

Effects of forced genital cutting on human rights of women and female children: the Nigerian situation

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1 INTRODUCTION

“Ladies and gentlemen, with this analysis of the law, you can no longer claim ignorance for ‘ignorance of the law is no excuse’. I therefore, urge you all to take this message to your towns, houses and offices throughout Edo State. Let our people be informed that they will now go to jail for circumcising their daughters...”¹

The above quotation is from a speech delivered by Ms Nogi Imoukhuede during a one-day workshop on genital cutting and violence against women organised by Nigeria’s Senate Committee on Women Affairs and Youth in Benin City, Edo State, Nigeria, on 19 July 2004. Apart from Edo State, the governments of the Osun, Ekiti, Ondo, Ogun, Lagos, Cross Rivers, Rivers and Bayelsa States of Nigeria have since 1999 also enacted laws banning genital cutting. Unfortunately, the practice continues unabated. According to a 1997 World Health Organisation study, about 60% of Nigeria’s total female population have undergone some form of genital cutting. It has been estimated that more than fifty per cent of Nigerian women and girls have undergone the procedure while many more are still being subjected to it every year.² A 1996 United Nations Development Systems study reported that 32.7 million Nigerian women have been affected by the practice.³

Between 1996 and 1997 a study carried out by the Center for Gender and Social Policy Studies at Obafemi Awolowo University in Nigeria, which covered 148,000 women and girls from 31 States of the country, revealed that all four types of genital cutting (below) were being practised in all the ethnic communities in Nigeria except the Fulani ethnic group in the North-Western part.⁴

Attempts are being made by many international organisations, including the World Health Organisation (WHO), to fund national bodies such as the

1 Imoukhuede N “FGM (FGM) – A crime in Edo State” <www.rufarm.kabissa.org/articles/fgm.htm> [accessed on 14 October 2008]

2 “Report on FGM (FGM) or Female genital cutting(FGC)” <www.onlinenigeria.com/links/adv.asp?blurb=551> [accessed on 15 October 2008]

3 *Ibid.*

4 *Ibid.*

National Association of Nigerian Nurses and Midwives, the Nigerian Medical Association, Women's Centre for Peace and Development (WOPED) etc., in their quest to eradicate this practice in Nigeria.⁵ However, very little has been achieved. A very disturbing irony is the fact that Nigeria was one of the five countries that sponsored a resolution at the forty-sixth World Health Assembly calling for the eradication of genital cutting in all nations, and yet, the practice is still rampant in the country.⁶

Apart from its hazardous health effects, genital cutting is known to be one of the most offensive forms of violation of the fundamental rights of women and female children recognised by various domestic and international legal instruments. Given the widespread refusal to yield to law and medical campaigns against the practice, this article sets out to inquire into the various views for or against the practice.

2 CONCEPTUALISATION

2.1 Genital cutting and FGM

As the phrase connotes, FGM (FGM) is generally understood as all conceivable acts of injuring, disfiguring or removing part, some parts or the whole of a particular sensitive area of a female sexual organ particularly, the clitoris. It must, however, be distinguished from consensual genital cutting. FGM has further been described as an extreme specie of circumcision.⁷

'Circumcision', on the other hand, has been explained as an act involving any or all of the following:

- removing the prepuce of a male person;
- performing an analogous operation on a female by removing the clitoris;
- spiritual purification of any form.⁸

In a technical sense, genital cutting (including FGM) is defined as an excision of all or part of the genitals, carried out on female persons at birth in some cultures or in adulthood just before a woman is given out in marriage. The term has also been described as the removal of either a part or the whole of the female external genital organ for cultural, traditional or any other non-therapeutic reasons.⁹ The WHO has identified four different types of FGM: Clitoridectomy – cutting the hood of the clitoris together with partial or total removal of the tip of the clitoris.

- Excision – cutting the hooded clitoris together with partial or total removal of labia minora.

5 *Ibid.*

6 "Report on the Regional Seminar on Traditional Practices Affecting the Health of Women and Children in Africa" Inter-African Committee, Geneva, April 1987 and November, 1990.

