is not very common amongst the Jewish community, it is still practiced by Ethiopian Jews and a small number of Israelis (Lavin, 2013). The Jewish religion does not provide for FGM as the practice is not mentioned in the Torah. The Torah however warns against making mutilating one’s body (Headapohl, 2018). According to Rabbi Dov Ber, the Maggid of Mezeritch, a Jewish religious leader said, “A small hole in the body can lead to a large hole in the soul.” (Ginzburg, 2004).

2.4 CONCEPTUAL FRAMEWORK

2.4.1 Feminist and Patriarchal Theory

According to Diop (2017) feminist theories are the most important theories in evaluating the positionality of men and women while simultaneously altering the status quo of women's subjugation and gender disparities birthed and nursed by patriarchy. This paper employs the use of feminist and patriarchal perspective to analyze how patriarchy is the major driving force behind FGM in Nigeria, a country that despite its development is still deeply rooted in patriarchy, which is a key component in traditional societies (Makama, cited in Aina 1998). The term "patriarchy" has been reinvented to examine the origins and circumstances of men's subjugation of women (Kamarae, 1992). Originally, it was used to characterize the dominance of the father as head of the home, the term 'patriarchy' has come to refer to the systematic structuring of male supremacy and female subjugation in post-1960s feminism (Aina, 1998). It refers to a male-dominated system that marginalizes women through its social, political, and economic structures. Feminist theorists have claimed that in each historical shape that patriarchal society takes, whether it be capitalist or socialist, a sex gender system and an economic discrimination system coexist (Makama, 2013). Female Genital Mutilation is a practice submerged deep in patriarchy because not only is it a system of oppression for the women, it is also one whose gatekeepers are predominantly men, and practiced for the

benefit of men. Tradition or cultural practices cement male dominance by maintaining male control over women's bodies by mandating FGM. In some communities, by forcing women to undergo this, it makes the women to be seen as pure or chaste (because they believe it makes women less prone to promiscuity), thus making them more desirable for the male folks.

Female genital mutilation is frequently supported by local institutions of power and authority such as traditional authorities, religious leaders, circumcisers, elders, and even certain medical workers- roles that are mostly occupied by men (World Health Organization, 2008).

FGM is done for the benefit of the men; marrying a cut woman ensures they are getting married to chaste women. Hibo Wadere, a survivor of FGM says, “I knew the reason it was happening to me was so that I could be “preserved” for someone else – my future husband” (Wardere, 2020). In a survey carried out in Egypt on Egyptian fathers, they believe that women and girls that are yet to be cut are sexually indiscriminate (Abdelshahid, Campbel, 2015). FGM is believed necessary for improved marriage prospects and to ensure marital faithfulness hence aiding in the maintenance of polygamy in certain communities (Ruiz, Bravo and Martinez, 2014).

Cutting of the female genitalia usually results in low libido and arousal hence reducing or eliminating their sexual activities thus making them stay pure for their future husbands. Based on the study of men in Guinea, it was found that they believe FGM would lessen the possibility of premarital sex (Gage, Van Rossem, 2006).

Female Genital Mutilation, according to feminist and patriarchal ideology, is a kind of mistreatment of women's bodies and sexuality (Ogbu, 2019). The punishment for resisting patriarchal dominance over one's body might include slut-shaming, condemnation, social exclusion, gossiping, and sexual assault such as burning or slashing the girl's genitals—a region deliberately targeted because it is allegedly the basis of the girl's defiance. Looking at the major reasons outlined for the continuation of the practice- tradition, sociological reason, and men's wish; a common theme of patriarchy can be deduced. By implicitly accepting domestic and sexual abuse, patriarchal culture creates the framework for women's inherently unequal status in households and markets (Makama, 2013). In some cases, it is seen as a rite of passage into womanhood. Failure to undergo this practice has grave consequences such as social exclusion or failure to get married.

The criticism of the feminist interpretation is that women are also responsible for this behavior and are also gatekeepers of the practice. Ironically, women (mothers, women leaders, aunts, etc) who have previously undergone FGM are usually the initiators of the practice (Baron & Denmark, 2006). In the Yoruba culture for instance, women are the gatekeepers of culture, and they get respect from this status (Atere, 2001). As a way of preserving their exalted status, they engage in these patriarchal cultural practices. For example, mothers who decide for their daughters to be genitally mutilated do that to ensure their daughters can get married. Mothers, even those that have previously gone under the knife, compel their daughters to get cut; a good number of the cutters are women; female elders, and women in the position of power also play a significant role in the perpetuation of the practice. In defense however, women do this to fulfill men's desires thus demonstrating that males are the true and covert perpetrators (Njambi, 2004). Those who performs these sorts of sexual abuse against girls in order to maintain purity culture and patriarchal control are usually those closest to the girls and have unrestricted access to their nude bodies for example mothers, aunts, grandmothers, and so on. The perpetrators, by engaging in this, are mainly protecting themselves. For instance, the mothers do not want to be accused as an unfit parent raising unchaste and promiscuous girls. They also think they are shielding the girls from public humiliation and ridicule.

2.4.2 Africana Womanism

To successfully apply feminism into the discourse FGM in Nigeria, it is critical to first understand the customs and traditions of the people there because the understanding does not blend into the African sphere. While the current gendered perspective is important, it does not acknowledge take into consideration the distinctive gender roles in countries of the Global South, particularly Sub-Saharan African countries. This work uses the lens of Africana Womanism to explore the practice of FGM in Nigeria. The purpose why this paper chooses the theory of African Womanism in its analysis of the FGM issue in Nigeria is because FGM thrives in patriarchy and Nigeria is a patriarchal state, but a state where its people are still grappling with their basic human rights hence the mainstream feminism is not the priority of the average Nigerian woman. The Africana womanism theory is specifically designed to capture the realities of the African woman.

Africana womanism is one paradigm that reflects gender dynamics in Sub-Saharan Africa prior to colonization. Africana womanism provides several grounds to reject the feminist

perspective, owing to the differences in expectations and challenges that African women face in comparison to white women. Clenora Hudson-Weems's African Womanism unlike the mainstream feminism, is centered on women of African descent, and it is about family-centeredness. African Womanism is best suited form of feminism for Nigeria because it not only relates to women of African descent, but also is focused with patriarchy and fighting against marginalization by men- a struggle that is often seen in the practice of FGM. While the mainstream feminism's major goal is the attainment of equality for both sexes, the African Womanist does not concern herself with that.

The white feminist has inbuilt privilege automatically bestowed on her from birth, so her concerns are light years away from that of the African woman; while the latter is concerned about breaking the corporate glass ceiling, the latter is consumed with thoughts about access to education for the girl child, having a voice in her own home, not being a victim of domestic violence, or of women-oppressive cultures. According to UNICEF, about 10 million girls in Nigeria are out of school, and only 1 in 4 girls from poor, rural families complete Junior Secondary school education (Babangida, 2022). Beale (1995) nicely summarized this sentiment by surmising that we don't have common links if white groups don't recognize that they are battling capitalism and racism neither do we share mutual frustrations, and we cannot even have real discussions with these groups because they're irrelevant to the Black struggle.

An African Womanist does not debate traditional gender roles in the household, nor does she consider herself equal to the man. In her book, Hudson outlines the features of African Womanism as follows:

“self-naming, role flexibility, family-centeredness (and community centeredness), struggling with males against oppression, adaptability, Black female sisterhood, wholeness, authenticity, strength, male compatibility (political alignment with men), respect, recognition, respect for elders, ambition, mothering, nurturing, and spirituality.” (Alexander-Floyd and Simien, 2006)

Self-naming or self-definition, a foundation for communal activity and individual identity in African culture involved the mode individuals of African heritage may establish their own sense of reality in contrast to that of the dominant culture (White, 1999). White described self-naming as the basis for communal activity because it warrants members of the community coming together and reaching a consensus of the concepts or ideals they choose to identify with. A way for people to practice self-

definition for example, is by letting go of the cultural and traditional practice of FGM and carving out a fresh, wholesome, and positive identity. Achieving this would require mass mobilization after which, communities can opt to make a public pledge and proclamation to abolish FGM and substitute it with positive norms that support the rights of women and children.

The characteristics of role flexibility, family-centeredness, black sisterhood, wholeness, authenticity, adaptability, and compatibility or alignment with black men; is centered around the commitment of the African woman to family. This commitment to family of the African woman makes it different from the mainstream idea of feminism. The mainstream feminist as Hudson-Weems puts it is “self-centered or female-centered, interested in self-realization and personal gratification” (Hudson-Weems, 1998). Bringing it closer to the Nigerian context with regards to FGM, women need the support of the men folks to achieve an effective outcome. In the typical Nigerian home, the father’s consent is required before any major decision is made- including whether the daughters should be genitally mutilated. Hence, the male folks including fathers should be brought into any plan that involves putting an end to FGM. At the community or state level, equal representation in anti-FGM committees by both men and women is necessary in various intervention programs- the importance of this can be seen in success of Eritrea’s multi-sector Joint Program (UNICEF, 2021) which we will look at later on in this paper.

Black female sisterhood is one that goes in sync with the feature of men compatibility. Nigerian women should come together for their own benefit. A lot of the recorded cases of FGM in Nigeria were performed by female cutters and quite a number of mothers force their daughters to undergo the practice. If Nigerian women form a sisterhood, it will not only serve as a support group for victims but with their collective strength and voice, can make a change.

The viewpoint of the Africana Womanist is one that prioritizes a family centered approach, veering away from the individualistic style that Western feminism prescribes. The Africana womanist perspective brings to the forefront an African perspective that acknowledges a family-centered rather than individualistic perspective. Women who prescribe to Africana womanism find that it may be best to avoid a westernized system that encourages individualism and destroys the notion of family and community. It is the same system that has shifted the outlook on the positive values of nurturing and emotionality as weak and rationality and individualism as strong; hence, the “inferiority” of women.

The major downside of the Africana Womanism movement spurs from its major advantage-community centeredness. The Africana womanism concept posits that in during adversity, a lot of Africana women will prioritize historical oppression (racism) over sexism, and community and family needs over individual needs, because individual needs are a colonial, patriarchal, and westernized concept (Pellerin, 2012), that is why oppressive cultural activities against the woman still thrive. Women would rather be subjected to female genital mutilation than risk social exclusion from members of the community. In many communities in Africa, refusal to undergo FGM would make the uncut woman unappealing to the men for marriage (Davis, Ellis, Hibbert, Perez, & Zimbelman, 1999). In Nigeria, marriage is seen as an achievement, bestows respect on the woman, and prevents the woman from being a subject of scorn. Hence, the Africana Womanist will shun her vital individual needs in place of communal acceptance.

