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INTERROGATING THE PERSISTENCE OF FEMALE GENITAL MUTILATION IN ILORIN, KWARA STATE, 2000-2020

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Abstract

Female genital mutilation is also known as female genital cutting and female circumcision which comprises all procedures involving a partial or total removal of the external female genitalia either for cultural or other non-therapeutic reasons. FGM is a sensitive topic and issue because it cuts across several cultures and needs to be addressed with great care, without affecting people's feelings as it touches on other people's cultures. The practice is, therefore, still deeply entrenched in the Nigerian society. Despite efforts to raise awareness of FGM's medical complications through governmental and non-governmental organizations, the practice persists in some communities, and this makes one ponder on the factors that seem to preserve the practice. This paper using both primary and secondary sources of historical research methodology assesses the socio-cultural and religious factors that contributed to the continuous practice of female genital mutilation in Ilorin despite the international condemnation. In Nigeria, the South-south (77 percent) has the highest incidence of Female Genital Mutilation among adult women, followed by the South-east (68 percent), and the South-west (65 percent). However, it was only lightly practised in the North, surprisingly leaning toward a more extreme form. At the national level, 41 percent of adult women have had Female Genital Mutilation typically carried out by a traditional circumciser using a blade. There was a significant relationship between the persistence of the practice of FGM and social structures, cultural, and religious beliefs. The study shows that the continuous practice of female genital mutilation in Ilorin is not due to ignorance, but a long-standing tradition and religious belief.

Keywords: Female, Genital, Mutilation, Persistence, Ilorin.

Introduction

The practice of Female Genital Mutilation (hereinafter FGM) in Nigeria is deeply rooted in socio-cultural and religious beliefs. Religious leaders have diverse opinions on FGM; some support it, some think it has nothing to do with religion, and some work to end it. FGM is seen as a custom in some societies where it is practised, which is sometimes used as justification for its continuation. Traditional circumcisers often carry out the practice along with other central roles in communities,

Website: www.nduwjss.org.ng **ISSN**: 2504 – 9232 **Volume 9 No. 1 (2024)**

such as attending to childbirths. In some settings, healthcare providers perform FGM due to the belief that the procedure is safer when it is medicalised. About thirty-two of the African continent's forty-eight nations still engage in the practice today, including Nigeria, Niger, Mali, Egypt, and Sudan, to name a few. FGM is reportedly carried out among numerous tribes in Nigeria, including the Igbo, Efik, Esan, Edo, Urhobo, Yoruba, Nupe, Hausa Idoma, and many others. There is considerable support for the practice in areas where it is deeply rooted in a local tradition. Communities have reasons for practicing FGM including societal factors, sanitary and aesthetic considerations, and spiritual and religious motives.

Despite efforts to raise awareness of FGM's medical complications through governmental and non-governmental organizations, the practice still persists in some communities, and this makes one ponder on the factors that seem to preserve the practice in Ilorin. This paper using both primary and secondary sources examines the socio-cultural and religious factors that contributed to the continuous practice of female genital mutilation in Ilorin despite the international condemnation. It also examines the traditional practice of FGM, the opposition to female genital mutilation in Ilorin and the impact of the practice.

This paper is divided into five sections apart from the introduction and conclusion. The first section historicizes female genital mutilation. The following section discusses the traditional practices of female genital mutilation in Ilorin. The third section interrogates reasons for the persistence of female genital mutilation in Ilorin. The fourth section looks at the international perspective of the practices of female genital mutilation and Ilorin responses. The last section discusses the impact of female genital mutilation.

Website: www.nduwjss.org.ng ISSN: 2504 – 9232 Volume 9 No. 1 (2024)

Extant Literature

Female Genital Mutilation (FGM)

The term "Female Genital Mutilation" refers to all practices that include the partial or complete removal of the external female genitalia or other harm to the female genitalia organs, whether done for cultural or other non-therapeutic purposes (WHO, 1997:3). It is any change or alteration made to the female genitalia for purposes other than those of medicine. Female circumcision (FC) or female genital mutilation (FGM) describes practices that manipulate, alter or remove the external genital organs in young girls and women (Yirag, et al., 2012). A non-therapeutic surgical modification of the female genitalia is known as female genital mutilation (Yirag, et al., 2012). It involves the cutting off of the clitoris and some other parts of the female sex organs surgically for cultural and sometimes religious reasons.