7 "Report on FGM (FGM) or Female genital cutting(FGC)" <www.onlinenigeria.com/links/adv.asp?blurb=551> [accessed on 15 October 2008]

8 Webster *Webster's Third New International Dictionary of the English Language Unabridged* (1961).

9 Oyewumi "FGM: A Case of Woman's Inhumanity to Woman?" *Nigerian Tribune*, 12 February 2004.

- Infibulation – excision of part or all of the external genitalia with or without sewing the raw edges together or narrowing of the vaginal opening.
- Angura or gishiri cuts – an incision extending from vaginal opening into surrounding tissue with damage to the urinary/urethral opening or rectum and anus.¹⁰

FGM is a global phenomenon which has claimed its casualties mostly in Africa and countries of the Middle East. It has been estimated that about 135 million of the world's girls and women have undergone genital mutilation while about two million girls a year are at risk of mutilation.¹¹ It is extensively being practised in Africa and among Muslim populations in Indonesia, Sri Lanka and Malaysia. Countries of the Middle East concerned include: Egypt, Oman, Yemen and the United Arab Emirates. It is also said to be occurring among immigrant communities in parts of Asia, the Pacific, North and Latin America as well as Europe.¹²

2.2 Fundamental rights of women and female children

In this paper, "female children" refers to female persons or girls under the age of maturity, which varies between 14 and 18 years depending upon the biological features of such children and the legal position within a particular jurisdiction. In the Nigerian situation, the focus is on female children who are at risk of being genitally mutilated from birth to the age of maturity or majority.

Fundamental rights are rights derived from natural law or fundamental law. The theory of human rights has a long and chequered history. Over the years, divergent opinions have been expressed by various schools of thought about the concept, nature, legality and philosophy of human rights.¹³ It is, however, clear that human rights relate to human beings who constitute members of a group, community, society or a state. They accrue to every human being on account of being human.

International concern for human rights originated from the destructive impacts of the first and second world wars and the gross violation of fundamental rights in many nations. This led inter alia to the formulation of the United Nations Charter, 1945, the Universal Declaration of Human Rights (UNDHR), 1948, the United Nations International Covenants on Civil and Political Rights as well as Economic Social and Cultural Rights, 1966, United Nations Convention on the Rights of the Child, 1990 and Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), 1979. These international legal instruments formed the foundation of various Bills of Rights now found in the constitutions and laws of different nations and non-governmental organisations.

10 "Classification of FGM" <www.who.int/reproductive-health/fgm/terminology.htm> [accessed on 15 October 2008].

11 *Ibid.*

12 *Ibid.*

13 See Stanlis Edmund Burke *and the Natural Law* (1958) 201; Laski *A Grammar of Politics* (1962) 94; D'Entreves *Natural Law* (1960) 20–25.

In the process, a tendency emerged of placing human rights into three generations (though one entitlement could fall within more than one category of rights). The first generation consists of the civil and political rights which are rights and freedoms that are pertinent to safeguarding the person and citizen's basic liberties *vis-à-vis* governmental authority and requiring of the state to permit or endure those entitlements.¹⁴ The second generation of rights, referring to economic, social and cultural rights, found its way into the UNDHR and constitutes the subject-matter of the International Covenant on Economic, Social and Cultural Rights, 1966. Economic, social and cultural rights were also incorporated, as (non-justiciable) "Directive Principles of State Policy" in various constitutions, including Chapter II of the 1979 and 1999 Constitutions of the Federal Republic of Nigeria.

During the last two decades a new category of rights has emerged, commonly referred to as "third generation rights". These rights include the right to peace, the right to a clean and healthy environment; the right to share in the common heritage of humankind and so on. The beneficiaries of these rights are no longer confined to individuals but are perceived as humanity as a whole, a particular political community or a distinct section of the population within the body politic. Such rights cannot be adequately protected within the confines of municipal bills of rights and their effective implementation consequently requires international cooperation. For instance, campaigns against FGM being practiced in various ethnic groups can no longer be confined to individual and personal efforts but are a matter of international concern.

