INTERROGATING THE EFFICACY OF ANTI-FEMALE GENITAL MUTILATION (FGM) LAWS IN OSUN AND OYO STATES OF NIGERIA

Muhibat Jadesinmi Oladoja Mohammed, PhD [*]
& Zaynab Omotoyosi Shittu-Adenuga, PhD [**]

ABSTRACT

Female genital mutilation/cutting (FGM/C) remains a deeply entrenched cultural practice in several Nigerian states, including Osun and Oyo, despite decades of national and state-level criminalisation. Although the legal landscape has expanded significantly, with federal legislation, state Violence Against Persons (Prohibition) laws, child-protection frameworks, and international commitments prohibiting the practice, the persistence of FGM/C suggests a significant disconnect between legal prohibition and lived realities. This gap raises the central question of whether anti-FGM laws function as effective regulatory tools or merely symbolic declarations of intent. This article adopts a primarily doctrinal research methodology, analysing constitutional provisions, federal legislation, the Child Rights Act, and the VAPP laws of Osun and Oyo States. This legal analysis is complemented by secondary empirical data from the 2024 Nigeria Demographic and Health Survey and policy documents to contextualise contemporary patterns of FGM within both states. Findings reveal that although the laws provide a robust normative framework, their impact is undermined by weak enforcement mechanisms, limited prosecutions, entrenched cultural acceptance, and poor public awareness. The article concludes that anti-FGM laws in Osun and Oyo States function more as symbolic commitments than transformative instruments. It recommends stronger enforcement structures, culturally sensitive advocacy, and increased community engagement to bridge the gap between legal prohibition and actual eradication of FGM.

Keywords: Law Enforcement, Symbolic, Cultural Practices, Infibulation

[*] Department of Public and International Law, Faculty of Law, Achievers University, Owo, Ondo State, Nigeria. mohammedmjo@achievers.edu.ng / mojade2002@yahoo.com.+2348033811547
[**] Department of Private and Business Law, College of Law, Fountain University Osogbo, Osun State, Nigeria. zaynaboshittu@gmail.com +234 8055567161

1.0 Introduction

Issues of violence or sexual degradation tended to be relegated or ignored by traditional jurists over time because men were not typically the victims. The awareness among feminists that women's experiences are rendered virtually invisible under municipal and international laws was a critical step forward in addressing violence against women.[1] This was coupled with the effect of customary laws, cultural norms, and family conceptions, which largely resulted in the violation of women's human rights. Female genital cutting is a typical example of a gender-based cultural norm or practice constituting violence against women and girls. Female genital cutting or circumcision is an old ritual in which a girl's or woman's external genitalia is cut or removed as a cultural rite of passage into womanhood or to control her sexual response.[2]

Across the globe, over 200 million women and girls have experienced FGM/C, despite its being associated with immediate and long-term health complications.[3] Despite global efforts to eradicate FGM/C, every year about 3 million girls undergo this harmful practice in Africa and Asia. Alarmingly, FGM/C is increasingly being performed by health-care workers in some countries. This gives rise to the impression that the medicalization of FGM/C will reduce the incidence of its complications. However, this is not so.

In Africa, Nigeria has the highest number of FGM and even ranks among the highest globally.[4] Section 34 of the 1999 Constitution provides for the right to the dignity of the human person, to be entitled to respect and not to be subjected to torture or to inhuman or degrading treatment. Despite this constitutional provision, the degrading practice of FGM is continuing in Nigeria. Despite no evidence in the scriptures, FGM is believed to be ordained by God.

Due to its large population, Nigeria has the highest number of female genital mutilation in the world, thus accounting for about one-quarter of the estimated 115–130 million women circumcised in the world. The practice is not restricted to any region but cuts across the states. In

[1] MJO Mohammed, *Safeguarding Socio-economic Rights of Women in Nigeria in the Framework of International Human Rights Law* (PhD thesis, Obafemi Awolowo University, Ile-Ife, October 2017).

[2] UNFPA,2021 FemUNFPA, *Female Genital Mutilation in Nigeria: Situation Analysis* (2021) https://www.unfpa.org accessed 7 September 2025.

[3] Ibid

[4] T Okeke, 'Pertinent Literature on FGM: An Overview of Female Genital Mutilation in Nigeria' (2012) *Annals of Medical and Health Sciences Research* https://pubmed.ncbi.nlm.nih.gov accessed 19 August 2025.