Hudson-Weem's vision of the African family being the typical one father one mother household does not take into consideration the various multicultural African contexts. For example, polygamous marriages are a norm in many African making up a whopping 11% from Sub Sahara Africa (Kramer, 2020) or polyandrous mariages as was practiced by the Irigwe people of Nigeria (Akintoade, 2019). Thus, it can be argued that the African Womanism theory does not fully embrace the full African cultures and history.

In Cleonara Hudson-Weem's theory, she dwells on the importance of family centeredness without taking cognizance of cases where such is not an option. She prioritizes and highlights the feature of family centeredness, failing to recognize certain dynamics that can make that far-fetched. What happens in a family with a habitually drunk and abusive women that is beyond reason? How does the wife in such a scenario reason with him about not having their daughters genitally mutilated?

Multiple viewpoints are helpful while doing research to reduce the likelihood of misrepresenting the results. As researchers, a deep knowledge and understanding of our prejudices and how they could affect, consciously or subconsciously, how research questions are formulated, and outcomes are perceived is crucial. According to Hacker (2013), it is crucial while studying rural communities in Africa especially the sub-Saharan region since these groups could not share the same types of viewpoints as metropolitan areas or other nations do. It is due to such differences in experiences, that it is crucial for that we use a theory that fits the African woman, rather than using a borrowed concept like the mainstream feminism, which is better suited for the Western feminists better. For the reasons outlined above, that Cleonara Hudson-Weems (2013) in propounding the Africana

womanism theory, was opposed to connecting it to any western doctrine, including feminism. Echoing Kolawole's view (2004), Africana Woman is built on the foundation of community, inclusivity of both men and women, teamwork with the singular aim of advancing women.

2.5 Africana Womanism and FGM

For the purpose of this paper, I would focus on 4 characteristics of Africana Womanism which includes: community or family-centeredness, wholeness, struggling with males against oppression, and black female sisterhood. Although the Africana womanism concept does not specifically have any provisions against the practice of FGM, this paper will use the principles of some of these characteristics and apply them the discourse with the aim of finding lasting solutions to FGM. Analysis of the intervention techniques used by Eritrea and Uganda will be done using these characteristics as benchmark for accessing whether they fit into the African Womanism mould. Afterwards, I would try to give recommendations on the interventions Nigeria can implement based on the assessment of the two countries, and how their implementation of the features of Africana Womanism affected them in battling FGM.

2.5.1 Wholeness:

This principle is focused on the total well-being of the African woman. The practice of FGM is one that goes against this principle because it negatively affects the physical and mental well-being of the women. Victims of the practice go through several complications such as heavy bleeding, urinary tract infection, intense pain, reduction or loss of sexual libido, amongst others: and in some cases, death. Mentally, the women suffer depression and anxiety from the complications of the mutilation; embarrassment from public viewing of the mutilation exercise; and shame from the mockery, name-calling and social exclusion that follows from refusal to undergo mutilation.

2.5.2 Family Centeredness or Community Centeredness:

This is one of the core tenets of Africana womanism concept which distinguishes it from the mainstream feminism. This principle holds in high accord family unity, and everyone in the family is held in high esteem. Conversely, FGM practice is one that dwells on patriarchy and such, men are the main decision makers hence, the decision of the girl being circumcised is neither sought after nor considered and the decision of the mother is secondary. This dynamic does not represent family centeredness.

2.5.3 Black Sisterhood:

While the African womanist have a sisterhood bond with her fellow black woman (Alexander-Floyd and Simien, 2006), in FGM however, women act as the gatekeepers of the practice, they contribute to the oppression and pain other women and girls go through. Female cutters, female elders, mothers, grandmothers, aunts, female religious leaders, etc. contribute immensely to the perpetuation of the practice.

2.5.4 Political Alliance with Men:

The African Womanist does not see the African man as a competition but rather as a partner. The African Womanist believes that she can achieve her goals including fighting off male oppression, through a positive alignment with the male folks. This is far from the case with FGM as the only alliance female gatekeepers form with the males is born out of fear, patriarchy, and a need for acceptance and respect by the men. Political alliance with men is a positive alliance arising for the need to fight for the wellbeing of the women, instead of the oppressing them through retrogressive practices.

This paper would use the above listed features of African Womanism in the contextual analysis of the FGM practice in Eritrea and Uganda. Then we would look at how successful implementation of these can bring massive positive change for Nigeria as regards the practice.

CHAPTER 3

3.1 INTRODUCTION

This chapter presents a comparative study of the FGM policies in Eritrea and Uganda. The countries selected for the contextual analysis are Eritrea and Uganda, and the reason behind this decision is because of the progress they have made in the fight to end FGM. Eritrea for example has had the most drastic decline rate of practice since interventions began. Uganda although has not experienced as much drastic rates as Eritrea, can boast of implementing the second of impact-based intervention.

According to studies (Amref-USA, 2018), (Smith-Spark, 2018), East Africa has the records of the sharpest decline in FGM practice over the course of 20 years; a drop from 71% in 1995 to a whopping 8% in 2016 (Maes, 2018). In this chapter, we will look at Eritrea, Uganda and vis-a-vis Nigeria (which has adopted the anti-FGM law) in terms of compliance with anti-FGM laws. This comparison would be performed using the following criteria:

1. the problem encountered
2. The legal structure implemented
3. The interventions implemented
4. the outcomes obtained, and
5. the difficulties encountered

3.2 Eritrea

Eritrea like most African countries especially is a patriarchal country that sees women as inferior to men, with the father as the head of the family and the primary decision maker in the household. However, the liberation struggle by the Eritrean People's Liberation Front (EPLF), in which female warriors fought alongside males played a role in elevating women's standing and fostering women's unity (Bernal, 2001). Although the EPLF's gender equality philosophy did not completely overhaul Eritrea's patriarchal society (ibid); nevertheless, with the government's modernization and gender awareness initiatives, advancements in the position of Eritrean women are progressively taking place (Woldemichael, 2022).

3.3 FGM in Eritrea

FGM occurs in Eritrea for a variety of religious, socioeconomic, and cultural reasons however, due to a decline in religious acceptance of the practice, many no longer associate the practice with religion. The practice is carried out by both Christians and Muslims, and it is done mostly as an initiation into adulthood. For a while, Eritrea had one of the world's highest rates of FGM with a whopping 88.7% of women aged 15-49 years having undergone FGM, earning them the 5th world record holder in FGM practice (UNICEF, 2013). However, over the past two decades, the country has experienced a decline in the practice with the figure dropping to 83% in 2010; more notable, is the sharp and consistent decline amongst girls under the age of 15, from 33.2% in 2010 down to 18% in 2014 and then 3.8% in 2018. For children under the age of 5, the percentage dropped from 12.4% in 2010 to 6.9% in 2014 before settling to 1% in 2018 (UNICEF, 2021).

3.3.1 Legal Structure:

Eritrea has ratified several human rights treaties that are against FGM. In March 2007, the country passed The Female Circumcision Abolition Proclamation No. 158/200711 into force (United Nations High Commissioner for Refugees, 2007) which criminalized FGM in the country. Anyone found in violation of Proclamation No. 158/2007 is punishable with two to three years jail term, or as high as a 10 year prison sentence in event the practice results in death, or made to pay a fine for not reporting a planned FGM activity (UNHCR, 2007).

3.3.2 The Interventions Implemented:

The country experienced a general decline in the rate of the practice since the anti-FGM law was passed, however, this rapid decline was facilitated by two major factors. One of the major factors was the sensitization campaigns that were carried out by NGOs, educating people about the negative impacts of FGM which ranges from social, physical, and psychological. The second factor responsible for the decline was because of increased public awareness of the 2007 legal ban on the practice and the punishment of those who engage in it (UNICEF, 2021).

According to Eritrea's Ministry of Information, the National Union of Eritrean Women (NUEW) began the anti-FGM movement in the country by shattering the taboo on talking about FGM through fostering discussions on FGM/C among men and women, thus leading to a massive decline of the rate from 38% in 1995, later to 49% in 2000, and then 82% in 2010 (Tesfamichael, 2016). Religious leaders are active in sensitizing communities and lobbying for the practice's abolition. Also, the use of the *Habarawi* technique has been very effective. The *Habarawi* technique

involves the mobilization of entire communities, and ever since their gaining independence in 1991 (Akinboyo & Negash, 2012). The technique has been modified into a collection of policies, programs, and tactics known as *Hamadea* that promote a communal approach to eradicating FGM (ibid). The Habarawi technique has a striking semblance to the Africana Womanism in that it's focus is on community or communalism and the Africana womanism is one that is family centered. One can say that this approach is a feminist one because it acknowledges that everyone is welcome, and it seeks the active participation of all including, fathers, mothers, religious leaders, market women, boys, and girls. In the committees that were set for example, conscious effort was made to ensure there was an even representation of men.

Although Eritrea has made commendable progress in the fight against FGM, however, the Africana Womanist trait of prioritizing community or family over self is a deterring factor. According to studies, community members make decisions collectively rather than form preferences based on individual ideas, progress may be gained by public condemnation of FGM/C and community resolutions to prevent girls from being cut. Once there has been a collective consensus to scrap the practice, it will be easier to eradicate it, and this is the reason the Habarawi technique has been so successful in Ethiopia. The success of this theory is further seen in the survey of Eritreans aged 15-49, where a whopping 85% and 83% of men and women respectively, thought the practice should be discontinued (28TooMany, 2014).

Government agencies have collaborated with UNICEF, WHO, and UNFPA, as well as the National Union of Eritrean Students (NUEYS) and National Union of Eritrean (NUEW) representing the civil society to work on the Joint Programme on FGM/C: Accelerating Change (UNJP). Through the Joint Program on FGM, systems for child protection were enforced by strengthening Child and Women Rights Committees across the 6 zobas (UNICEF, 2021). Members of the zoba committees are comprised of staff of the government agencies and the civil society. Each zoba (zone) has anti-FGM committees established whose duty is to promote at the community level, awareness via activities such as plays, producing promotional materials, establishing youth organizations, and finding alternative income for FGM practitioners (28TooMany, 2017).