In the case of Nigeria, provisions of human rights were first introduced into the 1960 Independence Constitution as a result of the report submitted by the Henry Willink Minorities Commission to the effect that such provisions would assist in allaying the fears of minority groups. The rights also appeared in the 1963 Republic Constitution.¹⁵ The Constitutions of the Federal Republic of Nigeria of 1979 and 1999 also contain, in Chapter IV, bills of fundamental human rights, including the right to life, dignity of the human person, personal liberty, fair hearing, private and family life, freedom of thought, conscience and religion, freedom of expression and the press, peaceful assembly and association, freedom of movement, freedom from discrimination and right to property.¹⁶

The first and third generations of fundamental human rights appear to be more relevant to the issue of FGM since they deal with issues of natural law, civil liberties, dignity of the human person, the rights to life, privacy, freedom from discrimination as well as rights to peace, common heritage of humankind and development. The effects of FGM on these categories of rights cannot, however, be adequately appreciated without attempting an empirical examination of various factors responsible for this persistent socio-cultural phenomenon.

14 Sohn "Protection of Individuals" *American Law Review* (1982) 17-18.

15 Chapter III.

16 The Constitution of the Federal Republic of Nigeria, of 1979, ss 30-40 and ss 33-43 of the Constitution of 1999

3 FACTORS RESPONSIBLE FOR FGM IN NIGERIA

3.1 Historical factors

The historical basis of FGM could be traced to the biblical account of the covenant between God and Abraham as recorded by the Holy Bible where God instructed that every male of Abraham and his generations be circumcised.¹⁷ It is salient to observe that this biblical account does not include females in the list of human beings ordained to be circumcised. As early as the 17th century there were attempts by Christian missionaries and colonial administrators in Africa to prevent the practice. The international interest which arose about FGM led to the first International Conference organised by the World Health Organisation (WHO) in Khartoum, Sudan in 1979. Although Sudan is not the African nation where the practice started, it could be argued that it is one of the oldest centres of FGM since it was the first nation in Africa to legislate against the practice in 1946. Beginning in the 1970s, many non-governmental organisations and a number of intergovernmental and governmental bodies have been actively involved in raising awareness about FGM as well as developing strategies for its eradication.

3.2 Cultural factors

In Africa, the preponderance of evidence establishing culture as one of the factors justifying FGM in different ethnic groups is largely based on perceptions and beliefs in these communities that seem to be perpetuated mainly by a combination of ignorance with regard to the negative aspects of FGM and an unwillingness to accept that culture is dynamic. There exists a perception among some, for example, that women's unmodified genitals are ugly and bulky. It is even believed by some that a woman's genitals can grow and become unwieldy unless the clitoris is excised.¹⁸ Further, there exists the belief in certain communities, that a woman's clitoris is dangerous and, if it makes contact with male genitalia during intercourse, the male may die. With regard to the birth of infants, some believe if the baby's head touches the clitoris during childbirth the baby will either die or that it will not be prosper if it survives.¹⁹

In Kenya, customs and traditions are the most frequently cited reasons for FGM. It was even said that the former President of that nation, Jomo Kenyatta, asserted that FGM was an inherent part of the heritage of the biggest ethnic group in Kenya, the Kikuyu tribe, to the extent that abolition of it might destroy the tribal system.²⁰ Other FGM-practising societies like Sierra Leone, Ghana, the Gambia, Liberia, Sudan, Egypt, Togo, Pakistan, India, Turkey, Malaysia etc. regard the age-old phenomenon as so normal

17 Genesis Chapter 17 verses 9 – 12.

18 "Why is FGM/FGC performed?" <www.unfpa.org/gender/practices2.htm#7> [accessed on 15 October 2008].

19 *Ibid.*

20 *Ibid.*

that people cannot imagine a woman or a girl who has not undergone it to be an adult.²¹

In Nigeria, most people in the tribes involved in the practice believe that FGM is a cultural inheritance designed to preserve some traditional values such as religious purification, family honour, protection of virginity, prevention of promiscuity, increasing sexual pleasure for the husband and enhancing fertility.²² Another interesting category of persons is those who know much about the practice but feel strongly that since a people's culture determines their fate and existence, they are free to practice "what God had given to them". Some of these assert that complaints about the harmful effects of FGM originated from Western nations as a ploy to condemn and defame the age-long tradition of other developing nations. For example, Dr. Nowa Omoigui, a medical doctor in South Carolina, USA, has described the current debate as a "western judgment which must not be rushed to implement but will have to be slowed down at some point".²³

3.3 Social Factors

In many traditional societies in Africa which practise FGM it is deemed to be necessary to make a girl a complete woman, while the practice itself is seen as marking the divergence of the sexes in terms of their future roles in life and marriage.²⁴ The removal of was is thought by some tribes to be the "male parts of a woman or girl's body" is believed to enhance her femininity and is necessary to pave the way to docility and total submission to her husband.