Nassarawa State, at least 87% of Eggon women were infibulated at the age of 7 or 8. Infibulation (also known as Pharaonic circumcision) is the most drastic form of female genital mutilation practised in Nassarawa Eggon.[5] In Nigeria, the Federal Government enacted the Violence Against Persons (Prohibition) (VAPP) Act of 2015, which all the states have adopted and enacted in order to respond to and promote the elimination of FGM/C.[6] Such state legislations include the Prohibition of Female Genital Mutilation Law of 2017 enacted in Imo State, the Edo State Female Mutilation (Prohibition) Law 1999, Oyo State VAPP Law, and Osun State VAPP Law, among others. The full effect of these laws is yet to be seen.

According to a report by UNFPA, 31% of Nigerian women have experienced physical violence since the age of 15.[7] The geographical scope of this paper is Oyo and Osun states. Although the states have domesticated the VAPP Act and enacted other anti-FGM laws and policies, evidence abounds that the law is yet to have the desired impact. Its laudable expectations of eliminating violence, protecting human rights and promoting gender equality is far from being met. Many cases of violence against women and girls, including FGM are not reported. The average prevalence of FGM in Osun and Oyo states is above the national average. This is largely due to entrenched cultural beliefs, with perpetrators usually being parents or other family members of the young victims, as well as a lack of awareness of the VAPP Act, its provisions, and the available mechanisms to seek redress and access justice in FGM cases.

Currently, the national average for the practice of FGM in Nigeria is 19.5%. In Oyo State, FGM prevalence is about 31.1%, while in Osun State it is 45.9%, both well above the national average.[8] Between 2021 and 2025, the National Policy and Plan of Action for the Elimination of FGM in Nigeria (2021–2025) implemented a Joint Program that supported 46 local government areas in Ebonyi, Ekiti, Imo, Osun, and Oyo states. This initiative aimed to develop two-year local

[5] N Bala 'Female Genital Mutilation in Nassarawa Eggon Community, Nasarawa State – Nigeria' (2013) *Journal of Humanities and Social Sciences*

[6] O Diris, S Kimasi and O Obiawu 'Female Genital Mutilation/Cutting: A Review of Laws and Policies in Kenya and Nigeria' (Population Council 2020) Evidence to End FGM/C: Research to Help Girls and Women Thrive. Available at: https://www.popcouncil.org

[7] United Nations Population Fund (UNFPA) Nigeria. (n.d.). *Advocacy brief on gender-based violence in Nigeria*. UNFPA Nigeria. Retrieved November 22, 2025, from https://nigeria.unfpa.org/sites/default/files/pub-pdf/unfpa_advocacy_brief_gbv_hp_national_0.pdf

[8] FGM/C Research Initiative. (2023). *Nigeria country profile update: July 2023*. FGM/C Research Initiative. Retrieved November 22, 2025, from https://www.fgmcri.org/media/uploads/Country%20Research%20and%20Resources/Nigeria/nigeria_country_profile_update_v2_%28july_2023%29.pdf

FGM elimination action plans (2022–2023) that would provide sustainable, self-guided strategies for FGM elimination using local resources, with government collaboration alongside CSOs and development partners. The program sought to lay a foundation for further actions to ensure the elimination of FGM in Nigeria.

2.0 Legal Framework on FGM

Nigeria has a complex legal system that includes Islamic law, English common law, and customary law. State governments enact, adopt, and carry out the laws in their own states, whereas the federal government oversees enactment of broad laws.[9] At the national level, the legal framework includes the Constitution, the Child Rights Act, 2003, and the Violence Against Persons (Prohibition) (VAPP) Act, in addition to state legislations.

Since creating its first National FGM Policy in 2002, Nigeria has acknowledged FGM as a discriminatory practice that calls for legislative and policy changes. Later, it passed the Violence Against Persons (Prohibition) Act in 2015 and put in place several measures to help end FGM. Before the VAPP Act, several states had already implemented legislation addressing child abuse, child protection concerns, violence against women and girls, and the prosecution of FGM; these include Osun State[10], Bayelsa State[11], Ogun[12]Cross River State[13] , Ebonyi State[14], Edo State[15], Enugu State[16] and Rivers State. The Constitution, however, remains the primary instrument to combat and eliminate FGM in Nigeria.

