

About Us:

The Civil Resource Development and Documentation Centre (CIRDDOC) Nigeria is an independent, non-governmental and not for profit organization established in 1996 for the protection and promotion of human rights and women's human rights and the strengthening of civil society. CIRDDOC is also committed to the institutionalization of good governance, gender equality and the rule of law. CIRDDOC is registered under Part C of Company and Allied Matters Act laws of the Federation of Nigeria 1990. (RC 10,928).

Our Vision: A world, in which human rights are guaranteed, protected and enforced on the basis of equality and non-discrimination.

Our Mission: To promote and protect human rights and women's rights, gender equality, and good governance through the empowerment of civil society and the promotion of access to justice and rule of law.

Our Strategic Objectives are:

- To promote human rights, women's rights, gender equality, and good governance,
- To facilitate access to justice and the rule of law.
- To build capacity of civil society to demand accountability from leaders and policy makers.
- To facilitate networking, collaboration and partnerships among civil society organizations, and between government and civil society organizations.

Our Values: Resilience, Mutual Respect, Integrity, Transparency and Accountability, Education and Empowerment, Equality and Equity.

Program Focus Areas

- Education and Empowerment
- Democracy & Governance
- Human Rights and Women's rights
- Gender Equality
- Conflict Resolution
- Violence against women and HIV/AIDS

Our methods/strategies: research and publications, capacity building/training workshops, civic education, legal awareness/outreach programs, legislative and social advocacy, tribunals on the violations of human rights, paralegal scheme, legal aid, library/resource centre services, seminars/conferences, database developments management, judicial colloquia, civil forum and community information centres, media events.

Activities: outreaches, rallies, workshops, seminars, conferences, moot court competitions, research, documentation and publication, tribunals, public hearings, civic forum, litigation, counseling and advice, civil education and voter education, budget literacy, advocacy and monitoring.

CIRDDOC is seeking to establish new alliances and partners for human rights work worldwide. Please contact the Executive Director at the address below if you would like to collaborate with us.

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INCREASING PREVALENCE OF FGM/C IN EBONYI AND IMO STATES

Implications for Policy and Practice

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SECTION ONE: INTRODUCTION

Socio-cultural norms and traditions are like a body of water. They always find their level and old tracks at the slightest provocation. So is the tradition of Female Genital Mutilation/Cutting (FGM/C) which has become an intractable tradition that presents multi-faceted health challenges yet has resisted global extinction. Its continuation has become a social barometer for measuring backwardness, retrogression and loss of faith in governance because it touches on the rights of women. Communities with high prevalence of FGM/C as evidenced in Ebonyi and Imo states, gradually slide into retrogression, despite efforts by the governments to sustain democratic values and attain the Sustainable Development Goals (SDG) 5. Laws alone have never stopped tradition and culture. Similarly, abrogating FGM/C will not be achieved by mere force of

laws. **Identifying the real proponents of FGM/C, educating them and asking them to take the lead in providing alternatives will be the answer to eliminating FGM/C.**

A baseline survey was commissioned by the Civil Resource Development and Documentation Centre (CIRDDOC) in collaboration with the Coalition of Eastern Non-Governmental Organisations (CENGOS) and with funding support from Amplify Change in November 2020 to document the current status of FGM/C in Imo and Ebonyi states. South East Nigeria was reported by the NDHS in 2018 as having the highest prevalence of FGM/C in the country among the zones, and Imo (61.7%) and Ebonyi (53.2%) recording the highest prevalence among the states.

The survey investigated the social norms, social networks, dynamics, practices and motivations that influence and sustain FGM/C in the 2 states

as well as documented the existence, and level of public awareness and implementation of any laws addressing FGM/C in the states.

SECTION TWO: SURVEY FINDING

The survey reported high FGM/C prevalence among surveyed mothers (Imo, 85% vs Ebonyi, 67%) and even higher prevalence among daughters of surveyed mothers (Imo, 100% vs Ebonyi, 98%). Other findings reveal gaps in knowledge, including respondents' inability to differentiate the types of mutilation their daughters underwent and their health effects. Moreover, 15% of surveyed mothers in Ebonyi and 12% in Imo would want FGM/C to continue. Results further revealed that while the VAPP Law has been domesticated in Ebonyi and backed up with council and community byelaws and monitoring structures, the VAPP Law has not been domesticated in Imo. The 2017 Imo state law prohibiting FGM/C has not also been adequately localized. Communities in Imo state do not know about the existence of either the VAPP or the Imo state laws. The obedience of the VAPP **Law** in Ebonyi is more out of fear of

the punishment than informed decision, conviction, and the benefits of abrogating FGM/C. Overall, FGM/C is still ongoing in both states, although more secretly than before the VAPP Legislation.

