FEMALE GENITAL MUTILALATION: A GENDER BASED VIOLENCE EXPERIENCE IN EKITI STATE, NIGERIA.

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Abstract

Female Genital Mutilation (FGM) represents a significant form of gender-based violence, with Nigeria recorded as having the highest absolute prevalence globally. Driven by patriarchal norms and cultural traditions, the practice persisted despite the presence of federal legislation, leading to the enactment of the Ekiti State Female Genital Mutilation Prohibition Act (2019). This study evaluates the awareness, suitability, and effectiveness of the Act using social learning, femicide, and culture theories. Employing a methodology of structured questionnaires and personal interviews, the research reveals that while the Act demonstrated effectiveness, public awareness remains insufficient. Furthermore, participants perceived the existing legal penalties as weak and non-threatening. To achieve total eradication in Ekiti State, the study recommends implementing more stringent penalties and launching comprehensive public awareness campaigns to ensure that the legal consequences are widely understood and feared.

Keywords: Female Genital Mutilation, Gender-Based Violence, Ekiti State Gender-Based Violence (Prohibition) Law 2019, Patriarchy and Culture, Social Learning Theory, Legislative Effectiveness

Introduction

The Ekiti State Gender-Based Violence (Prohibition) Law, 2019, defines violence against women as any act of gender-based violence that leads to or is likely to lead to physical, sexual, or psychological harm or suffering. This includes threats, coercion, or arbitrary deprivation of liberty, whether occurring in public or private life. This declaration by the Ekiti State Government, under Article Section 1(4)(ii)(c), explicitly includes female genital mutilation (FGM) and other traditional practices harmful to women and girls, which are strictly prohibited under Section 7, 'Prohibition of Female Circumcision or Mutilation'. Also, the UNFPA-UNICEF Joint Programme (2025) explains FGM as a persistent harmful practice and a violation of the rights to health, security, and physical integrity. As an extreme form of gender-based violence, FGM results in lifelong physical and psychological consequences (UNICEF, 2024). FGM comprises all procedures involving the partial or total removal of external female genitalia or other injury to the organs for non-medical reasons. It is recognised internationally as a grave violation of human rights, with more than 230 million girls and women alive today having been subjected to it (World Health Organization, 2025).

The practice is performed mostly by traditional circumcisers, such as barbers, herbalists, and traditional birth attendants, with little or no medical expertise. Procedures typically utilize unsterile instruments like knives, razor blades, or sharpened stones, often without anaesthetic (Algano & Kikuchi, 2024). In 2012, the UN General Assembly called for intensified efforts to eliminate FGM, and in 2015, Sustainable Development Goal 5.3 set a target to end the practice by 2030. Despite this political will, violence against women continues to increase. Existing literature remains unreliable because it often captures only a fraction of actual cases (Mahdi, 2011). Victims are often unwilling to report FGM because it is facilitated by immediate families, indicating a 'conspiracy of silence' that conceals the true extent of the violence.

UNICEF (2024) estimates that 230 million survivors exist worldwide, a 15% increase since 2016 driven by population growth and improved data collection. While concentrated in 31 countries, evidence exists in over 90 nations (Equality Now, 2025; UNICEF, 2024). The majority of affected countries are in Africa, though populations in Asia, the Middle East, and diaspora communities in Europe and the Americas are also impacted (UNFPA-UNICEF, 2025). As of 2024, Egypt and Ethiopia record the highest totals at 27.2 million and 25.7 million, respectively (UNICEF, 2024). Nigeria remains a focal point with approximately 20 million affected women and girls. While national prevalence among women aged 15–49 has gradually declined to roughly 20%, the absolute burden remains significant (UNICEF, 2024; National Bureau of Statistics, 2024).

Recent data indicates a complex geographical distribution in Nigeria. While declining in several Southern states, prevalence remains high in clusters. Examples are Osun State which stands at approximately 68%, Ebonyi at 53%, and Ekiti at roughly 57% (NBS, 2024; UNICEF, 2024). Ethnically, the practice is most frequent among the Yoruba (35%) and Igbo (31%), though these figures reflect a decrease due to intensified advocacy and legal prohibitions like the Ekiti State Gender-Based Violence (Prohibition) Law (2019). Generally and according to National Population Commission and ICF (2019), FGM is categorised into four types: Type I (Clitoridectomy, 8.1% rate); Type II (Excision, 48.1% rate), which is the harshest form; Type III (Infibulation, 4.4% rate); and Type IV (Introcision/other injuries, 39.6% rate). Types I and II are common among the Yoruba, while Type III is practiced by Hausa and Kanuri groups.