Another method employed in kicking against FGM is through mapping exercises. The mapping projects occurred following rigorous dialogues by the community, the aim of the exercise was to gather information, thereafter, make an evaluation with the information gotten to ascertain the communities that have gotten rid of FGM or have plans of doing so (UNICEF/UNFPA, 2019).

The committees across the different zobas were instrumental in the mapping projects by assisting in doing the groundwork of gathering the statistics, analyzing the data gotten from their research, and then identifying communities that were either free of FGM or planned to proclaim themselves free.

3.3.3 The Outcomes Obtained

The joint program via the multi sector partnership and the mapping technique produced incredible results which brought down the rate of FGM practice in the country, but it also shed off a lot of costs that would have otherwise been borne by a single entity. Because the joint program was a collaboration between various sectors- government, NGOs and international organizations, the cost of implementation of the interventions was spread across these organizations instead of being borne by only one organization. Also, this approach ensured that there is a crisscross of ideas and technical know-how on modalities for achieving a far reaching and sustainable result. Employing this bottom-up approach by getting members of the communities involved, also fast tracked the process.

In order to fully ascertain whether the intervention techniques employed in Eritrea are in conformity with the Africana Womanism concept, I would use the 5 principles of African womanism as a yardstick for measurement.

3.3.4 Family Centeredness and Community Centeredness:

According to studies, the success of the intervention in Eritrea is strongly linked to the habarawi technique use. Through the community centeredness or communality which the habarawi represents, people from various sectors: NGOs, religious leaders, INGOS, mothers, fathers, elders, and community heads, were all part of the plan to end FGM. This strongly resonates with Africana Womanism.

3.2.5 Political Alliance with Men

The intervention technique used by Eritrea was one that utilized this principle in its efforts to eradicate FGM. The committees and sub committees in each zoba were adequately represented by both men and women. Engagement with government officials and civil society organizations like NUEW and NUEYS help facilitate a turnaround and massive drop of the FGM rates in the country.

3.2.6 Black Sisterhood:

The active participation of women and girls in the fight against FGM in Eritrea is a clear case of black sisterhood. The involvement of the National Union of Eritrean Women in the interventions coupled with the fight by female warriors under the umbrella of Eritrean People's Liberation Front,

against the shackles of patriarchy in the country laid a solid ground for black sisterhood in the country's fight against FGM.

3.2.7 Wholeness:

The fight to end Female Genital Mutilation demonstrates the fight for wholeness of the female folks. This support for wholeness is evidenced by the country's passing into law of the Female Circumcision Abolition Proclamation and its massive collaboration with the Joint Programme. Without creating an enabling environment, the fight for wholesomeness would be impossible. The sharp drop in the FGM rates in Eritrea as a result, is an indicator of the strength of Africana womanism in combating FGM.

Based on the above, it is evident although Eritrea did not expressly tag its intervention to be Africana womanism, it does however still have elements of the concept. The massive success of the interventions thus far can be attributed to the employment of these Africana womanism principles.

3.3 FGM in Uganda

Uganda is a country deeply entrenched in patriarchy with practices such as bride price, the glorification of virginity of the female child before marriage, undergoing initiation rites to appease men, carrying out 'pulling' (the process of stretching the labia), female genital mutilation, and social expectations of a woman to be subordinate to the man (Tamale, 2004). Some communities in Uganda view FGM as a rite of passage. This practice has a damning impact on the schooling of girls because they are required to skip school to undergo the cutting (CEHURD, 2015). Afterwards, they are required to spend some more time at home to recuperate from the mutilation exercise; this can last up to several weeks. Due to the illegality of the practice, people devise alternative ways to carry out the cutting exercise without being under the gaze of the government. For example, they go deep into the bushes to carry it out, or they can choose to be 'cut' during childbirth (Mujuzi, 2012).

3.3.1 Legal Structure

Although the constitution of Uganda did not make express provision against FGM, Section 33 makes provision for women's rights and Section 33(6) makes further provision against 'Laws, cultures, customs or traditions which are against the dignity, welfare or interest of women or which undermine their status . . .'" (Constitution of the Republic of Uganda, 1995). In the year 2010,

Uganda promulgated the Prohibition of Female Genital Mutilation Act (ILO, 2011). The law provides for punishment for violators such as 10 years imprisonment and as much as life imprisonment if the practice results in the death of the victim. The FGM Act outlines several activities which are considered criminal offences such as aiding and abetting the practice (Section 6), self-performed FGM, participation in FGM event, or even an attempt to carry it out (The Prohibition of Female Genital Mutilation Act, 2010)

In addition to this Act, the country ratified the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa otherwise known as the Maputo Protocol, a charter which prohibits FGM (ACHPR, 2005). Added to that, based on the 4th, 5th, 6th, and 7th by Uganda to the Convention on the Elimination of All Forms of Discrimination Against Women Committee, the country expressed a strong resolve to put a stop to Female Genital Mutilation (The Committee on the Elimination for Discrimination against Women (CEDAW Committee), 2010), and the ratification of the convention, bounds the ratifying states to the provisions of the Convention.

3.3.2 The Interventions Implemented:

The interventions undertaken to curb FGM in Uganda includes- legal intervention, media outreach, partnership with legislative bodies, stakeholder mobilization, and community dialogue.

3.3.3 Legal Intervention:

Among other schemes, Uganda implemented two major legal schemes to end FGM, among other things: Firstly, they adopted court approach, secondly was a district local government (Kapchorwa) byelaw forbidding the procedure, and then thirdly, there was a federal statute outlawing FGM (CEHURD, 2015). Although the country has outrightly outlawed the practice and adopted the court strategy, there have been only a few cases that have successfully been tried in the courts. Law and Advocacy for Women in Uganda, a non-governmental organization, filed the case with the Court (Legal Information Institute, 2010). The main goal of the petition was to have the court rule that FGM is a cultural practice that infringes on women's rights, and contrary to the provisions of Uganda's Constitution like the right to dignity and freedom from inhuman and degrading treatment, right to life, and the right to privacy (Constitution of the Republic of Uganda, 1995). The court in its judgement ruled in favour of the petitioner, that indeed the practice of FGM was unconstitutional and the custom was consequently found null and void (Legal Information Institute, 2010). Not only have only just a few violators of the FGM Act 2010 have been arrested and their matters brought before the court of law (CERHUD, 2015) in the country, enforcement and

implementation of the law has been generally problematic. There are a few cases which have been tried and sentences given, but it is yet uncertain whether the sentences were served or not. According to the latest report from the UNFPA-UNICEF Joint Program showed 32 reported cases, six arrests, but no cases that were presented to court in Uganda in 2016 (UNFPA-UNICEF, 2017). According to the UNFPA-UNICEF Joint Program report, since the FGM Act came into existence, performance of the practice in secret has been on the increase.

3.3.4 Partnership with Legislative Bodies and Government Agencies

In Uganda the UNFPA/UNICEF Joint programme in collaboration with the local police, funded police trainings in 6 communities (United Nations Population Fund and United Nations Children's Fund, 2014). In addition, The Ministry of Gender, Labour, and Social Development received assistance in developing FGM/C rules and distributing the simplified guidelines for preventing and responding to FGM/C.

3.3.5 Community Dialogue

Dialogue with the community was utilized as a successful strategy for raising awareness, fostering community involvement and interest, and forging a consensus. According to the UNFPA-UNICEF Joint Program Report of Uganda, in the workshops, community members were also educated on the harm of the practice and the legal provisions against Female Genital Mutilation informing them communities their responsibilities in ensuring its enforcement. Although the seminars were first attended solely by campaigners and religious leaders, they gradually drew other members of the community, among them those who supported FGM/C.

3.3.6 Stakeholder Mobilization

This method included mobilizing important stakeholders such as members of the legislative committees in charge of drafting and updating the anti-FGM Bill while it was still in the concept phase. Also notable was the president's unequivocal support, which aided in the passing of the bill.

3.3.7 Media Outreach

The media was actively used to emphasize key components of the Act in a relatively simplified manner. This was quite helpful in spreading the word about the anti-FGM legislation. The newspaper, radio, television, social media and occasionally film - to raise awareness of the hazards of FGM/C and persuade people to stop doing it. Radio in particular was very helpful in the dissemination of information to rural areas, and those who were not lettered.

3.4 Patriarchy and FGM in Uganda

Girls' bodies are carefully controlled by patriarchal standards, and they can only have sex with certified partners that is, their husbands. Female sex drive beyond this control is a danger to family honor, because a girl's value is reduced if she seems unchaste.

The practice is done as a rite of passage in Uganda hence women are not regarded as full adults until they go through it. Ms. Yeko, a 26-year-old Ugandan woman claims that undergoing the circumcision made her more respected and that prior to her circumcision, she was regarded “as any other child” (Byaruhanga, 2019). Based on a study of women in Sabiny, there is a misconception that female genital mutilation is designed to provide males pleasure (Namulondo, 2009). Female genital mutilation, according to the study, is strongly linked to a girl's virginity before marriage and loyalty after marriage.

Purity culture is one of the patriarchal control methods over girls' and women's bodies and sexual desire. It is in place to ensure that those unblemished by males retain their purity and are made to appear inaccessible.

A woman or girl who defies patriarchal dominance (through the purity culture) by independently acting in ways (through provocative dressing, engaging in sexual intimacies, etc) that makes her seen as open to, or creates unfettered access to sexual advances, makes her liable to face punishment from enforcers of patriarchy (fathers, mothers, elders, uncles, religious leaders, etc).

3.5 The Outcomes Obtained

According to the UNFPA- UNICEF Joint Program Report (2014), a total number of 79,751 individuals were educated about the dangers of FGM/C, and 470 community forums were held, as a result, 236 villages committed to ending FGM/C in 2013, and studies demonstrated a decrease in the practice. Despite the decline, only two cases of FGM violations have been prosecuted to the full (CERHUD, 2015). The sentencing of the accused persons created a ripple effect in the country with people committing the act secretly. Another challenge that sprouted from the fear of legal sanctions was that people traveled to the neighbouring country to carry out the mutilation exercise (ibid). It is important to note that sequel to the passing into law of the anti FGM Act, aggressive sensitization activities from various NGOs, INGOs, and influencers have led to the creation of more knowledge about the practice (Dickson, 2018). Also through the efforts of UNICEF and UNFPA in conjunction with the Ugandan government, simplified copies of the Anti FGM Act was made and distributed amongst 34 countries who are notorious for the FGM practice (ibid).