The terminology of the procedure has undergone several significant changes. It was commonly known as "female circumcision" when it initially spread outside of the societies where it was customarily performed. However, this word directly compares circumcision to it, which leads to a misunderstanding of these two separate practices (UNICEF, 2005). Although the terms "female circumcision" and "clitoridectomy" are occasionally used in discussions, female genital mutilation is the preferred term in the medical literature for all these procedures (Nussabaum, 1999). Female circumcision was commonly referred to as FGM in English until the 1980s, meaning that it was as severe as male circumcision (Nussbaum, 1999: 119).

Feminist movements had an impact on how female genital mutilation was portrayed in the middle of the 1970s; the comparison to male circumcision was rejected and more attention was put on the practice's detrimental consequences on women's and girl's health (Arnello, et al., 2016). Since 2013, UNICEF has used the terms "female genital mutilation/cutting" (FGM/C) and "mutilations génitales féminines/excision" (MGF/E) in English and French, respectively (Arnello, 2016:218).

Website: www.nduwjss.org.ng ISSN: 2504 – 9232 Volume 9 No. 1 (2024)

Historicising Female Genital Mutilation

The history of female genital mutilation is a difficult one to trace since the roots are frequently obscured by the passage of time. There are different theories as to where the practice originated from, but the exact historical and geographical origin of female genital mutilation is unknown. There has been some historical and anthropological research carried out to try to reveal the origins of female genital mutilation and to assist us in comprehending how the practice came to be. Research reveals that FGM predates Islam and Christianity, even though some communities still practice it because they believe it is required by religion.

Some scholars said it originated from sub-Saharan Africa, and it is believed that it was practised in ancient Egypt (present-day Sudan and Egypt) as a sign of distinction among the aristocracy. A widespread opinion is that FGM has its origin in the Egyptian cultural practice (Jimba, 2016: 7). The aborigines on the Australian continent performed female genital mutilation and still do, as well as the Phoenicians, the Hittites, Ethiopians, the Incas in Mexico, and ethnic groups in Amazonia and the Philippines. To prevent mental illnesses and masturbation, girls and women in Europe were circumcised during the 1800s. In this fashion, hysteria, nymphomania, and female homosexuality were "cured."

This procedure was supported by J. Marion Sima, the "Father" of gynaecology, who also attracted proponents of it (Jimba, 2016: 8-9). Isaac Baker Brown, a gynaecologist and surgeon who published the findings of his research on the curability of mental illnesses in females in 1866, is associated with clitoridectomy, both with and without excision of the labia minora in Victorian England. His conviction was that the optimal option for treating issues connected to sexual behaviour was a clitoridectomy (Jimab, 2016: 9).

Some academics argued that the practice either travelled from the Middle East to Africa through Arab traders, or it expanded along the pathways used by the slave trade from the western side of

Website: www.nduwjss.org.ng ISSN: 2504 – 9232 Volume 9 No. 1 (2024)

the Red Sea to the southern-western parts of Africa (Arnello, 2016). Infibulation, an extreme form of FGM, whose name is derived from the Latin fibula (a brooch or pin), may also have been practiced on female slaves in Ancient Rome to prevent sexual intercourse and pregnancy, which would have rendered slaves unfit for work (Hosken, 1982). There seems to be a connection between slavery and FGM. According to a report by dos Santos in 1609, there was a clan in the vicinity of Mogadishu, Somalia, who practised sewing up their females, particularly the younger ones, to prevent them from becoming pregnant.

This practice made the girls more valuable to sell because of their chastity and the greater trust their owners placed in them. In 1799, Browne documented that the Egyptians used infibulation and female circumcision to prevent pregnancy in both slave women and other women. According to a different hypothesis, the gods were bisexual in the Pharaohs' view, which implies that every human being has both a male and a female component. The boy's female portion was in his prepuce, and the woman's male portion was in her clitoris, and in that sequence.

Traditional Practices of Female Genital Mutilation (Traditional Excision) in Ilorin

Traditional circumcisers are known as Òlólàs in Ilorin, while FGM is known as ílàkiko or didaabé among the indigenes of Ilorin and Yorubas in Kwara State, Nigeria. Some Òlólàs performed facial markings known as ikolaoju in the Yoruba language along with FGM, while some specialized only in cutting of the female genitals (Interview with Amori, 2020). The practice of female circumcision was a family profession, and it was not learnt from strangers outside the family. This phenomenon is known as àdáyebá in the Yoruba language. Fathers or elders pass down the knowledge to their children within the lineage (Interview with Amori, 2020). Thus, the knowledge was only passed down to members of the family within the Òlólà compound. Females born into the Òlólà family were also taught the skill and could also be Òlólàs, but when a female member of the Òlólà family got married, her children could not be taught the profession because they were believed to belong to her husband’s family.