Reasons for FGM are culturally motivated social norms entrenched in traditions. These range from fulfilling religious requirements and ensuring chastity to increasing marriageability and bride price (UNFPA-UNICEF, 2025). It may serve as a fertility rite

or a "modesty heritage" to prepare a girl for adulthood. Among the Ekiti Yoruba, it is

sometimes performed to promote hygiene and aesthetic appeal, as the genitals are considered "unclean" (The Girls Generation, 2016). The existence of FGM in Ekiti state, the 'Fountain of Knowledge', presents a troubling paradox. The state enacted a prohibition act as early as 2002, followed by 2011 and 2019 versions, yet ranks second in prevalence. This persistence borders on extreme gender-based violence, discrimination, and the enduring nature of societal norms. While many studies exist, few assess the effectiveness of legislation as a tool for reduction. This study provides an evidence-based evaluation of how effective legislation can be in curbing this inhuman act.

Problem Statement

The campaign against Female Genital Mutilation (FGM) in Nigeria has spanned decades, marked by pivotal milestones such as the 1993 ratification of the CEDAW resolution, the 1998 national baseline survey on traditional practices, and the 2004 Maputo Protocol. A significant domestic shift followed the 2015 federal Violence Against Persons (Prohibition) Act (VAPP), leading nearly all 36 states to domesticate the Act or pass independent legislation by 2024. This legislative momentum transitioned general guidelines into enforceable mandates (UNFPA-UNICEF, 2024; Equality Now, 2025). The Ekiti State Gender-Based Violence (Prohibition) Law (2019) specifically repealed earlier 2002 and 2011 versions. Section 7 explicitly states that "no person shall circumcise or mutilate the genital organ of a girl-child or woman," increasing penalties to act as a deterrent. Convicted practitioners face at least N200,000.00 in fines or one year of imprisonment or both, while those who aid or abet the practice face N100,000.00 or one year of imprisonment, or both (Ekiti State GBV Law, 2019). Domestications in states like Osun, Lagos, and Edo further ensure comprehensive legal protection across the federation.

FGM is classified as a severe manifestation of gender-based violence that violates physical and psychological integrity (Ekiti State GBV Law, 2019; Onuoha & Adebayo, 2025). Data from the National Bureau of Statistics (2024) shows the procedure is predominantly performed on minors, often as early as eight days after birth, who lack the legal capacity for informed consent, violating child rights under the 2015 VAPP Act. While primarily targeting girls, instances also occur among adult women due to communal pressures (Federal Ministry of Health, 2021; Adelekan *et al.*, 2022). As an intentional procedure damaging healthy tissue for non-medical reasons, FGM leads to severe bleeding, fever, infections like tetanus, sexual dysfunction, and

urinary problems. It increases the risk of newborn death and childbirth complications,

often requiring corrective surgeries (Njoku *et al.*, 2017). Long-term consequences include keloid formation, infertility from chronic pelvic inflammatory disease, and psychological disorders such as PTSD, depression, and low self-esteem (Shakirat et al., 2020; González-Timoneda *et al.*, 2021; Sarayloo *et al.*, 2019). Deep-seated misconceptions drive the practice; some believe the clitoris can kill a baby during delivery or damage male organs (Earp, 2016; Odukogbe *et al.*, 2017). Furthermore, for many practitioners, the sale of cut tissue and the fees for the procedure form a significant portion of their household economy and ancestral livelihood (Shell-Duncan *et al.*, 2018). Despite traditional rulers disavowing the practice, it remains entrenched in rural areas and among the Yoruba culture. Alarmingly, modern health practitioners have increasingly medicalised the trade. Paradoxically, educational attainment has shown little impact, as cultural motivations remain prevalent even among educated populations (Ahinkorah *et al.*, 2020).