A matrix of factors drives the resistance of FGM/C from total extinction. The core enablers and sustainers of FGM/C in the two states are cultural reasons to its use in curbing sexual appetites of women and girls in the community; rite of passage into adulthood and as part of naming ceremony. Other reasons include preservation of chastity and purification of the girl child; family honour, hygiene, aesthetic reasons, protection of virginity and prevention of promiscuity, increased sexual pleasure of husband, enhancing fertility and increasing matrimonial opportunities. However, the most striking finding is the total defiance of grandmothers (ages 60-75 years) who feel that stopping FGM/C is a loss of their self-esteem as

women and therefore maintain an unrelenting and unyielding determination to ensure the practice remains unless an alternative traditional rite of passage to womanhood is created for adolescent females.

What this implies

- The potential for totally obliterating this age-old harmful tradition is hidden in the old women (grandmothers) who see the termination of FGM/C without an alternative as deceit by men and denial of the rights of women. On the alternative they ask for prohibition of male circumcision, which they also see as a rite of passage for young men to manhood. The old women are seeking for equal dignity with their men folks.
- Existing laws including the state owned laws of 2017 prohibiting FGM/C have not been communalized in Imo state.
- In Ebonyi where the VAPP law was

domesticated and massively implemented, adherence and obedience to it is out of fear, not because of conviction and belief that FGM/C is fraught with health risks.

Factors that correlate to continuation of FGM/C in Imo and Ebonyi States.

- The determination of grandmothers (ages 60-75) that unless an alternative traditional rite of passage to womanhood is created for female adolescents, FGM/C will continue, even if clandestinely.
- Rite of passage into adulthood and as part of naming ceremony.
- Preservation of chastity, Protection of virginity and prevention of promiscuity
- Family honour, hygiene, aesthetic reasons
- Failure to carry grandmothers along in making laws against FGM/C
- Non-domestication/communalization of anti-FGM/C laws

SECTION THREE: RECOMMENDATIONS/ POLICY IMPLICATIONS

The survey findings imply the need for a shift in strategy by both states, local governments, NGOs, CSO, Communities so that the focus for change should be elderly women (ages 60-75 years). There are many practical measures that can be taken by governments and its partners to address the issue of FGM/C. These should yield to greater social inclusion of elderly women and adolescent girls. Thus far, the focus of intervention to stop FGM has been on mothers. The grandmothers have been treated as relics and “old school”. This has not yielded the desired goals partly because the mothers are under pressure to circumcise their female children and partly because they themselves were circumcised. The older women (grandmothers) try to blackmail their daughter in-laws who may oppose female circumcision.

Making the grandmothers focus of interventions will massage their ego, buoy up their self-esteem and with targeted conviction on the health risks of FGM/C, they will change their behaviour and perception towards, and lead the opposition against FGM/C

Strategy 1: Recognize the grandmothers (ages 60-75) as the key proponents of FGM/C

- Focus FGM/C education and intervention on grandmothers. Let them make informed decisions to obey any anti-FGM/C laws, rather than blind folded decisions out of fear of penalty
- Adopt their advice or interventions to be relevant in stopping FGM/C.
- Adopt an intervention where the old women will have free expression, free speech, and open debate among their own age grade on the matter of FGM/C
- Encourage the old women to come up

with an acceptable alternative rites of passage to womanhood by adolescent girls.

Strategy 2: Teach the future mothers (adolescent girls) on the dangers of FGM/C

- With practical evidence, using biological models teach them the health risks of FGM/C.

Strategy 3: Domesticating the VAPP Law and other state laws

- Let all anti-FGM/C laws be publicized at the community level.
- Make the old women part of the community monitoring/enforcement teams.

Improved interaction and joint working between the grandmothers, Ministries of Women Affairs, Local governments and Traditional rulers needs to be given more priority if a more comprehensive and holistic prevention of FGM/C strategy is to become a reality.

Donors also need to balance social policy with policies focused on integrating the people's culture to deliver the desired improvements, without the people feeling short-changed. Traditional gatekeepers (in the case of FGM/C, grandmothers) should be adequately identified and interacted with. In this way both the socio-cultural needs of the people, their health needs and human rights of the under-supported class can be addressed in a holistic and integrated way. A multi-dimensional approach is recommended with targeted intervention to grandmothers as the primary lead.