Website: www.nduwjss.org.ng **ISSN**: 2504 – 9232 **Volume 9 No. 1 (2024)**

The Òlólàs maintained that Female circumcision was easier to perform than male circumcision. A knife which is called àbè was used in the cutting. It is a unique type of knife which blacksmiths specially crafted to be used solely for circumcision purposes by Òlólàs. It has to be specially ordered for from an indigenous or local blacksmith because there were no ready-made ones to be purchased in any market or anywhere else. There was one method of circumcision that was usually used for females in Ilorin except in rare cases or in the case of a child who was sick. It was through the blood which came out from the point of excision that helped to discern if the female was healthy or not (Interview with Amori, 2020). If it was noticed that she was not healthy, the Òlólà complained to the parents and they in turn took the child to the hospital, this did not however stop the circumcision.

The circumciser, Òlólà had to be paid for his services. He or she could not cut for free, even if it was for a family member or a child born within the Òlólà compound (Interview with Abdulganiyu, 2021). Also, a father or a mother could not do circumcision for his or her child; they would have to call on another member of the family to do so. If the circumcision was done by someone within the compound, he/she must still be paid, but as a family member, the person must not ask for money or state a particular amount to be paid to him/her, and such a circumciser must accept any amount which was offered. There was no fixed price for the services of the Òlólà. It depended on the rapport between the Òlólà and the person or people whom he performed the service for. The circumciser was the one to state a price to be paid, as long as the person was not a family member or a member of the Òlólà compounds (Interview with Abdulganiyu, 2021).

Each Òlólà conducting circumcision was expected to adhere to particular views regarding the practice of female genital mutilation. One of the myths surrounding the practice was that it was not ideal to perform circumcision in an open setting because it was thought that certain diseases and ailments mixed with the open air, made it possible for the child to become afflicted or infected

Website: www.nduwjss.org.ng **ISSN**: 2504 – 9232 **Volume 9 No. 1 (2024)**

by one of these illnesses. Additionally, the circumcisers had the belief that adversaries might be observing and that if they were, they could be spiritually attacked during the circumcision, which would lead to a botched circumcision. This at times explained why there was continuous blood flow from the excision site (haemorrhaging), even if the female was rushed to the hospital and sometimes, the child might not survive the procedure (Interview with Abdulganiyu, 2021). The avoidance of these circumstances was the reason why FGM was usually performed in a secure place.

FGM was sometimes performed in a group or as a community affair. Some wealthy people might just pay a substantial sum of money to the Òlólà and instruct him to circumcise any child that was yet to be circumcised in a certain community. The people of the community were then informed and any uncircumcised female could then be brought to the Òlólà for circumcision. In some places, up to a hundred circumcisions could be performed in this manner. This was done for the benefit of those who could not afford the services of Òlólà for their child or ward, so the rich used it as a means of charity for the less privileged. There was no fixed venue for the circumciser to perform his job, he could be invited to the abode of the female to be circumcised or the child may be brought to him for cutting, based on preference.

Another belief or cultural requirement in the process of circumcision was that, if the child defecated during the circumcision, her parents had to give Òlólà a fowl, but if the child did not cry during the circumcision process, the circumciser would present a fowl to the parents of the child. A child who was born on a particular day could be circumcised the following day, and it was even advisable to perform the cutting as early as possible, but this was not a requirement. After circumcision, the parents of the child needed to request for the part of the clitoris that was excised, this was because if not requested for, Òlólà could take it home and the parents wouldn't know of any insincere Òlólàs might use it for (Interview with Idowu, 2021). Some Òlólà compounds where traditional circumcisers could be found within Ilorin are;

Website: www.nduwjss.org.ng **ISSN**: 2504 – 9232 **Volume 9 No. 1 (2024)**

i. Ile Òlólà Gbajamo, Oloje
ii. Ile Òlólà, OjaGboro
iii. Ile Òlólà Anamila, Okelele
iv. Ile Òlólà Ita Ogunbo, off Ajikobi junction
v. Ile Òlólà, Oke-agbede, Ajikobi area