2.1 National legal framework

- **Nigerian Constitution[17]**

The Constitution provides several provisions relevant to the protection of fundamental human rights, including the rights of women and girls. Section 15(2) prohibits discrimination, while Section 17(2) guarantees equality of rights and provides for the respect and dignity of every

[9] 28 Too Many, *Nigeria: The Law and FGM* (June 2018) https://www.28toomany.org/media/uploads/Law%20Reports/nigeria_law_report_v1_(june_2018).pdf accessed 20/11/25

[10] Osun State Female Circumsion & Genital Mutiliation (Prohibition) Law (2000)

[11] Female Genital Mutilation (Prohibition) Law 2002.

[12] Ogun State Female Circumsion & Genital Mutiliation (Prohibition) law (2000)

[13] The Girl-Child Marriages and Female Circumcision (Prohibition) Law (2000)

[14] Law Abolishing Harmful Traditional Practices Against Women and Children (2001)

[15] Law Abolishing Harmful Traditional Practices Against Women and Children (2001)

[16] Female Genital Mutilation (Prohibition) Law 2004.

[17] Constitution of the Federal Republic of Nigeria, 1999 (as amended).

person. These provisions are contained under Chapter II, Fundamental Objectives and Directive Principles of State Policy, which, however, are not justiciable.

More importantly, Sections 33 and 34 of the Constitution constitute enforceable fundamental human rights**.** Section 33 protects the right to life, providing that no person shall be deprived intentionally of their life except in accordance with the law. This right is absolute and has been interpreted by Nigerian courts in several cases. For example, In *Gani Fawehinmi v. Inspector General of Police*[18], the Supreme Court recognized that the right to life includes protection from arbitrary deprivation of life by the state. Also, in *Attorney-General, Bendel State v. Sambo*[19], it was held that the Constitution guarantees life as a fundamental and inalienable right. Section 34(1) prohibits torture or inhuman or degrading treatment. The concept of human dignity is diverse and dynamic, encompassing both physical and psychological integrity, as well as protection from cruel treatment. Courts have applied this principle in several judgments. In *Ojukwu v. Attorney-General of the Federation,* [20] the Supreme Court held that the dignity of the human person is a core value of the Constitution, safeguarding citizens against acts that debase, humiliate, or harm them.

- **Violence Against Persons (Prohibition) Act, 2015**[21]

As part of the United Nations Sustainable Development Goals (SDG 5), which seeks to achieve gender equality and equitable opportunities for all, the Violence Against Persons (Prohibition) (VAPP) Act advances these objectives. The Act aims to put an end to various forms of violence against women and girls, including all harmful practices. It also seeks to guarantee women's full participation in politics, including leadership positions, and to enhance women's equal access to economic resources, property, and finances.[22] Thirty-five states have enacted the Act, thereby making it applicable across Nigeria.Yet, its full impact is still yet to be realized in the country.

The VAPP Act criminalizes various forms of violence, including sexual violence, domestic violence, and harmful traditional practices. Section 1 of the Act provides a comprehensive definition of violence, encompassing physical, sexual, emotional, and economic violence. It explicitly includes harmful traditional practices such as female genital mutilation (FGM) and

[18] (1987) 1 NWLR (Pt. 55) 148
[19] (1983) 1 SCNJ 53
[20] (1985) 1 NWLR (Pt. 7) 29
[21] Violence Against Persons (Prohibition) Act, 2015 (VAPP Act).
[22] R Anoliefo, contribution to Justice, Development and Peace Centre Seminar, Lagos, "International Day for the Elimination of Violence Against Women" and "International Human Rights Day" (16 Orange Days, 25 November–10 December 2015).

forced marriage. Section 2 criminalizes various forms of violence, including rape, sexual assault, and domestic violence, and provides for the punishment of perpetrators through imprisonment, fines, or both. Section 3 provides for the protection and support of victims of violence, including access to medical care, counseling, and legal services, while Section 4 establishes specialized courts to handle cases of violence against persons, including gender-based violence. Section 6 provides for the protection and support of vulnerable persons, including women, children, and persons with disabilities, who are at increased risk of violence.