In certain African and Asian cultures, FGM is carried out as part of an initiation ceremony during which the woman or girl may be taken to a specially designated place to recover while some traditional teachings are imparted.²⁵ In some places, too, the practice is associated with festivities, gifts and rituals, at the end of which the woman or girl will be considered as having passed through a rite of passage signifying that she is now an adult who is ready to face the challenges of life and is acceptable to the community.²⁶

3.4 Illiteracy

In various developing countries of Africa, Asia, Caribbean and Middle East, illiteracy is a factor responsible for the persistence of FGM. People who are unable to read and write, and do not have the opportunity to go to school, may grow up in their traditional societies, glued to their customs, never mixing with people from other societies and, therefore, not ready to forsake their culture and patterns of existence.

21 *Ibid.*

22 Oyewumi "FGM: A Case of Woman's Inhumanity to Woman?" *Nigerian Tribune*, 12 February 2004.

23 *Vanguard Daily*, Lagos, 20 February 2001.

24 "Why is FGM/FGC performed?" <www.unfpa.org/gender/practices2.htm#7> [accessed on 15 October 2008].

25 *Ibid.*

26 *Ibid.* See also Oyewumi "FGM: A Case of Woman's Inhumanity to Woman?" *Nigerian Tribune*, 12 February 2004.

4 EFFECTS OF GENITAL CUTTING ON THE RIGHTS OF WOMEN AND GIRL-CHILDREN

Although the prohibition of torture has been enshrined in international law since the end of the Second World War,²⁷ FGM has only recently found a place in the international human rights agenda. Certain factors have worked against FGM being recognised easily as a human rights issue for many years. First, people who are often involved in the practice are private actors rather than state officials. Second, the practice is encouraged by parents and family members who believe it will have beneficial consequences for the child in later life. Third, since genital cutting is rooted in cultural traditions of various societies, outside intervention in the name of universal human rights is often regarded as cultural imperialism. Today, however, the effects of FGM on the human rights of women and girl-children can be viewed under the following headings:

4.1 The rights to life and dignity of human persons

The rights to life and dignity of human person may be regarded as fundamental since all other species of human rights depend on them. Apart from many international legal documents containing provisions which guarantee the rights to life and dignity, provisions also exist in the domestic laws and constitutions of various nations expressly upholding these rights. For instance, sections 33 and 34 of the Constitution of the Federal Republic of Nigeria 1999 declare the rights to life and dignity of the human person.

These rights of women and female children have always been adversely affected by FGM. Besides direct loss of life, certain complications also arise in the course of the practice. These include loss of blood resulting in anaemia, urinary tract infections, tetanus, HIV or Hepatitis-B arising from the use of unsterilised instruments, chronic pelvic infections, etc. Such complications have resulted in the death of many women and girl-children in many nations. In Nigeria, for instance, it was reported that about 32.7 million women were seriously affected by this practice in 1996.²⁸

4.2 The rights to privacy and family life

The rights to privacy and family life are fundamental to the effective realisation of the individual's personality and existence. Women and girl-children are seriously in need of these protections because they are often the most vulnerable members of a society. The right to privacy is defined as the right of a person to personal autonomy. It includes the right of a person to be free from unwarranted public scrutiny or exposure.²⁹ Privacy, on the other hand,

27 See CEDAW (The Convention on the Elimination of All Forms of Discrimination Against Women, 1979); VDPA (The Vienna Declaration and Programme of Action, 1993); The Beijing Declaration on Women's Rights, 1995 and UNCRC (The United Nations Convention on the Rights of the Child, 1989).

28 Office of the Senior Coordinator for International Women's issues "Report on FGM June 1, 2001" < .> [accessed 15 October 2008].

29 *Black's Law Dictionary* (2004) 1350.

is a condition or state of being free from public attention, intrusion or interference with one's body, property, acts or decisions.³⁰

Various international legal instruments assert the rights of women and female-children to these rights. In Nigeria, the 1999 Constitution declares the rights to privacy and family life to the end that "the privacy of citizens, their homes, correspondence ... is guaranteed".³¹ Also, the Criminal Code forbids unlawful infliction of wounds, grievous harms and injuries on any person.³²

The right of women and girl-children to privacy is violated when their genitals are mutilated with or without their consent. Every process of FGM is a violation of the right of women and female children to their personal autonomy. Hence, it is a process which violates their fundamental right to be protected from public exposure, intrusion and interference.