This study pursued the following three specific objectives:

i. To evaluate the level of awareness of the Ekiti State Gender-Based Violence (Prohibition) Law (2019) among parents and women in Ekiti State.
ii. To assess the effectiveness of the Act in deterring offenders, specifically focusing on whether the prescribed legal penalties are perceived as sufficiently stringent.
iii. To examine the influence of familial relationships on the reporting of FGM and how these bonds impact advocacy and the "voice" of victims against the practice.

Literature Review

Extensive literature has characterised the conceptual framework, scope, and sociocultural drivers of female genital mutilation (FGM) (UN Women, 2026; WHO, 2025). Research systematically explores the determinants, public attitudes, and the persistent prevalence of the practice across various regions, noting that while global rates are declining, and population growth in high-prevalence areas continues to present significant challenges (Oni & Okunlola, 2024; UNICEF, 2024, BMJ, 2026). The multifaceted consequences for victims are well-documented, spanning severe physical health complications, including chronic infections and obstetric fistula and long-term psychological trauma such as PTSD and depression (Gareau *et al.*, 2025; Keles *et al.*, 2025). Furthermore, scholars have examined how FGM serves as a major impediment to the Sustainable Development Goals (SDGs), specifically targeting Goal 5.3 for the elimination of harmful practices by 2030 (Weny *et al.*, 2020; World Bank, 2024). Recent academic discourse has also pivoted toward the social implications of FGM and

the alarming rise of its medicalization, where healthcare professionals perform the

procedure in a misguided attempt to reduce immediate physical harm (Nazri *et al*., 2024; WHO, 2025). In response, international and national bodies, such as those in Nigeria, have intensified efforts by implementing legislative frameworks like the Violence Against Persons (Prohibition) Act and updated national action plans to achieve total eradication (UNFPA, 2021).

In furtherance to this, it is importance to assess the effectiveness and efficiency of legislation promulgated, and this has attracted few scholarly attentions. Since FGM is a cultural/community issue and Nigeria with the highest absolute numbers of prevalence in the world, it is therefore important to assess its legislation, particularly in one of the states with highest prevalent in the country, hence, a study that focuses on a specific sub-national entity will serve as a springboard for a better understanding of the problem in Nigeria and Africa as a whole. Therefore, this proposed research intends to assess the effectiveness of FGM prohibition law in Ekiti State in order to address the existing gaps on female genital mutilation in the region.

Theoretical Framework

Female genital mutilation as a form of violence against the female folks can best be explained using some violence theories that are closely related to gender-based violence. These are social learning theory of violence, culture theory of violence, feminist and femicide theory. The social learning theory was propounded by Albert Bandura between 1961 and 1963 through a series of experiments to determine if social behaviours can be attributed to observation and imitation (Galanaki & Malafantis, 2022). This includes aggressive and violent behaviours. The social learning theory of violence sees violence as an act that is learnt and observed. To this end, violence is a mean of solving problem and exerting a sort of control over women. A boy grows into a man and beats his wife because he saw his father doing that to his mother. Female genital mutilation is a kind of practice learnt, observed and passed on from generation to generation. Some are involved in this practice because they are circumcised and as such their girl's child should be circumcised to ensure the continuity of the practice. Also, people receive information from the larger society of what they should do and that is considered appropriate, and hence engages in FGM to control their wives or female children's sexuality. This is what is called the social learning theory of violence.

However, the culture theory of violence stipulates that violence against women has its root in culture. It is a way of life as dictated by societal norms and values. This was a follow up to the introduction of structural violence by Johan Galtung (Galtung,

1969) later expanded into the Cultural violence theory (Galtung, 1990). In modern

contexts, this explains how societies sanction violent acts through mechanisms such as victim-blaming and the propagation of rape myths (Bermek *et al*., 2023). It represents a direct act of violence that is not only built into the societal system but is actively legitimized through entrenched norms (Galtung, 2016). Within the context of FGM, these cultural justifications transform a physical assault into a sanctioned 'rite of passage', effectively masking the violence through traditional legitimacy (Kakal *et al.,* 2023). Female genital mutilation is a form of violence against women, rooted in culture rather than religion. The social pressure to do what others do and what they have been doing, as well as the need to be socially acceptable and the fear of being rejected by the society are strong motivation for FGM. Owing to this, female genital mutilation is considered normal and part of culture. Culturally, FGM is a mean of preserving girls' virginity and preventing promiscuity, a sort of rite of passage into adulthood and a prerequisite for marriage; to make the girl marriageable and in enhancing male sexual pleasure. A form of cleansing, because women who have not been circumcised are seen as unclean, unhealthy and unworthy. Owing to these beliefs, no matter the procedure or dangers involved in FGM, it is considered as normal and as a part of culture.