3.6 Family Centeredness and Community Centeredness:

The campaign to end FGM in Uganda did not gain as much success or traction as it did in Eritrea because they did not utilize the community mobilization like Eritrea did. In Eritrea, massive efforts were made to get everyone involve by ensuring that the committees on each zoba had enough representation of men. Also, they ensured that the movement was community-centered by ensuring adequate involvement of community members, not just workers from the government agencies or the international organizations. This community centeredness is the focal point of the Africana Womanism theory. The belief that everyone is important and major decisions should not be made without each other. Although Uganda has recorded a drop in the practice of FGM, the practice however is still waxing strong as a result of this.

3.7 Political Alliance with Men:

In the intervention techniques adopted, political alliance with men is evident. The efforts made by Law and Advocacy for Women in Uganda to have the court of law declare female genital mutilation unconstitutional, would have been unproductive have alliance not forged with the male sex. Most of the interventions would not have seen the light of day had men occupying leadership positions, government agencies, civil society organizations, etc, not been brought into the whole process.

3.8 Black Sisterhood:

Although there were numerous intervention techniques employed to put a stop to FGM, the element of black sisterhood was curiously missing. Women led NGOs were not active in the fight for eradication of the practice. In addition, there was no record of victim support programs to help victims of FGM in arrears like mental health, career support, and financial support. With the absence of such support, it becomes difficult of women and girl to rebel against being cut. Also, the low prosecution rate for the violation of the Anti-FGM Act is an indicator of the low level of interest by the female led organizations to tackle this practice.

3.9 Wholeness:

Although the country has shown its commitment to wholeness of the Ugandan women through the passage of its anti-FGM laws, intervention programs, stakeholder mobilization, media outreaches, etc, all with the primary aim of protecting the women of Uganda from the harmful practice. However, this authenticity of this commitment is in question because of the of the paucity of cases of violation that have been brought before the court and gotten a conviction.

Based on the analysis above on the situation of the current with regards to FGM, it can be deduced that the country did not experience a sharp decline in their FGM rates because they did not fully infuse Africana Womanism in their intervention techniques. Although the country focused less on community centeredness and more on broadcasting the law. The highlight of the African Womanism theory is community centeredness, if the interventions strategies used focused on mobilizing community members in the campaign, and ensuring greater representation of men, it would have affected the numbers greatly.

CHAPTER 4: FGM INTERVENTIONS IN NIGERIA AND AFRICANA WOMANISM

4.1 INTRODUCTION

Nigeria is a country comprised of 36 states, a population of well over 200 million people and over 250 ethnic groups, major ones being the Hausa, Igbo, and Yoruba. According to a study by Jensen and Baric (2018), different states practice different forms of FGM, and it is practiced in varying degrees across the country for diverse purposes, like cultural, religious, and suppression of the female sexual appetite is the main reason. Based on studies, Nigeria ranks as one of the most religious countries worldwide, with the Muslim and Christian population ranking top 10 worldwide (Diamant, 2019).

Several interventions have been introduced to curb FGM in Nigeria, but the main intervention is from the UNFPA-UNICEF Joint Program which had the support of government agencies, First Ladies of the Federation and states, and several other NGOs. The programme was introduced in 5 states out of the 36 states of Nigeria. The states which included Imo, Osun, Oyo, Ekiti, and Ebonyi, have the highest rates of the practice in the entire country (Vanguard and Ujumadu, 2022).

4.2 Socio-Cultural norm in Nigeria and Patriarchy

With over 250 ethnic groups, Nigeria is a country with rich and diverse cultural heritage, and those cultures are guarded with pride. However, a lot of these cultures are oppressive and repressive to the female gender. The culture of silence has held many women from speaking up because such practices are shrouded in mystery failure to engage in them attracts punishments like ostracism or even death (Akintunde, 2002).

It has been argued that this subjugation of women is a resultant effect of colonialism (Alkali, 2000) as women in precolonial era had occupied more political space and were generally more respected, example the *Umu Ada* (a powerful group in Igbo society made up of married women); Queen Amina of Zazzau who was known for her military prowess; Moremi of Ile-Ife who through her diplomatic skills saved the Yoruba kingdom during war time, Nana Asmau Dan Fodio who was influential in government (Awe, 1992), amongst others.

The impact of patriarchy in Nigeria is not one that can be trivialized because it has formed a justification for many oppressive acts against the women. In the Nigerian society, male children are valued over female children because they carry on their families' names. Because the boy child is regarded as more valuable, families with limited resources would rather send their male children to

school. Also, a man is justified in ‘correcting’ his wife by hitting her, because he is her superior (Orebiyi, 2002) and she is his property. Based on Abati’s (1996) study, the husband’s duty to his family validates his authority over them, thus whatever decision he takes is considered to be within his scope as head of the house.

In the South-Eastern parts of Nigeria for example, the deceased’s widow or female children are not entitled to inherit her late father’s or husband’s property (Orjinmo, 2019), and if during the course of the marriage, the couple were unable to produce a son, the widow and her children could be sent out of her matrimonial home (Otu, 2021). Because a woman is regarded as a property herself, in event of her husband’s demise, she can be inherited by her husband’s kin (Oke, 2001).

Some communities in Igbo land still make widows drink the water used in washing her husband’s corpse to prove her innocence in his death, failure to do so would prove culpability in his death (Akinbi, 2015). Okorie in his article African Widowhood Practices: The Igbo Mourning Experience (2014), narrates that some Nigerian customs mandate newly widowed women to completely shave off the hair on their heads, armpits, and private parts as a way to mourn the husband.

In Nigeria, the worth of a woman is tied around a man; before she gets married, she is considered as her father’s daughter and after marriage, her status changes to her husband’s wife- she does not enjoy her own identity. People’s respect for a woman soars once people find out she is married, and drops if she is single regardless of whatever success she has attained.

Payment of bride price in Nigeria usually connotes ownership of the women and gives the men the liberty to act as they please with their wives including wife battery. According to a UNICEF study (2001), wife battery is an acceptable mode of discipline. In a study (Yalley and Olutayo, 2020), it was revealed that many cases of domestic violence in Nigeria are usually not taken up by the police authorities because it is regarded as a private matter between husband and wife, hence no interference should be made. Thus, many abused women are sent back to their abuser husbands, and some others as a result of the lack of cooperation by the police force, are discouraged from reporting incidents of domestic violence.

In many Nigerian households, polygamy is a norm, and the husband can marry as many wives as he pleases regardless of his wife’s feelings. Polygamy, like Olusanya (1970) opines, serves to exploit the female folks.

4.3 The Legal Structure

Although there has been several interventions and buzz around FGM in Nigeria, it is puzzling however that the country still has no federal law on Female Genital Mutilation. The Child Rights Act and the 1999 Constitution served as the sole anti-FGM legislation up until the passage of the Violence Against Persons Prohibition Act in 2015; nonetheless, the VAPP Act although is the first federal law in Nigeria to expressly prohibit the practice of female genital mutilation, is however not applicable to all the states.

In 2015, the Violence Against Persons Prohibition Act (VAPP Act) was passed into law. The VAPP Act makes explicit provision for FGM however, it is only effective in the Federal Capital Territory (FCT) (Legal Information Institute, 2015) and can only have effect in the other states of the country if they domesticate it.

4.3.1 Constitution of the Federal Republic of Nigeria

This long-standing practice goes contrary to the provisions of the constitution of the country, which is the grundnorm. Although the Constitution makes no express provision for the practice, it however, makes some provisions which can be used in opposition to the practice. It is in contravention of Section 33(1) of the Federal Republic of Nigeria's 1999 Constitution, which states that everyone has the right to life and that no one may be willfully deprived of it, with the exception of when carrying out a court's sentence for a crime for which he has been proven responsible (Iniprince, 2020). Many women and girls have lost their lives because of the practice, making this fundamental human right, one of rights that is consistently violated throughout the nation. It also violates S. 34(1) of the constitution which protects the dignity of the human person. It is highly humiliating to compel women and young girls to the mutilation of their intimate areas especially with a crowd of witnesses. The consequences of the act, such as urinary tract infections, are likewise degrading.

The practice is also clear contravention of the Anti-Torture Act which Nigeria illegalizes all form of torture including mutilation, such as cutting off vital body parts like the genitalia (Anti-Torture Act, 2017).

4.3.2 Violence Against Persons Prohibition Act (VAPP Act)

Section 6(1) of the Violence Against Persons Prohibition Act (VAPP) 2015, makes provision illegalizing the practice of cutting the female genitalia but the procedure is still being used in Nigeria, which has put its victims' health at risk and might put them at even greater risk.

4.3.3 Child Rights Act

The Act, like the Constitution, does not expressly prohibit female genital mutilation, but it does contain provisions that could be applied to stop the practice, such as the right to dignity, which is covered in S. 32, the right to be free from discrimination, which is covered in S. 33, and the right to a high standard of general well-being, which is covered in S. 34. Violence Against Persons Prohibition Act (VAPP) 2015

4.4 The Interventions

The Anti-FGM interventions employed in Nigeria are as follows; promotions which serves as sensitization campaigns, interventions that are focused on attitudinal changes (the target can range from individuals to communities), and trainings, the target audience can be medical professionals, Government workers, FGM cutters, etc. The aim of these intervention techniques is for knowledge creation or sharing, cause a change in attitude, and ultimately lead to the abandonment of the practice.

The UNICEF-UNFPA Joint Programme has been instrumental in the fight against FGM in Nigeria through many of its projects. The UNICEF-UNFPA Joint Programme in Nigeria had partnerships across board with partners that have strong relationships to communities, knowledge of local customs and social norms, and the ability to utilize such (Jensen & Baric, 2018). For the coordination of their activities, technical committees were set up in the 5 target states (ibid). The states they focused their campaigns were as follows Ekiti, Imo, Osun, Oyo, and Ebonyi. The basis for the selection of these states is because they have the highest incidents of FGM in the country. The program carried out FGM sensitization campaigns by distributing The National Policy and Plan of Action for the Elimination of FGM in Nigeria, to enlighten people about the provisions of the then new anti-FGM law, the VAPP Act, and other laws in the country that prohibits the practice (ibid). The program also organized training sessions for legal practitioners to discuss the implementation and interpretation of the VAPP Act. According to Akosile (2016), the fight against FGM in Nigeria has been a team effort with the UNICEF and UNFPA agencies getting support from government agencies including the Federal Ministry of Women's Affairs and Social Development.