Although the VAPP Act does not define FGM specifically, it contains provisions addressing the practice. Section 5 prohibits harmful traditional practices, including FGM and forced marriage. Section 6(1) states that anyone who performs, or hires someone to perform, female circumcision or genital mutilation is punishable under Section 6(2) with imprisonment not exceeding four years, a fine not exceeding N200,000, or both. Anyone who attempts to perform the act, or hires someone else to do so, is liable under Section 6(3) to a maximum of two years' imprisonment, a fine not exceeding N100,000, or both. Section 6(4)(c) provides punishment for anyone who encourages, assists, or advises another person to perform or attempt FGM, with violators facing a maximum sentence of two years in prison, a fine of N100,000, or both. However, failure to report FGM that has occurred or is imminent is not specifically criminalized under the VAPP Act. This gap is critical and warrants legislative attention, as it could strengthen community vigilance against FGM. While the VAPP Act technically applies only to the Federal Capital Territory, all states' Houses of Assembly have adopted the law. Nevertheless, there has been little evidence of reporting or prosecution of FGM offenders. Edo State was the first in Nigeria to pass a law outlawing female circumcision. The law punishes anyone who submits themselves or encourages others to undergo FGM, allows a girl under their care to be subjected to the procedure, or performs it themselves. Convictions carry a minimum sentence of three years in prison, a fine of N3,000 (approximately $8.20), or both. Any individual who obstructs or assaults an officer carrying out statutory duties is subject to one year's imprisonment, a fine of N2,000, or both upon summary conviction. The Act prohibits all forms of female genital mutilation.[23] While the VAPP Act provided a ray of hope for

[23] R Anoliefo, Justice, Development and Peace Centre Seminar, Lagos, to mark the 2015 "International Day for the Elimination of Violence Against Women" and 2015 "International Human Rights Day" (16 Orange Days – 25 Nov – 10 Dec, 2015): Ekhator, Eghosa Osa, Women and the Law in Nigeria: A Reappraisal. Journal of International Women Studies, (2015), 16(2), 285-296; George TA, LETHAL "Violence Against Women" in Nigeria, IFRA (2015) – Nigeria Working papers series No. 43 available at http://ifra-Nigeria.org/IMG/pdf/lethal-violence-against-women-Nigeria.pdf. Accessed on December 20, 2024

the protection of women against violence, its full impact in eliminating the harmful practice of FGM remains limited.

- **Child Rights Act (CRA), 2003**[24]

Child rights are the fundamental human rights of a child under the age of eighteen years. These rights specifically encompass the child's rights to life, survival, and development, as well as participation and protection from all forms of exploitation and harmful practices. A child is defined as anyone under the age of eighteen.[25] Section 1 of the CRA specifies that the best interests of the child must be prioritized in all decisions involving children, regardless of who is making them, whether individuals, public or private organizations, institutions or services, legal authorities, administrative bodies, or legislators.

Although the Act does not define female genital mutilation (FGM) or specifically refer to violence against women and girls, Section 33(1) provides that anyone who exploits a child in any way detrimental to the welfare of the child, and which is not already covered elsewhere in the Act, is guilty of an offence and is liable to a fine of N500,000, a term of imprisonment of five years, or both. Thus, both the Child Rights Act and the 1999 Nigerian Constitution fail to expressly prohibit the practice of FGM, although they contain human rights principles and provisions that victims can rely on to enforce their fundamental rights when violations occur.

- **HIV and AIDS (Anti-Discrimination) Act, 2014**[26]

The Act does not make specific provisions to prohibit FGM. However, Section 3(3) of the HIV and AIDS (Anti-Discrimination) Act, 2014, provides that no culture, practice, or tradition shall encourage activities that expose people to the risk of HIV infection. This section also addresses harmful practices that increase the risk of HIV transmission. FGM is an example of such a harmful practice, due to the use of unsterilized instruments by traditional FGM practitioners.

[24] Child Rights Act 2003, Act No 26, Laws of the Federation of Nigeria 2004.
[25] Child Right's Act 2003, Section 277.