The right to family life of women and girl-children is also at issue since they require their genitals to consummate their marriage and family life. In many instances of FGM, female genitals have been permanently rendered unfit for future reproduction and growth.

4.3 The right to peace and common heritage of humankind

As noted earlier, the rights to peace and the common heritage of humankind fall into the third generation of human rights. This category of rights entails the right of all persons to live in peace without being subjected to practices like FGM that are capable of inflicting pain. It also includes the right to share in the common heritage of humankind. This species of right involves the ability of women and female-children to have their genitals preserved and enjoy their use in natural sexual intercourse. FGM reduces or completely eliminates the degree of sexual enjoyment.³³

4.4 The right to health and physical integrity

The rights to health and physical integrity are fundamental. The negative effects of FGM on these rights of females have been recognised by the United Nations Organisation. For instance, the Committee on the Elimination of Discrimination Against Women issued several recommendations in 1990 urging States to take appropriate and effective measures to abolish traditional practices prejudicial to the health of women and children.³⁴ Various health regulations and laws have also been put in place in many nations prohibiting all forms of traditional practices injurious to the health and well-being of

30 *Ibid* 1233.

31 Section 37.

32 Laws of Federation of Nigeria, 1990 Sections 332, 335 and 338, Cap. 77.

33 See Oyewumi "FGM: A Case of Woman's Inhumanity to Woman?" *Nigerian Tribune*, 12 February 2004.

34 UN Convention, 1990, Recommendation 14, and the UN Convention on the Rights of the Child, 1990, Article 24(3).

women. In Nigeria, some States like Edo, Ogun, Cross-River, Ondo, Osun, Rivers and Bayelsa have since 1999 enacted laws banning FGM.³⁵

4.5 The right to protection and freedom from discrimination

The right of all persons to protection and freedom from discrimination has been given prominence in the UNDHR and CEDAW. At the domestic level, many nations have enacted laws prohibiting all forms of discrimination against members of their societies. In Nigeria, the 1999 Constitution provides that “[n]o citizen of Nigeria shall be subjected to any disability or deprivation merely by reason of circumstances of his birth.”³⁶

Every injurious cultural practice administered on female members of society in contravention of laws forbidding the practice, such as FGM, violates the right of such individuals to adequate protection against discrimination by the government and other authorities of their nations. FGM is regarded by many as an attempt to confer an inferior status on women and female children by branding them with marks which diminish them and remind them that they are inferior to men. The practice is a signal that women do not have any right to exercise control over the condition and state of their own bodies.³⁷ Talking about the effect of FGM on the right of women to freedom from discrimination, the former President of Burkina Faso, Thomas Sankara, was quoted as saying that:

“FGM is rooted in discrimination against women. It is an instrument for socialising girls into prescribed roles within the family and community ... which intimately links to the unequal position of women in the political, social and economic structures of societies where it is practised.”³⁸

5 INVOLVEMENT OF INTERNATIONAL BODIES

International efforts to eradicate FGM have a long history. As stated earlier, conscious efforts were made by Christian missionaries and colonial administrations, despite their arguably dubious intentions, since early in the 17th century to prevent the practice. The efforts were seriously resisted for being perceived as a colonial attempt to destroy local tradition. The years after the end of the Second World War, however, saw the end of colonial rule and the development of a universal awareness of the need for the protection of human rights, as manifested in the UNDHR. In 1979, a seminar was organised by 10 national governments in Khartoum, Sudan, which set a platform for renewed international initiatives for the eradication of FGM in Africa and other places where it was practised.

35 See Office of the Senior Coordinator for International Women's issues "Report on FGM", June 1, 2001", (fn 53). In Edo State of Nigeria, the Law is titled: "The Edo State FGM (Prohibition) Law". Section 7 of the Law imposes a punishment of 3 years imprisonment or a sum not less than N3,000 as fine or both.

36 s 42(2).

37 "Effects of Female Genital Cutting" <www.fgmnetwork.org/intro/fgmintro.html> [accessed on 15 October 2008].