Traditional Circumcision Knife (Abe)

Explanations for the Persistence of Female Genital Mutilation in Ilorin

Socio-cultural Factors for Persistent Female Genital Mutilation in Ilorin, Kwara State

Female genital mutilation was practised in Ilorin for mostly socio-cultural reasons. FGM is a custom or tradition that has evolved through time from a variety of values, particularly cultural and religious values (Onodu, 2014). Most indigenes of Ilorin believed that the prevalent practice

Website: www.nduwjss.org.ng **ISSN**: 2504 – 9232 **Volume 9 No. 1 (2024)**

of FGM was a way of curbing promiscuity in females (Interview with Alhaja Abdulsalami, 2021). The clitoris was seen as the part of the female that caused her to have a very high libido, and as such it needed to be cut off to restrain sexual misconduct, thereby ensuring fidelity once she was married and preventing sexual behaviour that was considered immoral. In Ilorin, a woman who was not circumcised was prone to be compared to a dog, which by nature has no restraint over sex (Interview with Alhaja Abdulsalami, 2021).

It was a commonly held belief among many indigenes of Ilorin that, the practice of female genital mutilation kept the female chaste when she was unmarried and faithful to her spouse when she got married. This was because there was little or no sexual pleasure to gain from the act after circumcision had been performed as the clitoris is the part of the female's genitals that is mostly responsible for the feeling of sexual pleasure. Female circumcision was a very important cultural belief in Ilorin and individuals and communities upheld it. It was a cultural belief that the circumcision should be carried out few days after the birth of the female child because the earlier it was done, the better the results. Due to the fact that it was a strongly held cultural belief, some people engaged in the practice out of respect for their culture and also to avoid stigmatization which could be brought on by failure to circumcise their female child (WHO, 2008). FGM is thus a social convention (social norm).

The social pressure to comply with what others did and had been doing, as well as the urge to be accepted socially and the fear of being ostracized in the community were major motivators to keep the practice going. Because it was frequently viewed as a cultural tradition, a necessary component of raising a girl, and a way to prepare her for adulthood and marriage, it was almost generally practised and unquestioned in some communities in Ilorin. This was frequently used as a justification for its continuation.

Website: www.nduwjss.org.ng ISSN: 2504 – 9232 Volume 9 No. 1 (2024)

Religious Reasons for Female Genital Mutilation Practice in Ilorin

Because Ilorin is a predominantly Muslim town, religious reasons for female genital mutilation were influenced by the Islamic perspective in Ilorin. From the Islamic perspective, the practice of FGM is allowed, as there are different views of Islamic scholars on the practice. In the views of some scholars, male circumcision is compulsory, but for females, it is based on individual views and wishes (Interview with Mallam Hidru, 2021). This is because female circumcision can lead to the loss of a sexual urge. If a female chooses to be circumcised, it is good and well, and if she chooses not to be circumcised, it is also not a sin in Islam.

Islam did not endorse female circumcision, which was a pre-Islamic practice. Muslim law recognizes that circumcision is Sunnah for men and Makramah for women, where Sunnah in this context refers to "a must" and Makramah to "honourable deed" (Daia, 2000). However, there is a consensus among Muslim scholars and authorities that infibulation is prohibited in Islam. FGM was seen as a religious responsibility for Muslims, according to 50.4% of respondents in a study conducted by some public health researchers at the University of Ilorin, where 1000 heads of households and their wives were surveyed (Black & Debelle, 1996).

Opposition to Female Genital Mutilation in Ilorin

Numerous international organizations have recognized female genital mutilation as an infringement on women's rights. A resolution banning FGM was adopted by the UN in December 2012 (Atunde, 2020). Surprisingly, 90% of indigenous households in Ilorin engaged in female genital mutilation or circumcision, according to the Women and Youths Development Initiative (WODEV). However, a more recent record revealed the number to be closer to 57% (Atunde, 2020). Female circumcision or genital mutilation among other things, was considered an offence under the Nigeria Violence Against Persons Prohibition (VAPP) bill, which was enacted into law on May 25, 2015 (Jimba, 2014). Since the VAPP statute applies to all states, Kwara State and

Website: www.nduwjss.org.ng **ISSN**: 2504 – 9232 **Volume 9 No. 1 (2024)**

consequently Ilorin, are not exempted. This indicates that one of the oppositions against female genital mutilation in Ilorin is the VAPP bill.