The JOINT Program also trained some creatives and social media influencers, the former was made to produce short films and cartoons suitable for both young and mature audiences that sensitizes

them on the practice, the health, and legal implications, and then debunks some of the justifications for the practice (Jensen & Baric, 2018).

The Child Protection Network (CPN), non-governmental organization based in 24 states of the federation, was founded in 2010 had a collaboration with UNICEF Nigeria to assist avert and respond to abuses, exploitation, harmful behaviors, and exploitation of children in the states the NGO was based in (Warren 2012). the main aim of the project was to support the NGO in their work against child abuse and to cut down on the response time for cases of child abuse, which includes Female Genital Mutilation/Cutting.

There has also been international funding that has been made available to help with this fight. According to the US Department of States (2001), The Embassy of the United States of America awarded a \$20,000 grant to Calvary Foundation under its Democracy and Human Rights Fund, as a way of supporting the NGO in its fight to get FGM outlawed in the South-Eastern states (Imo, Abia, Ebonyi, Anambra, and Enugu).

Another NGO that has been in the frontline in the fight to end FGM is the Women Aid Collective (WACOL), a South-East based NGO whose main goal is to ensure human rights and gender equality (WACOL, 2016). The organization has been instrumental in preparing and disseminating literature materials to sensitize people on their basic rights as well as ensuring seamless information flow amongst organizations (ibid).

Other than distribution of materials, organization of trainings, and setting up of seminars, another form the sensitization technique took was through creative form like short films, cartoons, stage plays, and radio dramas. Through the Joint Program, 27 videos were produced, each varying in length with different target audience in mind (Jensen and Baric, 2018). Cartoons were produced for children, simplifying the concept of Female Genital Mutilation (ibid). The videos all served to educate the viewers on the practice, the harms associated with it, and debunking myths and rationales behind the practice.

Social media influencers were also brought on board the campaign, with twitter hashtags like #EndFGM , #EndCuttingGirls (ibid) trending on social media. The Frown Campaign was another campaign which got thousands of people from the public, publicly condemning FGM.

Multisector state teams, including health workers, social workers, child protection networks, social media advocates and the Federation of Women Lawyers have been engaged to work with schools and communities, fueling momentum.

4.5 The Outcomes Obtained

According to the NDHS 2018, 20% of women aged 15-49 years have experienced FGM, a decrease from 25% in 2013, with a fall in all age groups of women aged 15 and 49 (NPC, 2018). As at 2018, the FGM rates decreased across different age groups, with a little less than 14% of girls aged 15 to 19 undergoing FGM, the rate of women aged 45 to 49 dropped to 31%. Conversely, according to the NDHS study, there was an increase in the rate for girls aged 0-4years old to 19.2% as at 2018, making it a 2.3% increase from the former rate of 16.9% in 2013 (NPC, 2013).

4.6 Africana Womanism Theories in Nigeria

4.6.1 Family and Community Centeredness

Although there is a plethora of anti-FGM statutes and interventions which embody the Africana Womanism concept, the principle of community or family centeredness is however missing. The interventions employed focused on giving training sessions to legal professionals and civil society activists, rather than broadening the scope to make it more inclusive, making sure that the gatekeepers of the practice were sensitized.

4.6.2 Wholeness

The principle of wholes has been reflected through the nation's laws like the constitution which protects the right to life and the dignity of persons, the Anti-Torture Act, the VAPP Act, and the ratification of the CEDAW Convention, amongst others. These instruments directly or indirectly make provision for against Female Genital Mutilation.

4.6.3 Black Sisterhood

Black sisterhood could be clearly seen in the involvement of the First Lady of the First Lady of the Federation and some other First Ladies in the campaign to end FGM in the country. It can also be seen in the numerous programmes by women led NGOs to support victims of Female Genital Mutilation by providing them with the platform to voice out their experiences as survivors of the practice. However, the black sisterhood concept is not adequately infused into the interventions as there are no structures to support the victims of the practice. Efforts are mostly on curbing the practice but not enough is being to provide a safe space and nurturing environment for the survivors.

4.6.4 Political Alliance with Men:

The interventions in Nigeria were only possible because of this feature was not overlooked. First ladies of different states including the then Nigeria's First Lady were able to organize sensitization programs because there were already Anti-FGM laws in different states in the country and also the VAPP Act.

CHAPTER 5: Conclusion

Summary

The research questions that directed the course of this paper were to find out: the drivers responsible for the practice of FGM in Nigeria; the interventions employed by Eritrea and Uganda and whether they reflect the principles of Africana Womanism; how the concept of Africana Womanism can be used to identify potential ways to the abolition of FGM in Nigeria; the initiatives used by Eritrea and Uganda to combat FGM, and the similarities and differences between the countries and Nigeria that will determine whether their interventions will work for Nigeria. To answer these questions, the theory of Africana Womanism was used in the paper.

To address the question of the drivers responsible for FGM in Eritrea and Uganda, this research paper analyzed how their patriarchy, culture and religion has played a notorious role in propagating the practice of FGM in both countries, and in Nigeria. The patriarchal norm in all three countries points towards subjugation of women especially for the pleasure of the men.

In response to the question of how Africana Womanism was reflected in the interventions, this paper analyzed how the interventions in these countries were in line with the features of Africana Womanism which are: wholeness, black sisterhood, community or family centeredness, and political alignment with the men. It found that Eritrea incorporated all four of these principles into its interventions hence the high rate of decline of the practice. However, Uganda and Nigeria implemented all but the feature of community centered, which explains why the rate of decline was not as drastic as that of Eritrea. Eritrea's implementation of community centeredness was through the habarawi technique which it employed. This paper arrived at the conclusion that for a lasting solution of FGM, the family or community centeredness should be taken into serious consideration in any intervention Nigeria should take.

This paper took a look at the various concerns like the sociocultural norms breeding the practice, Africana womanism concepts in the intervention techniques used by Eritrea and Uganda, the lessons Nigeria could pick from the interventions employed by Uganda and Eritrea, and finally, how Nigeria can use Africana Womanism in finding lasting solution to FGM. Based on my findings above, the paper arrived at the conclusion that Africana Womanism when applied to fullest, had a positively tremendous impact on the rate of practice. Although it is not fool proof, as Uganda is still battling

with the practice despite applying some of the features of Africana Womanism, i.e, political alliance with men and family centeredness or community centeredness.

This paper was able to find that the Africana Womanism theory though effective was not flawless. The theory emphasized family centeredness, failing to take into consideration family dynamics, for example, domestic violence, that could hinder the actualization of such. Alienation from society, taunting, and stigmatization is often consequences that women who refuse to undergo the practice face. Hudson-Weem's Africana Womanism is curiously lacking in the aspect of providing alternatives to family or community centeredness, especially in situations where such is unattainable. Also, it also fails to make provisions for cases for the way forward for African woman who is a victim of patriarchy, like the victims of female genital mutilation.

The arrests and prosecution of the two Anti-FGM law violators in Uganda did not produce the anticipated result. This intervention implemented in Uganda took a rather interesting turn as not only did it not deter the people but rather spurred them to carry out the practice in secret as a way to avoid prosecution. In Eritrea, however, the implementation of the Africana Womanism concept yielded immense results. The country recorded a continual drop in the practice since the interventions were introduced, and based on the studies conducted, most of the populace hold the view the practice should be discontinued. As a result of the successful implementation of this concept, the country has gone from being one of the highest in the practice to being one of the lowest.

Nigeria has employed numerous intervention techniques such as media campaigns, trainings, conferences, radio programs, and passing into law the Violence Against Person Prohibition Act. A plethora of government institutions, NGOs, corporate bodies, and even social media influencers have joined in this fight to put an end to Female Genital Mutilation in the country, however the practice persists.

The challenge encountered with the methodology used was that there was a dearth of materials on Africana Womanism. Added to that, currently, there is no country whose policy or interventions expressly uses the Africana Womanism theory. This paper only infused the principles of this concept to access whether the interventions adopted by Eritrea, Uganda, and Nigeria are in line with Africana Womanism.

Africana Womanism's Community Centeredness in Nigeria

To prove the utility of the Africana Womanism theory of community centeredness in Nigeria, I would cite the Aba Women's Riot and End SARS which happened in Nigeria.

In Nigeria, there are several movements that have shown the strength in community, for example the End SARS Campaign. The End SARS is an anti-police brutality campaign whose mobilization started from Twitter. Nigerians from all walks of life came together to fight singular aim- regardless of gender, class, tribe, state of origin, or financial status. We were one- Nigerians. As a result of this synchronicity, a oneness or unity of purpose, and the collaborative work, the movement was able to gather a global attention within a short time frame and reduced the incidences of police brutality. The major win of the movement was, it showed the massive strengths Nigerians wield when they work together.

A key feature of the Africana Womanism concept is the sisterhood. Another movement in Nigeria that highlighted the sheer magnitude of African Womanism was the Aba Women's riot of 1929. About ten thousand (10,000) women from the South-Eastern part of Nigeria came together to protest the presence of warrant chiefs (they were oppressive and imposed draconian laws) and the imposition of taxes on women (Evans, 2009). The movement led the British (the then Colonial Government) to scrap out the imposition of tax on women and to withdraw the powers of the Warrant Chiefs and the sack of many of them (ibid).

These movements were successful and are proof that this theory of Africana Womanism, if applied to the FGM situation in Nigeria, would be a success.

Way Forward for Nigeria

Based on the analysis of the results yielded from the intervention techniques employed by Eritrea and Uganda, this study is concluding that although the other characteristics of African Womanism are important, family centeredness and community centeredness are crucial elements that without which, there would be no meaningful impact. Nigeria's interventions included traditional media outreaches like radio jingles and televisions programs, sensitization campaigns, training of NGO and government professionals, circulation of materials, and social media campaigns. These interventions had elements of Africana Womanism wholeness, black sisterhood, and political alliance with men.

Going by the result of the study, we can see that the common feature between Nigeria and Uganda was that both did not incorporate family and community centeredness.

This is not to infer that the other principles of Africana Womanism are secondary, on the contrary, it is important to note that the implementation of each of these concepts are vital to successfully put an end to the practice. If the government is not committed to wholeness of the women, It would not make laws criminalizing the practice; absence of political alliance with men would mean that the VAPP Act would not have been passed into law and government agencies would not be involved in this fight; and the absence of black sisterhood would be shown in lack of involvement of First Ladies, female centered NGOs, or provision of support to victims of the practice. In fact, the implementation of these other concepts in the interventions, helped Nigeria to not only record a decrease in the practice but also to sensitize people about the practice.