38 *Ibid.*

The period 1976–1985 witnessed the United Nations Decade for Women during which the status and problems confronting women in developing nations were seriously debated. This was followed by the Programme of Action of the United Nations World Conference on Women held in Copenhagen in 1980. At that Conference, declarations were adopted calling for the eradication of traditional practices inimical to the well-being of female persons. The African continent was particularly identified as the hot-spot for FGM.

Progressively, African women began to take active steps by forming various organisations and calling on national and international bodies to embark on decisive action to prevent FGM. These actions led to the establishment in 1984 of a United Nations Working Group on Traditional Practices Affecting the Health of Women and Children. The working strategies of one of its members who served as a representative in the UN Sub-Commission on Prevention of Discrimination and Protection of Minorities in Djibouti and Sudan led to the production of two reports in 1989 and 1991 on FGM.³⁹

The United Nations Organisation also organised two regional seminars – in Burkina Faso in 1991 and in Sri Lanka in 1994 – to assess all traditional practices affecting women and children. In 1994 an International Conference on Population and Development was held in Cairo while in 1995 the fourth United Nations World Conference on Women took place in Beijing. The 1994 Conference was able to establish the intimate interconnections between women's health and women's human rights, followed by a call on governments to eradicate FGM. In the same vein, the 1995 Conference highlighted all areas of traditional neglect surrounding women's human rights and resolved that governments of all nations had abiding obligations to combat violence against women.

These events were followed by a Joint Plan of Action initiated in 1997 by the WHO, United Nations Children's Fund and United Nations Population Fund to ensure a major decline in FGM within ten years and bring about its eradication within three generations. Also, out of 29 countries in Africa identified as having communities which practice FGM, 22 house satellite offices of the Inter-African Committee on Traditional Practices Affecting the Health of Women and Children. It is equally exciting to observe that 6 April has been declared by the United Nations as the International Day of Zero Tolerance for FGM.

Other international organisations struggling for the eradication of the practice include: Forward International Minority Rights Group, Commission for the Abolition of Mutilations and the Research Action Information Network for Bodily Integrity of Women. Despite the involvement and intervention of the above cited national, international, global and non-governmental organisations, however, the propensity of people in different nations, particularly in Africa, for maintaining traditions which preserve FGM appears difficult to change.

39 In general, see "The United Nations and Human Rights" at <http://www.un.org/rights/dpi1774e.htm> [accessed on 20 October 2008].

6 CONCLUSION

There are many cultural and traditional explanations for persistent genital cutting, just as there are a host of reasons why the practice is held to be injurious to the fundamental rights of women and female children. Scientific and medical research has shown that genital cutting is injurious to health and that on many occasions it had resulted in loss of life. Many national, regional, non-governmental, international and global bodies have intervened to eradicate the practice, but without satisfactory results.

It would seem that the way to bring about the eradication of FGM may not lie in further campaigns against its practice. Protracted emphasis on the eradication of the practice for the sake of human rights, however, may not yield the desired result in societies where people are bent on protecting their customs and traditions. Rather, a media-based approach should be adopted with a view to reconciling the conflict between socio-cultural values of different societies and the desire to effect adequate protection of human rights of women and girl-children. International communities and governments should continue to respect customs and traditions and to encourage effective means for their preservation but where traditional practices become inimical to the health and fundamental rights of people, immediate action must be taken to avert the consequences that may follow. Progressive means of educating the people as to the destructive effects of FGM should further be intensified in all societies where the practice is common.

In countries such Kenya, certain possibly harmful cultural practices have been replaced by ones that carry less danger of injury. Traditions and culture form part and parcel of human existence and nothing could be done easily and hurriedly to uproot people from their foundation. Rights cannot thrive in an atmosphere where people cannot find viable alternatives to practice their culture in a safe manner that is not likely to cause infirmity and death.

To the extent that the law is used to bring about the eradication of the practice, it must lay down severe penalties for engaging in FGM. The effective functioning of such a law, however, will depend on certain factors. These include adequate publicity, appropriate structure of the law enforcement agencies in terms of training, equipment and conditions of service, as well as educating the public about the dangers of consensual genital cutting and the illegality of forced FGM. The nation's judiciary must also be well-established and independent. In addition, to achieve the requisite sensitivity to deal with a matter of this nature, it may be necessary to consider the underlying factors that make some people so protective of their culture that they would attempt to preserve it in its original form even if it means the death of fellow human beings.

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