On the other hand, feminist/patriarchal theory of violence as developed by Francoise Verges sees the root of violence in the dominance of men over women. Patriarchy society here is a social system with men dominance and authority while women are second fiddle giving subordinate positions in the society. Women experiences, ideas and ordeals are often disregarded because men dominate all spheres of life. FGM is done to make women suitable for the men and to enhance male sexual pleasure. However, femicide theory deals with gender specific violence directed at the female folks. It intersects with complex cultural, social and economic factors such as the use of patriarchal power structures to maintain male dominance and control over female bodies. According to this theory, practices like FGM are not merely traditional rites but are manifestations of systemic violence designed to enforce female submissiveness and regulate sexuality**.** According to World Health Organization (2023), all forms of FGM are associated with increased risk of health complications. This ranges from short term complications (severe pain, excessive bleeding, infections and death) to long term complications like painful menstruation, sexual problems, urinary problem, need for later surgeries and psychological problems. Female Genital Mutilation is deeply rooted in Nigeria and it is fuelled by the culture of silence. The practice is perpetrated by who the victims trust, mostly family members. Cases reported are often withdrawn because the society believes that one should not wash his/her dirty linen

outside.

Research Method

This study was carried out during the COVID-19 lock down. This necessitated the use of google form questionnaire. While secondary data was sourced from the Nigeria demographic and health survey 2013 and 2018 and other published text, the primary data for this study was sourced through the use of google form structured questionnaire. This was supported by a personal interview of respondents in close vicinity.

The primary data collected was subjected to both quantitative and qualitative analyses. The descriptive aspect of this work involved the use of tables, graphs and charts to arrange, categorise, summarise and manipulate data collected in order to achieve aforementioned objectives. The secondary data collected was used to complement the primary data in achieving the objectives of this study

Result and Discussion

This section presents the results of the field work on the awareness, suitability and effectiveness of Ekiti State Female Genital Mutilation Prohibition Act, 2019.

Socio-Economic and Demographic Characteristics of Respondents

This involves the description of respondents' socio-economic and demographic characteristics. These include age, sex, religion and marital status of all respondents. Table 1 displays the socio-economic and demographic characteristics of 65 respondents. It shows that 32 percent of respondents are between ages 21 and 40, 54 percent of respondents are between ages 41 and 60 years and 14 percent of respondents are above 60 years of age.

Table 1: Socio-Economic and Demographic Characteristics of Respondents

		Freq.	Percentage
Age	21-40	21	32
	41-60	35	54
	60 years and above	9	14
Sex	Male	16	25
	Female	49	75
Marital Status	Single	24	37
	Married	33	51
	Divorced/Separated	8	12
Religion	Christianity	41	63
	Islam	24	37
	Traditional	0	0

Source: Author's (2025)

Out of 65 respondents, 49 are females while 16 are male respondents. This indicates that women have interest in issues relating to their gender than men do. A larger proportion of the respondents are married (51 percent), 37 percent are single and 12 percent are either divorced or separated. Based on religion, 41 respondents are Christians, 24 respondents are Muslim and none is a traditionalist.

Objective One – Awareness of Ekiti State Female Genital Mutilation Prohibition Act (2019)

This is to determine the level of awareness of FGM prohibition act among women and girls. In order to achieve this objective, this study attempts to investigate the awareness level of FGM in Ekiti as a whole. It does this using the Nigerian Demographic and Heath Survey (2013) and (2018). Data from Nigerian Demographic and Health Survey (2013) revealed that out of 326 women respondents of ages 15-49 years in Ekiti, 91.1 percent are aware of FGM and out of 148 men respondents of ages 15-49 years in Ekiti, 86.8 men respondents are aware of FGM. In 2018, the awareness level in Ekiti dropped to 81.1 percent of women respondents Nigerian Demographic and Health Survey, 2018). This is about 11 percent decrease (from 91.1 percent in 2013 to 81.1 percent in 2018) in the number of women that have heard about FGM in Ekiti State, Nigeria.