To have a more far-reaching solutions, Nigeria should instill principles of black sisterhood, family and community centeredness in its interventions. Nigeria should incorporate the habarewi technique which Eritrea is using and combating the practice. According to the Eritrean government and the NUEW, the habarawi method has been force behind the high rate of decline in the country (Isell, 2017). To combat FGM, all hands must be on deck, thus, a true community centered solution should involve key members of the community including religious leaders, chiefs, traditional rulers, and gatekeepers. Community centered interventions can take the form of the following:

The campaign should be focused on the gatekeepers of FGM in Nigeria such as the Chiefs, cutters, traditional heads, and religious bodies. These people are only an important part of the community, but they also are bonding agents in the community, hence they would not yield any concrete solution. Traditional chiefs and rulers enforce culture in their various communities.

Religion has been cited as one of the reasons for the practice although it has no religious backing and Nigeria's main religions are Christianity and Islam. Advocacy campaigns should be geared towards sensitizing the religious heads but also encouraging them in teaching their congregation that FGM is against the dictates of Islam and Christianity. This can come in the form of incorporating the teachings in their preaching, speaking out against it using various public forums like radio, television, and social media. Nigeria is one of the most religious countries in the world and they revere the heads of their religious institutions like the Imams, Pope, Pastors, and Bishops; and take whatever they say sacred.

The role the traditional rulers, chiefs and cutters could play in ending this practice cannot be overemphasized. Culture, fear of alienation from the community, amongst others, are another major

reasons behind this practice. These gatekeepers can change this narrative. Concerted efforts should be made in educating the gatekeepers on the dangers of the practice.

Putting an end to FGM is not an agenda that can be force-fed to the community members but rather, it is a decision that needs to be discussed and agreed upon as a community. Failure to do this, would be counteractive and render efforts to end FGM to be in futility, a practical example is Uganda where the taking legal actions against violators of the anti-FGM led to people hiding away to commit the act.

It is imperative that in employing strategies to curb FGM, adequate structures should be put in place to support survivors of FGM. The government should build vocational training centers to train survivors on various skills. Afterward, they should support whatever business they embark upon with a seed funding and provide mentorship support for their businesses for a specific period. The importance of putting these structures in place is essential as it would serve as a deterrent to the practice. By providing these women with financial security, it will foster independence in them, and make them more willing to stand up against the practice being meted on their daughters. Because FGM is a practice that endures due to fear of social exclusion, a far-reaching solution to deal with this fear of exclusion would be providing women (both survivors of FGM and those who are yet to be cut), with a social support comprised of black women. That way, in event they get socially excluded from the community for going against the practice, they would have a community of women who will provide a much needed social blanket.

BIBLIOGRAPHY

28TooMany (2017). *FGM in Eritrea: Key Findings*. [online] refworld. Available at: <https://www.refworld.org/pdfid/5a17e8f74.pdf> [Accessed 18 Sep. 2022].

A CEHURD assessment of interventions against FGM in Kapchorwa district, Eastern Uganda 'Protecting the right to health in the campaign against FGM' (2015) 2.

Aaronette M. White, "Talking Feminist, Talking Black: Micromobilization Processes in a Collective Protest Against Rape," *Gender and Society* 13, no. 1 (1999): 83.

Abati, R (1996), "Women in Transition". *The Guardian*, Lagos. February 16, p.27

Abdelshahid A, Campbell C. Should I circumcise my daughter? Exploring diversity and ambivalence in Egyptian parents' social representations of female circumcision. *J Community Appl Soc Psychol*. 2015;**25**(1):49–65. doi: 10.1002/casp.2195.

Aina, I. Olabisi (1998) "Women, culture and Society" in Amadu Sesay and Adetanwa Odebiyi (eds). *Nigerian Women in Society and Development*. Ibadan Dokun Publishing House.

Akinbi, Joseph Olukayode. April 2015. "[Widowhood Practices in Some Nigerian Societies: A Retrospective Examination](#)." *International Journal of Humanities and Social Science*. Vol. 5, No. 4. [Accessed 28th Oct. 2022]

Akintoade, A. (2019). *Places Where Women Have More Than One Husband*. [online] The Guardian Nigeria News - Nigeria and World News. Available at: <https://guardian.ng/life/places-where-women-have-more-than-one-husband/> [Accessed 10 Oct. 2022].

Akintunde, D.O(2001) *Women and the Culture of Violence in Traditional Africa*. 1st edn. Edited by D.O Akintunde. Ibadan: Oluseyi Press Ltd.

Akosile, A. (2016). *Nigeria: Fighting Female Genital Mutilation On All Fronts*. Lagos: This Day. 25 Feb 2016. www.allAfrica.com [Accessed 9 Oct. 2022].

Alexander-Floyd, N.G. and Simien, E.M. (2006). Revisiting 'What's in a Name?': Exploring the Contours of Africana Womanist Thought. *Frontiers: A Journal of Women Studies*, 27(1), pp.67–89. doi:10.1353/fro.2006.0011.

Alexander-Floyd, N.G. and Simien, E.M. (2006). Revisiting 'What's in a Name?': Exploring the Contours of Africana Womanist Thought. *Frontiers: A Journal of Women Studies*, [online] 27(1), pp.67–89. Available: https://www.jstor.org/stable/pdf/4137413.pdf?refreqid=excelsior%3A01bbcf737eeb1621f1144e45202e72c3&ab_segments=&origin=&acceptTC=1 [Accessed 19 Oct. 2022].

Alkali Zaynab. "Female Empowerment and National Development" in Nigerian Journal of Gender and Development, Vol. 1, Nos.1 & 2, March 2000

Asmani, I.L. and Abdi, M.S. (2008). *Delinking Female Genital Mutilation/ Cutting from Islam*. [online] [unfpa.org](https://www.unfpa.org/sites/default/files/pub-pdf/Delinking%20FGM%20from%20Islam%20final%20report.pdf), UNFPA, pp.1–33. Available at: <https://www.unfpa.org/sites/default/files/pub-pdf/Delinking%20FGM%20from%20Islam%20final%20report.pdf>. [Accessed 10 Oct. 2022].

Atere, M.. (2001) *African Culture and the Quest for Women's Rights*. 7th edn. Edited by D.O Akintunde. Ibadan: Oluseyi Press Ltd.

Awe, Bolanle (ed.), "Nigerian Women in Historical Perspectives", (Lagos: Sankore bookcraft) 1992. (Introduction)

Babangida, M. (2022). *Ten million Nigerian girls are out of school - UNICEF*. [online] Premium Times Nigeria. Available at: <https://www.premiumtimesng.com/news/top-news/529067-ten-million-nigerian-girls-are-out-of-school-unicef.html> [Accessed 3 Oct. 2022].

Babangida, M. (2022). *Ten million Nigerian girls are out of school - UNICEF*. [online] Premium Times Nigeria. Available at: <https://www.premiumtimesng.com/news/top-news/529067-ten-million-nigerian-girls-are-out-of-school-unicef.html> [Accessed 3 Oct. 2022].

Chukwuka Ogbu, Anita. (2019). Female Genital Mutilation in Nigeria; A Brief Sociological Review. *The Scientific World Journal*. 6. 10.12691/jpm-6-1-1.

Clenora Hudson-Weems, "Africana Womanism: An Historical, Global Perspective for Women of African Descent," in *Call and Response: The Riverside Anthology of the African American Literary Tradition*, ed. Patricia Liggins Hill (Boston: Houghton Mifflin, 1998), 1812-1815.

Davis G, Ellis J, Hibbert M, Perez RP, Zimbelman E. Female circumcision: the prevalence and nature of the ritual in Eritrea. *Mil Med*. 1999;**164**(1):11–16.

Diamant, J. (2019). *The countries with the 10 largest Christian populations and the 10 largest Muslim populations*. [online] Pew Research Center. Available at: <https://www.pewresearch.org/fact-tank/2019/04/01/the-countries-with-the-10-largest-christian-populations-and-the-10-largest-muslim-populations/>. [Accessed 17 Oct. 2022].

Diop, M.K. (2017). *A Black African Feminist Theory To Examine Female Genital Mutilation (FGM) Within African Immigrant Families in The United States*. [Pdf] pp.1–30. Available at: <https://www.ncfr.org/system/files/2017-08/TCRM%204%20-%20A%20Black%20African%20Feminist%20Theory.pdf> [Accessed 10 Oct. 2022].

Dunn, F. (2017). Is It Possible to End Female Circumcision in Africa? *Clinical Journal of Obstetrics and Gynecology*, 1(1), pp.007-013. doi:10.29328/journal.cjog.1001002.

EM Baron & FL Denmark 'An exploration of female genital mutilation' (2006) 1087 (1) *Annals New York Academy of Sciences* 341

Evans, M. (2009). *Aba Women's Riots (November-December 1929)* • *BlackPast*. [online] BlackPast. Available at: <https://www.blackpast.org/global-african-history/aba-womens-riots-november-december-1929/> [Accessed 3 Oct. 2022].

Everyculture.com. (2009). *Culture of Eritrea - history, people, clothing, women, beliefs, food, customs, family, social*. [online] Available at: <https://www.everyculture.com/Cr-Ga/Eritrea.html>.

Frances Beale, "Double Jeopardy: To Be Black and Female," in *Words of Fire: An Anthology of African-American Feminist Thought*, ed. Beverly Guy-Sheftall (New York: The New Press, 1995), 153

G. Akinboyo and R. Negash (2012) 'The Habarawi Approach: Communities Taking Action to Eliminate Female Genital Mutilation/Cutting, pp.12 & 21. Prepared for the Ministry of Health, the National Union of Eritrean Women, and UNICEF/Eritrea, Asmara. Available at https://www.unicef.org/eritrea/ECO_resources_socialchange.pdf.

Gage AJ, Van Rossem R. Attitudes toward the discontinuation of female genital cutting among men and women in Guinea. *Int J Gynecol Obstet*. 2006;**92**(1):92–96. doi: 10.1016/j.ijgo.2005.09.019.

Garcia-Moreno, C., Guedes, A. and Knerr, W. (2012). *Understanding and Addressing Violence Against Women*. [online] World Health Organization. Available at: [Understanding and addressing violence against women](#) [Accessed Aug. 23, 2022].