In Kwara State, where Ilorin is the state capital, there is no state legislation against FGM, but efforts aimed at its eradication have been through jingles on the electronic media, distribution of posters and collaboration at community level in conjunction with non-governmental and other organisations (Adenira et al., 2014). The World Health Organization WHO has passed several resolutions encouraging member nations to create national policies to put a stop to this damaging custom among girls and women. In addition to the WHO, numerous other governmental and non-governmental organizations, such as the United Nations Population Fund, United Nations Children Fund, and the International Planned Parenthood Federation, support the elimination of FGM. Participants in the launch of the joint program between the United Nations Fund for Population Activities (UNFPA) and the United Nations Children Fund (UNICEF) on ending FGM/C in Nigeria came from a variety of social groups, especially those with significant political clout, including traditional and religious authorities, state first ladies, government officials, and representatives from UN agencies as well as other donors and members of the civil society.

The focus of the gathering was on the practice of FGM and they were united in their disapproval of the practice A video of two FGM/C campaigners that demonstrated evidence that the problem had taken on significant dimensions was part of the campaign. High-ranking political and civil leaders from all over the nation, including the wives of the vice president and the Senate president, the ministers of Women's Affairs and Social Development, Information and Culture, Health, as well as the National Directors of UNFPA and UNICEF, a representative from The Guardian newspaper, and other notable individuals, were among the attendees. The federal government's commitment and efforts to prevent FGM and its major health repercussions were confirmed by this high-level officials, linked to the highest authorities in the nation, confirmed the federal government's commitment to fighting FGM and its devastating long-term and short-term health

Website: www.nduwjss.org.ng **ISSN**: 2504 – 9232 **Volume 9 No. 1 (2024)**

consequences. The launch meeting also established a plan to guarantee that by 2030, no girl in Nigeria would be exposed to FGM/C (Mberu, 2017: 29).

International and national NGOs have initiated many implemented activities over the years in Nigeria to combat FGM/C practices. One of such organisation was the Leaders of the Nigerian National Committee (also known as the Inter-African Committee of Nigeria on Harmful Traditional Practices Affecting the Health of Women and Children [IAC]). It has been engaged in knowledge generation by conducting state by state study of FGM/C practices and holding awareness creation meetings and programmes in both urban and rural communities throughout the country, to inform the public, using videos, booklets, and the mass media to reach school-age children (Mberu, 2017: 38). Additionally, the Nigerian Medical Women's Association, the National Association of Nigerian Nurses and Midwives, and the Nigerian Medical Association have publicly opposed this practice, especially it being accepted as a female medical requirement. These three organizations attempted to educate Nigerians in general and medical professionals about the practice's negative effects. The National Association of Nigerian Nurses and Midwives developed a nationwide informational packet on the negative effects of various FGM/C procedures (Mberu, 2017: 38).

Health workers have made it their duty to educate the indigenes of Ilorin about female genital mutilation and the adverse effects it could have on the health and well-being of females who undergo it. Sensitization efforts and various outreach programmes have taken place within the Ilorin metropolis, and individuals and organisations in the health sector have made most of these efforts. Many of the individuals interviewed during this research mentioned their encounters with health workers both in and outside health centres, who have made efforts to educate them about female genital mutilation and what it entails. While some of these indigenes decided to take the advice of these medical practitioners, others did not. But regardless of the success or failure of these practitioners, their collective efforts cannot be overlooked or ignored. They served as opposition to female genital mutilation in Ilorin.

Website: www.nduwjss.org.ng **ISSN**: 2504 – 9232 **Volume 9 No. 1 (2024)**

The media's unparalleled focus on the FGM/C campaign was spectacular and strategically placed to influence the intended behaviour change. The campaign messages have been highlighted in news items that have been extensively read. The campaign messages were able to travel farther from the city centres and into the interior, thanks to various radio and television programmes. In several states and areas, the campaign messages were amplified through the media. The broad reach of communications created by media professionals was influenced by the strategic involvement of the media at many levels.

The local audience was taken into account when creating public service messages. For instance, using regional dialects guarantees that both urban and rural residents are reached. Some radio stations in Ilorin sometimes broadcast messages about female genital mutilation on various programmes which informed people about the disadvantages of FGM. For example, a commentary written by Morenike Adebayo on October 13, 2017, on "Disturbing standards and female genital mutilation" for Royal Frequency Modulation 95.1MHz. In this way, the media serves as an opposition to female genital mutilation in Ilorin (Nkeokelonye, nd).