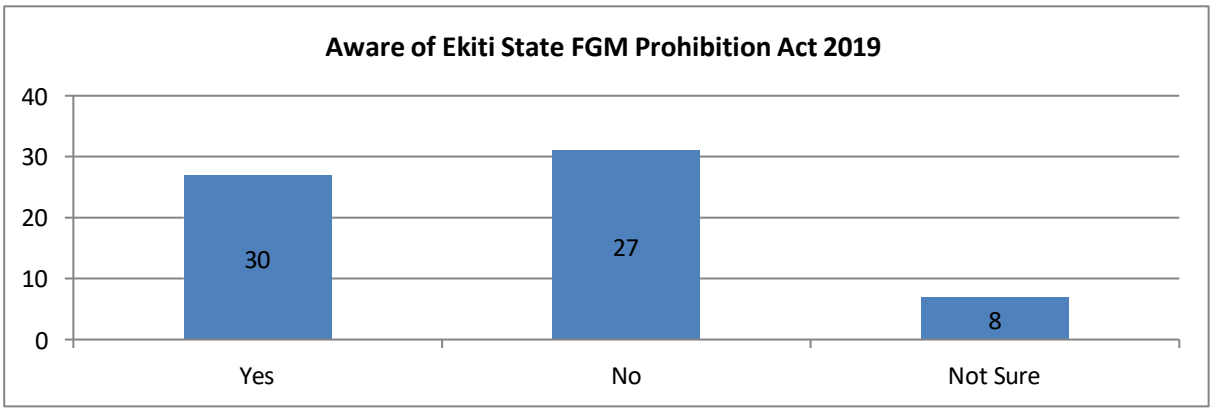

Figure 1: Awareness of Ekiti State FGM Prohibition Act 2019
Source: Author's (2025)

In respect of the questionnaire administered on the awareness level of Ekiti State Female Genital Mutilation Prohibition Act (2019), the result indicates that about 42 percent of respondents were not aware of the FGM prohibition act 2019, while 46 percent were aware and 12 percent were unsure of the existence of the act (See figure 1). This indicates that about half of the respondents are not aware of this act. This could lead to ineffectiveness of the act, because no report would be made.

***Objective Two* – Suitability of Prohibition Act Penalties of Female Genital Mutilation Offender in Ekiti State**

Secondly, in examining the suitability of penalties of FGM offender, there is need to know if Ekiti people are aware that there is penalty and the actual penalty for such practice. Unfortunately figure 2 shows that 36 (56 percent) out of 64 responses do not know that there is a penalty even though some claim to be aware of the FGM Prohibition Act. On the other hand, 23 out of 64 respondents were aware of this prohibition act and 5 were not sure if they have heard about it before

Figure 2: Awareness of Penalty attached to Offenders FGM Prohibition Act 2019
Source: Author's (2025)

On the other hand, opinions of Ekiti people were sought on the suitability of the penalty through questionnaire as presented in figure 3. Out of 63 responses, 65.1 percent of these responses were of the opinion that the penalty fine of Two Hundred Thousand naira (N200,000.00) or a term of imprisonment of a minimum of one (1) year, or both for a person who commits the offence, and an imprisonment of a term not exceeding a year or to a fine not exceeding One Hundred Thousand naira (N100,000.00) or both for a person who attempts, aids, counsels or incites to commit the offence are not suitable in discouraging FGM offenders in Ekiti State. 35.9 percent felt that the penalty is suitable and it can help in discouraging female genital cutting in Ekiti State.