Ginzburg, Y. (2004) *Body, mind, and soul : kabbalah on human physiology, disease, and healing*. 1st edn. Jerusalem: Gal Einai (The teachings of Kabbalah series).

Giuliani, C. (2006) 'Female Genital Cutting in Africa; Legal and Non Legal Strategies to Abandon the Practice'. Lyon: Institute of Political Studies of Lyon. Accessed 27 August, 2022 .

Hathout HM. Some aspects of female circumcision. *J Obstet Gynaecol Brit Emp*. 1963;70:505–7.

Headapohl, J. (2018). *Weekly Torah Portion - The Body Is Sacred | The Detroit Jewish News*. [online] <https://thejewishnews.com/>. Available at: <https://thejewishnews.com/2018/08/16/weekly-torah-portion-the-body-is-sacred-shoftim/#:~:text=Parshat%20Shoftim%3A%20Deuteronomy%2016%3A18> [Accessed 8 Nov. 2022].

Herger-Boyle, Elizabeth, Sangora , Fortunata, Foss, G. (2001). *International discourse and local politics: Anti-female-genitalcutting laws in Egypt, Tanzania, and the United States*

Holy Bible. New International Version, Zondervan, 2011.

Hosken, Fran P., 1993. *The Hosken Report: Genital and Sexual Mutilation of Females*, Fourth Revised Edition. Lexington: Women's International Network News.

ILO (2011). *Uganda - Prohibition of Female Genital Mutilation Act, 2010*. [online] www.ilo.org. Available at:https://www.ilo.org/dyn/natlex/natlex4.detail?p_lang=en&p_isn=88098&p_country=UGA&p_count=130. [Accessed 27 Oct. 2022].

Iniprince, A. (2020). *Section 34 of the Nigerian Constitution 1999*. [online] LawGlobal Hub. Available at: <https://lawglobalhub.com/section-34-of-the-nigerian-constitution/> [Accessed 13 Jun. 2022].

Issell, D. ed., (2017). *Country Profile: FGM in Eritrea*. [online] 28ToMany. Available at: [https://www.28toomany.org/media/uploads/Country%20Research%20and%20Resources/Eritrea/eritrea_country_profile_v1_\(november_2017\).pdf](https://www.28toomany.org/media/uploads/Country%20Research%20and%20Resources/Eritrea/eritrea_country_profile_v1_(november_2017).pdf) [Accessed 29 Oct. 2022].

J Whitehorn et al 'Female Genital Mutilation: cultural and psychological implications' (2002) 17 Sex and Relationship Therapy 161 - 170.

JD Mujuzi 'Female Genital Mutilation in Uganda: a glimpse at the abolition process' (2012) Journal of African Law

Jensen, J. and Baric, S. (2018). *Putting it all together: a case study from Nigeria Reflections on Phase II of the UNFPA-UNICEF Joint Programme on Female Genital Mutilation*. [online] Available at: <https://www.unicef.org/media/47961/file/Putting-It-all-together-a-case-study-from-Nigeria.pdf.pdf>. [Accessed 9 Oct. 2022].

Kaplan, A., Hechavarría, S., Martín, M. and Bonhoure, I. (2011). Health consequences of female genital mutilation/cutting in the Gambia, evidence into action. *Reproductive Health*, 8(1). doi:10.1186/1742-4755-8-26. [Accessed 12 Jun. 2022].

Kolawole, M.M., 2004. Re-conceptualizing African gender theory: Feminism, womanism, and the Arere metaphor. In: Arnfred, Signe (Ed.), *Re-thinking Sexualities in Africa*. Uppsala: The Nordic Africa Institute. Almqvist and Wiksell Tryckeri AB, Sweden, pp. 251–268.

Kramarae, C. (1992) “The condition of Patriarchy” in Kramarae Cheris and Spender Dale (eds.) *The Knowledge Explosion*: London. Athen Series, Teachers College Press.

Kramer, S. (2020). *Polygamy Is Rare around the World and Mostly Confined to a Few Regions*. [online] Pew Research Center. Available at: <https://www.pewresearch.org/fact-tank/2020/12/07/polygamy-is-rare-around-the-world-and-mostly-confined-to-a-few-regions/#:~:text=Polygamy%20is%20most%20often%20found> [Accessed 10 Oct. 2022].

Lavin, T. (2013). *Do Jews practice female genital mutilation? One Guardian writer thinks so*. [online] Jewish Telegraphic Agency. Available at: <https://www.jta.org/2013/09/09/culture/guardian-article-claims-that-jews-practice-female-genital-mutilation> [Accessed 8 Nov. 2022].

Legal Information Institute (2015). *Violence Against Persons (Prohibition) Act*. [online] LII / Legal Information Institute. Available at: [https://www.law.cornell.edu/women-and-justice/resource/violence against persons \(prohibition\) act](https://www.law.cornell.edu/women-and-justice/resource/violence%20against%20persons%20(prohibition)%20act) [Accessed 9 Oct. 2022].

LII / Legal Information Institute. (2010). *Law & Advocacy for women in Uganda v. Attorney General*. [online] Available at: https://www.law.cornell.edu/women-and-justice/resource/law_advocacy_for_women_in_uganda_v_attorney_general [Accessed 1 Oct. 2022].

Maes, S. (2018). *FGM Rates Drop in East Africa — But There’s Much More Work to Be Done*. [online] Global Citizen. Available at: <https://www.globalcitizen.org/en/content/fgm-drop-east-africa/> [Accessed 1 Nov. 2022].

Majah, S.I. (1989). *Sunan Ibn Majah 1989 - The Chapters on Marriage - Sunnah.com - Sayings and Teachings of Prophet Muhammad*. [online] sunnah.com. Available at: <https://sunnah.com/ibnmajah:1989> [Accessed 16 Sep. 2022].

Makama, G. and Allanana (2013). PATRIARCHY AND GENDER INEQUALITY IN NIGERIA: THE WAY FORWARD. *European Scientific Journal*, [online] 9(17), pp.1857–7881. Available at: <https://core.ac.uk/download/pdf/236407158.pdf> [Accessed 24 Aug. 2022].

Mepukori, D.N. (2016). *Is Alternative Rite of Passage the Key to Abandonment of Female Genital Cutting? A case study of the Samburu of Kenya*. [pdf] pp.1–81. Available at: <https://dukespace.lib.duke.edu/dspace/bitstream/handle/10161/11858/Mepukori%20Honors%20Thesis.pdf?sequence=1> [Accessed 9 Nov. 2022].

Moges, Dr.A. (2021). *What Is Behind the Tradition of FGM?* [online] www.support-africanwomen.org. Available at: <https://1library.net/document/y81ev3er-what-is-behind-the-tradition-of-fgm.html> [Accessed 23 Aug. 2022].

Mohamud A., Radeny S., and Ringheim K. (2013) ‘Community-Based Efforts to End Female Genital Mutilation in Kenya: Raising Awareness and Organizing Alternative Rites of Passage. Abusharaf, R.M (e.d). *Female Circumcision: Multicultural Perspectives*. Philadelphia, Pa.: University of Pennsylvania Press (Penn Studies in Human Rights). Doi: 10.9783/9780812201024.

Murray Jocelyn. The Church Missionary Society and the “female circumcision” issue in Kenya 1929–1932. *Journal of Religion in Africa*. 1976;8(2):92–104.

Namulondo, J. (2009). *FEMALE GENITAL MUTILATION A Case of the Sabiny in Kapchorwa District, Uganda*. [pdf] pp.1–69. Available at: <https://munin.uit.no/bitstream/handle/10037/2340/thesis.pdf?sequence=1&isAllowed=y> [Accessed 4 Oct. 2022].

Njambi, W. N. (2004). Dualisms and female bodies in representations of African female circumcision A feminist critique. *Feminist Theory*, 5(3), 281-303.

NPC – ‘[Nigeria Demographic and Health Survey of 2018](#)’ (page 466), October 2019 available at: <https://dhsprogram.com/pubs/pdf/FR293/FR293.pdf>

NPC - [Nigeria Demographic and Health Survey of 2013](#) (page 349), published June 2014 available at: <https://dhsprogram.com/pubs/pdf/FR293/FR293.pdf>

Oke, R.O(2001) *Women and the Culture of Violence in Traditional Africa*. 1st edn. Edited by D.O Akintunde. Ibadan: Oluseyi Press Ltd.

Okeke, C. (2019) Anti-Torture Act 2017 – Issues and Implication for Police Officers. The Human Rights Law Service. Paper presented at the Training of Trainers on Torture Prevention Strategies at Area E Police Station, FESTAC, Lagos.

Okeke, T., Anyaehie, U. and Ezenyeaku, C. (2012). An overview of female genital mutilation in Nigeria. *Annals of Medical and Health Sciences Research*, 2(1), p.70. doi:10.4103/2141-9248.96942.

Okeke, T., Anyaehie, U. and Ezenyeaku, C. (2012). An overview of female genital mutilation in Nigeria. *Annals of Medical and Health Sciences Research*, 2(1), p.70. doi:10.4103/2141-9248.96942.

Okorie, A.M. (2014). *AFRICAN WIDOWHOOD PRACTICES: THE IGBO MOURNING EXPERIENCE*. [online] biblicalstudies.org. Available at: https://biblicalstudies.org.uk/pdf/ajet/14-2_079.pdf [Accessed 1 Nov. 2022].

Olusanya, P.O. (1970) “Reproductive Health and Rights: The Case of Northern Nigeria Hausa Women”, *African Development*, Vol. XXII, No. 1, pp. 79-94

Orebiyi, F.A (2001) *Women and the Culture of Violence in Traditional Africa*. 1st edn. Edited by D.O Akintunde. Ibadan: Oluseyi Press Ltd.

Orjinmo, N. (2019). *Nigeria inheritance: My brothers took everything when my father died*. [online] BBC. Available at: <https://www.bbc.com/news/world-africa-55675987> [Accessed 1 Nov. 2022].

Otu, M. (2021). Succession to, and Inheritance of Property under Nigerian Laws: A Comparative Analysis. *European Journal of Social Sciences*, [online] 62(2), pp.50–63. Available at: https://www.europeanjournalofsocialsciences.com/issues/PDF/EJSS_62_2_05.pdf [Accessed 1 Nov. 2022].

Pellerin, M., 2012. Defining Africana womanhood: developing an Africana womanism methodology. *Western J. Black Stud.* 36 (1), 76–85.

Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa. It was signed in 2003 and adopted in 2005 Article 5(b).