Numerous initiatives have stressed the risks and undesirable nature of FGM/C, with the primary goal of stepping up public education. The "guideline" and campaign issued by WHO and FMoH (2007), which called for grassroots mobilisation efforts to join the struggle to say "No" to FGM/C wherever it was practised in Nigeria, was typical of such campaigns. The document claimed that no religion demanded the practice and referred to it as filthy, risky, immoral, and unhealthy. It said that there is no scientific evidence that mutilated women are more obedient or better wives than those who have not undergone the incision, maintaining that it is quite evident that FGM/C has no positive effects (Mberu, 2017: 16).

Website: www.nduwjss.org.ng ISSN: 2504 – 9232 Volume 9 No. 1 (2024)

Impacts of Female Genital Mutilation in Ilorin

The two pillars of any transaction are supply and demand. This model is apparent in the FGM culture. Female genital mutilation was governed by the law of supply and demand, much like other forms of trade. In this instance, the practitioners were the suppliers and the demand came both directly from parents of potential FGM/C survivors and indirectly from the society. FGM was a trade that was passed down after learning. The financial and non-financial rewards associated with cutting both male and female genitalia, some of which included body scarification and tribal marks, allowed practitioners to prosper.

Some practitioners were able to make a significant amount of money from the charges, which have changed gradually over time, while others looked for new sources of revenue. The practice of FGM, therefore, has some economic impacts on Ilorin, because with the reducing or increasing prevalence of the FGM, the earnings made by the *Òlóláàs* were affected. The amount earned determined if the *Òlóláàs* were sufficiently provided for, or had to find other means to augment their incomes (Nkeokelonye, nd).

Besides, FGM-related consequences placed a heavy strain on people, society, and the health system. The considerable immediate and long-term effects of FGM posed a threat to women's reproductive health, which was a crucial condition for sustainable development. If women were healthy, sustainable development would be realised, hence this practice posed a threat to that goal (Refaei et al., 2016).

Conclusion

The history of female genital mutilation is a difficult one to trace since the roots are frequently obscured by the passage of time. There are various ideas regarding the genesis of the practice, however, the precise historical and geographical origin of female genital mutilation is unknown. Research, however, showed that the practice pre-dates Islam and Christianity. Female genital mutilation has been defined as any procedure that involves the partial or complete removal of the

Website: www.nduwjss.org.ng ISSN: 2504 – 9232 Volume 9 No. 1 (2024)

female external genitalia or other harm to the female genital organs, whether done for cultural or other non-therapeutic purposes. Socio-cultural and religious factors were the reasons for continuous female genital mutilation in Ilorin despite its global condemnation.

Traditional circumcisers are known as Òlólàs in Ilorin, while FGM is known as ílàkiko or didaabé among the indigenes of Ilorin and Yorubas in Kwara State as a whole. Some Òlólàs performed facial markings known as ikolaoju in Yoruba along with FGM, while some specialized in the cutting of only the female genitals. The practice of female circumcision was a family profession, and it was not learnt from strangers outside the family, this is known as àdáyebá. There were certain beliefs attached to the practice of female genital mutilation which all Òlólàs were expected to hold on to when performing circumcision, such as not performing circumcision in an open place. The United Nations passed a resolution to outlaw female genital mutilation in December 2012 because numerous international bodies have recognised it as a violation of women's rights. FGM's after-effects came at a high cost to individuals, society, and the health system. The consequences of FGM placed a heavy cost on people, society, and the health system. The considerable immediate and long-term effects of FGM put women's reproductive health, which was one of the key requirements for sustainable development in danger.

Authors' Profile

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Website: www.nduwjss.org.ng **ISSN**: 2504 – 9232 **Volume 9 No. 1 (2024)**

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Website: www.nduwjss.org.ng **ISSN**: 2504 – 9232 **Volume 9 No. 1 (2024)**

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''Oral Interview Conducted with IdowuAlabede, Òlólà(excisor), Òlólà Compound, Okelele, Ilorin, Age unknown,''07/04/2021.

''Oral Interview Conducted with MallamHidru Yusuf, Islamic Scholar, Onagun Compound, Ilorin, Age 43years,'' 26/06/2021.

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