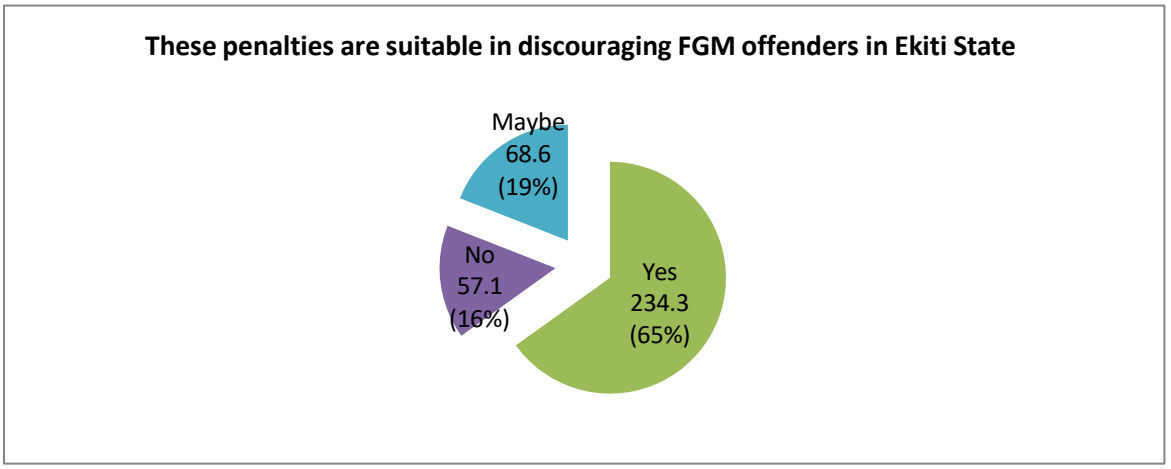

Figure 3: Suitability of Penalties in discouraging FGM offender in Ekiti State
Source: Author's (2025)

While 15.9 percent did not believe in the suitability of the penalty, about 19 percent were indifference on this. This implies that a greater proportion of respondents believe that the penalty to offender is suitable enough to discourage female genital cutting in Ekiti state.

Objective Three – Effectiveness of Ekiti State Female Genital Mutilation Prohibition Act (2019)

Moreover, table 2 presents results on the effectiveness of the act as revealed by the Nigerian Demographic and Health Survey (2013; 2018). The extent of enforcement and effectiveness of the law in reducing the practice of FGM is observed by the change in the number of women and girls circumcised since the prohibition act.

Table 2: Enforcement and Effectiveness of FGM Act

	Heard	% Change	Circumcised	% Change
2013	91.1	-	72.3	-
2018	81.1	-11	57.9	-20

Source: Author's (2025) Data are retrieved from DHS 2013, 2018

It was also discovered that from the year 2002 (when the act was first promulgated in Ekiti state) to 2012, there was no record on FGM in Ekiti state, as a result it becomes difficult to evaluate the effectiveness of the act. Notwithstanding, a decrease in the number of girls and women mutilated in Ekiti state was discovered between 2013 and 2018. Between 2013 and 2018 there was 11 percent decrease in those who were aware of FGM and also a 20 percent decrease in the percentage of women and girls that were mutilated between these periods. So, one can say that the act was effective between 2013 and 2018, given the negative percentage change.

Notwithstanding, some of the respondents felt that responses obtained may not be a true picture of reality. They believed that ssince FGM is a form of tradition, the attached penalty for offender may be too weak to erode the practice.

Table 3: Enforcement and Effectiveness of FGM Act

Has the Ekiti Act reduced FGM	Response (%)
Yes	37.5
No	12.5
Maybe	50
Total	100

Source: Author's (2025)

However, the result from the questionnaire as shown in table 3 shows that 50 percent of the respondents were not sure if the act has helped in reducing FGM practice in ekiti state. About 37.5 percent believed the act is effective in this regard while 12.5 percent believed otherwise. Considerably, the prohibition act has been able to reduce female genital cutting in ekiti state. Even though there has not been any tangible report of this offence, yet the awareness of this act and the attached penalty is a caution to all perpetrators.

In furtherance to this, the effect of familial relationship (between FGM victims and the offenders) on voices and advocacy was also investigated and results shown in table 4.