Ruiz IJ, Bravo MDMP, Martínez PA, Meseguer CB. Men facing the ablation/female genital mutilation (A/FGM): cultural factors that support this tradition. *Procedia Soc Behav Sci.* 2014;**132**:631–638. doi: 10.1016/j.sbspro.2014.04.365

S Tamale ‘Gender trauma in Africa: enhancing women’s links to resources’ (2004) 48 (1) *Journal of African Law* 50-61 at 2 - 3 Available at [http://www.jurisafrica.org/docs/ald-mcm/3-law-justice-dev/3\(ii\)%20Tamale.%20Gender+Trauma.pdf](http://www.jurisafrica.org/docs/ald-mcm/3-law-justice-dev/3(ii)%20Tamale.%20Gender+Trauma.pdf) (Accessed on 29 September, 2022)

Saifee, M. (2016). *Anatomy of a Survivor’s Story | AWID*. [online] www.awid.org. Available at: <https://www.awid.org/anatomy-survivors-story> [Accessed 24 Aug. 2022].

Sakeah, E., Debpuur, C., Aborigo, R.A., Oduro, A.R., Sakeah, J.K. and Moyer, C.A. (2019). Persistent female genital mutilation despite its illegality: Narratives from women and men in northern Ghana. *PLOS ONE*, 14(4), p.e0214923. doi:10.1371/journal.pone.0214923.

Satti A, Elmusharaf S, Bedri H, Idris T, Hashim MS, Suliman GI, Almroth L(2006). *Prevalence and Determinants of the Practice of Genital Mutilation of Girls in Khartoum, Sudan*. *Ann. Trop. paediatr.* 26(4):303-310

Saul M. Olyan (2000) *Rites and Rank: Hierarchy in Biblical Representations of Cult* (Princeton, NJ: Princeton University Press), 103

Serour, Prof.Dr.G. and Ragab, Prof.Dr.A.R.A.E.-H. (2013). *Female Circumcision between the Incorrect Use of Science and the Misunderstood Doctrine*. [online] UNICEF. Available at: <https://www.unicef.org/egypt/media/3576/file/FGM%20Summary.pdf> [Accessed 24 Aug. 2022].

Smith-Spark, L. (2018). *Huge and significant decline' in FGM across most of Africa, report says.* [online] CNN. Available at: <https://edition.cnn.com/2018/11/07/health/fgm-decline-africa-middle-east-report-intl/index.html> [Accessed 1 Nov. 2022].

Tesfamichael, Rigat. "Combating FGM/c in Eritrea." *Eritrea Ministry of Information*, 16 Mar. 2016, shaibat.com/2016/03/16/combating-fgmc-in-eritrea/. Accessed 28 Sept. 2022

The Committee on the Elimination of Discrimination against Women (CEDAW Committee). (2010). [online] Available at: https://tbinternet.ohchr.org/Treaties/CEDAW/Shared%20Documents/UGA/INT_CEDAW_NGO_UGA_47_10222_E.pdf [Accessed 30 Sep. 2022].

The Prohibition of Female Genital Mutilation Act (2010) Available at: http://www.africanchildforum.org/clr/Legislation%20Per%20Country/Uganda/uganda_fgm_2010_en.pdf [Accessed 30 Sep. 2022].

Toubia, Nahid, 1994. Female Circumcision as a Public Health Issue. *The New England Journal of Medicine*, 331(11), pp. 712 - 716.

Turshen, M. (2000). *African Women's Health.* [online] *Google Books.* Africa World Press. Available at: https://books.google.nl/books?hl=en&lr=&id=Sdx78njlxYC&oi=fnd&pg=PA145&dq=judaism+ON+mutilation+OF+BODIES&ots=LqREN2gk7f&sig=ZoNvV-JwiZ_XsiGiSV-MjNEULXQ&redir_esc=y#v=onepage&q&f=false [Accessed 7 Nov. 2022].

UN Women (2019). *Survivors speak: Women leading the movement to end FGM.* [online] UN Women. Available at: <https://www.unwomen.org/en/news/stories/2019/2/compilation-women-leading-the-movement-to-end-female-genital-mutilation> [Accessed 4 Nov. 2022].

UN Women. (n.d.). *Female genital mutilation/cutting and violence against women and girls: Strengthening the policy linkages between different forms of violence.* [online] Available at: <https://www.unwomen.org/en/digital-library/publications/2017/2/female-genital-mutilation-cutting-and-violence-against-women-and-girls>. [Accessed 20 Sep. 2022].

UNFPA (1994). *International Conference on Population and Development (ICPD).* [online] www.unfpa.org. Available at: <https://www.unfpa.org/events/international-conference-population-and-development-icpd> [Accessed 17 Sep. 2022].

UNFPA-UNICEF Joint Programme on Female Genital Mutilation/Cutting (2017) 2016 Annual Report of the UNFPA–UNICEF Joint Programme on Female Genital Mutilation/Cutting: Accelerating Change, p.70. Available at https://reliefweb.int/sites/reliefweb.int/files/resources/UNFPA_UNICEF_FGM_16_Report_web.pdf.

UNHCR (2007). *Refworld | Eritrea: Proclamation No. 158/2007 of 2007, the Female Circumcision Abolition Proclamation.* [online] Refworld. Available at: <https://www.refworld.org/docid/48578c812.html> [Accessed 9 Nov. 2022].

UNICEF (2001) *Children and Women's rights in Nigeria: A wake up call situation assessment and analysis.* Edited by Hodge. Abuja: National Population Commission and UNICEF.

UNICEF (2013) FGM: A statistical overview and exploration of the dynamics of change, opening pages and pp26-27. Available at http://data.unicef.org/wp-content/uploads/2015/12/FGMC_Lo_res_Final_26.pdf.

UNICEF (2021). *Case study on ending female genital mutilation in the State of Eritrea Credit for cover photo: UNICEF Eritrea Acknowledgements.* [online] Available at: <https://www.unicef.org/esa/media/8916/file/Eritrea-Case-Study-FGM-2021.pdf> [Accessed 17 Sep. 2022].

UNICEF DATA. (n.d.). *Female genital mutilation (FGM).* [online] Available at: <https://data.unicef.org/topic/child-protection/female-genital-mutilation/#:~:text=At%20least%20200%20million%20girls>. [Accessed 12 Jun. 2022].

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

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

UNICEF/UNPFA (2019) UNICEF/UNPFA Joint Programme on Elimination of Female Genital Mutilation: Accelerating Change, Eritrea 2019 Annual Report. Asmara: UNICEF/UNPFA.

United Nations (1948). *Universal Declaration of Human Rights.* [online] United Nations. Available at: <https://www.un.org/en/about-us/universal-declaration-of-human-rights>. [Accessed 20 Sep. 2022].

United Nations High Commissioner for Refugees (2007). *Refworld | Eritrea: Proclamation No. 158/2007 of 2007, the Female Circumcision Abolition Proclamation.* [online] Refworld. Available at: <https://www.refworld.org/docid/48578c812.html> [Accessed 18 Sep. 2022].

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

Vanguard and Ujumadu, V. (2022). *Ebonyi, Ekiti, Imo, Osun, Oyo lead in female genital mutilation in Nigeria - UNICEF.* [online] Vanguard News. Available at: <https://www.vanguardngr.com/2022/02/ebonyi-ekiti-imo-osun-oyo-lead-in-female-genital-mutilation-in-nigeria-unicef/> [Accessed 3 Nov. 2022].

Wardere, H. (2020). *FGM is about men. They must help end it.* [online] www.aljazeera.com. Available at: <https://www.aljazeera.com/opinions/2020/3/26/fgm-is-about-men-they-must-help-end-it>.

Warren, S. (2012). Keeping Children Safe awarded contract to work with UNICEF Nigeria on preventing child abuse. www.keepingchildrensafe.org.uk/news/keeping-children-safeawarded-contract-work-unicef-nigeria-preventing-child-abuse [Accessed 9 Oct. 2022].

WHO (2010). *Types of female genital mutilation.* [online] www.who.int. Available at: [https://www.who.int/teams/sexual-and-reproductive-health-and-research-\(srh\)/areas-of-work/female-genital-mutilation/types-of-female-genital-mutilation](https://www.who.int/teams/sexual-and-reproductive-health-and-research-(srh)/areas-of-work/female-genital-mutilation/types-of-female-genital-mutilation) [Accessed 24 Aug. 2022].

Woldemichael, S. (2022). *Gender Equality in and through Education*. [online] shabait.com. Available at: <https://shabait.com/2022/03/09/gender-equality-in-and-through-education/> [Accessed 9 Nov. 2022].

World Health Organisation (2020). *Female genital mutilation*. [online] www.who.int. Available at: [https://www.who.int/news-room/fact-sheets/detail/female-genital-mutilation#:~:text=Female%20genital%20mutilation%20\(FGM\)%20involves](https://www.who.int/news-room/fact-sheets/detail/female-genital-mutilation#:~:text=Female%20genital%20mutilation%20(FGM)%20involves) [Accessed 9 Nov. 2022].

World Health Organization (2008). *Eliminating Female genital mutilation*. [online] un.org. Available at: https://www.un.org/womenwatch/daw/csw/csw52/statements_missions/Interagency_Statement_on_Eliminating_FGM.pdf [Accessed 16 Sep. 2022].

World Health Organization (2022). *Female genital mutilation*. [online] Who.int. Available at: <https://www.who.int/news-room/fact-sheets/detail/female-genital-mutilation>. [Accessed 19 Sep. 2022].

World Health Organization, 2000. Systematic Review of the Health Complications of Female Genital Mutilation including Sequelae in Childbirth. Geneva: Department of Women's Health, Health Systems and Community Health, World Health Organization. http://www.who.int/reproductivehealth/docs/systematic_review_health_complications_fgm.pdf [Accessed 17 September, 2022].

Yalley, A.A. and Olutayo, M.S. (2020). *Gender, masculinity and policing: An analysis of the implications of police masculinised culture on policing domestic violence in southern Ghana and Lagos, Nigeria*. [online] reader.elsevier.com. Available at: <https://reader.elsevier.com/reader/sd/pii/S2590291120300668?token=991F7B275896AD5C192CB6A5A12CC31E7692E4000465AF6C8C57321E1F5EDA4A9ACD59F1C0D4CA9143AF176546F0CD0A&originRegion=eu-west-1&originCreation=20221101213641> [Accessed 1 Nov. 2022].