Table 4: Familial Relationship, Voices and Advocacy Against FGM

Familial relationship between FGM victims and the offenders affect voices and advocacy against FGM	Response
Agree	46
Disagree	4
No idea	14
Total	64

Source: Author's (2025)

More than 50 percent of respondents agreed that the relationship between the FGM victims and the offenders negatively affect voices and advocacy against female genital mutilation. This is because offenders are close relations of the victims, for example the mother, grandmother, husband e.t.c. So, it becomes difficult to report such people given the cultural connotation giving to the practice. On the other hand, 14 respondents out of 64 did not have any idea on the effects of familial relationship on voices and advocacy against FGM. Hence, a greater percentage of the respondents believe that familial relationship between the victims and the offenders tend to

discourage voices and advocacies against female genital mutilation.

Moreover, the study discovered that a greater percentage of respondents see female genital mutilation as a form of violence against female folks.

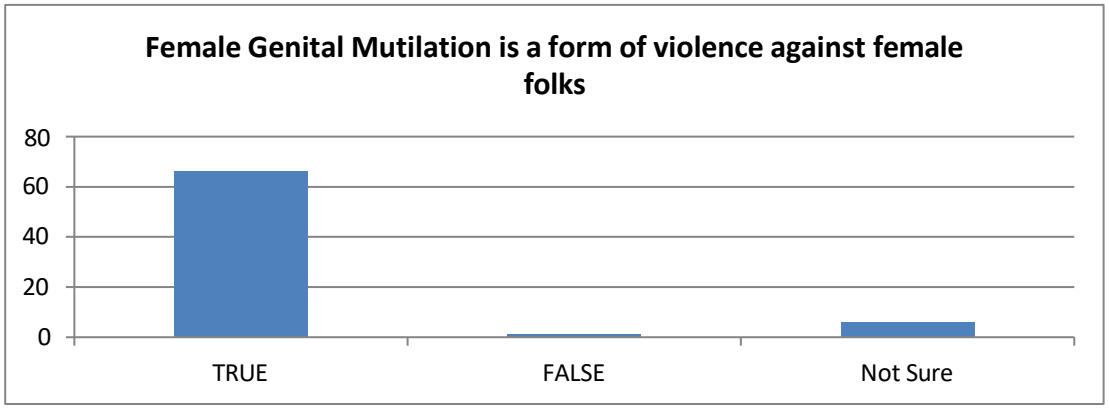

Figure 4: Female Genital Mutilation as a form of Violence
Source: Author's (2025)

About 62 respondents agreed to this, while one respondent disagreed that female genital mutilation is a form of violence against women. Notwithstanding two of the respondents were not sure of their decisions.

Moreover, interviews on whether the practice still continues in Ekiti indicate that there are economic values attached to this enduring practice. Also, against the general belief that this practice is carried out by traditionalist, it was discovered that more of the perpetrators of this practice are medical practitioners, such as nurses, midwives e.t.c. Furthermore, people in the rural areas believe they cannot be caught, in this wise enforcement of the law cannot be ensured. Moreover, people prefer not to think about the physical damage the practice does to female folks but they tend to rationalize perceived morality behind it.

Conclusion

The study investigates the awareness, suitability and effectiveness of Ekiti State Female Genital Mutilation Prohibition Act (2019). Findings show that work still needs to be done to increase the awareness level of the prohibition act as about half of the respondents have no information on the act. Even though there was a decrease in the number of women cut between 2013 and 2018, the suitability of penalty of offence seems doubtful.

Policy Recommendations

i. There should be emphasis on FGM prohibition act enforcement at the national level. This will have a positive impact on regional or state level enforcement of

prohibition.

ii. More so, prohibition law can be more strengthened on failure to specifically report knowledge to conduct FGM or the one already conducted. Criminalising FGM operation on this basis will draw caution on the citizens as a whole.

iii. Sensitization on female genital mutilation as a form of violence against women and the prevention of such.

iv. Adequate funding should be provided for anti FGM programmes and seminar to disseminate accurate and clear information on FGM law in the state.

v. Ekiti FGM prohibition law can be made accessible to all members of the society, if this law is prepared and publicized in Ekiti's different dialects for easy understanding. There should be periodic review of penalty on violation of FGM's law. This will show how important the eradication of this law is to the government

vi. Implementation of a mandatory reporting and disciplinary framework within the medical community to identify and sanction professionals, such as doctors, nurses, and midwives, who participate in or "medicalise" the procedure.

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