[26] HIV and AIDS (Anti-Discrimination) Act, 2014

2.2 State-level laws in Osun and Oyo.

- **Oyo State Violence Against Persons (Prohibition) Law, 2020**

Female Genital Mutilation (FGM) is prohibited in Oyo State under the Oyo State Violence Against Persons (Prohibition) Law, 2020 (also referred to as the VAPP Law or VAWL). This law, which replaced the Oyo VAPP Act of 2016, criminalizes FGM and provides specific penalties for offenders. Under the Oyo State VAPP Law (2020), FGM is a criminal offense with various penalties. Anyone who performs or arranges FGM is liable to imprisonment of up to four years, a fine of up to ₦500,000, or both. Attempting to perform FGM attracts a penalty of up to two years' imprisonment, a fine of up to ₦200,000, or both. Inciting, aiding, or counseling FGM is punishable by a maximum of four years' imprisonment, a fine of up to ₦500,000, or both. Anyone assisting or harboring offenders is liable to two years' imprisonment, a fine of up to ₦200,000, or both. This law applies to all residents of Oyo State and prohibits harmful traditional practices against women. However, challenges in full enforcement of the law and prosecution of offenders persist.

- **Osun State Violence Against Persons (Prohibition) Law, 2020**

In Osun State, Female Genital Mutilation (FGM) is explicitly banned under the Violence Against Persons (Prohibition) (VAPP) Law, 2020, which replaced the earlier Osun State Female Circumcision and Genital Mutilation (Prohibition) Law of 2004. This updated legislation significantly strengthens the protection of girls and women against the harmful practice of FGM, providing a clear and enforceable legal framework.[27] The law unequivocally forbids the circumcision or genital mutilation of any girl or woman, leaving no room for ambiguity regarding its illegality. It holds accountable not only those who directly perform FGM but also individuals who hire or persuade others to carry out the act. Under the provisions of the law, a first-time offender may be sentenced to imprisonment of up to four years, fined up to N200,000, or both, reflecting a marked increase from the 2004 law, which imposed a maximum of one year's imprisonment or a N50,000 fine.

[27] https://cewhin.com/wp-content/uploads/2025/03/CEWHIN-_-Simplified-Version-of-the-Osun-State-VAPP-Law.pdf

The legislation also addresses attempts and encouragements, stipulating that anyone who tries to perform FGM, or who encourages, assists, or advises another to perform the procedure, is subject to similar penalties. Notably, the law rejects any claim that the victim consented to the practice as a valid defense, ensuring that the rights and protection of girls and women remain absolute.[28]

The application of the law extends to both private and public contexts, underscoring a comprehensive approach to preventing FGM and providing recourse for victims. By clearly defining FGM as a criminal offense, imposing stringent penalties, and closing potential loopholes, the Osun State VAPP Law establishes a robust legal mechanism for combating this harmful practice. Its enactment reflects the state government's determination to safeguard the health, dignity, and fundamental rights of girls and women against entrenched cultural practices that jeopardize their wellbeing.[29]

5.3 Relevant international and regional instruments

The United Nations has been at the forefront of preventing FGM globally since the unanimous approval by the UN General Assembly (UNGA) in 2012 of a resolution calling for a universal ban on FGM.[30] Early international conventions, such as the International Covenant on Economic, Social, and Cultural Rights (ICESCR)**,** recognized FGM as a harmful practice due to its multiple health risks. Subsequently, the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) was adopted to specifically and comprehensively address issues affecting women.

At the regional level, instruments such as the African Charter on Human and Peoples' Rights and the Protocol on the Rights of Women in Africa were developed. However, the African Charter was inadequate in addressing many of the discriminatory issues affecting African women on a daily

[28] Onyinye Edeh, 'Power, authority and the will to change: Female genital mutilation in Nigeria's Osun state' (Institute of Commonwealth Studies, 22 December 2017) https://www.icwa.org/female-genital-mutilation-in-nigeria/ accessed 30 November 2025.

[29] Onyinye Edeh, 'Power, authority and the will to change: Female genital mutilation in Nigeria's Osun state' (Institute of Commonwealth Studies, 22 December 2017) https://www.icwa.org/female-genital-mutilation-in-nigeria/ accessed 30 November 2025.

[30] OHCHR, UNAIDS, UNDP, UNECA, UNESCO, UNFPA, UNHCR, UNICEF, UNIFEM and WHO, *Eliminating Female Genital Mutilation: An Inter-Agency Statement* (2008) https://www.un.org/womenwatch/daw/csw/csw52/statements_missions/Interagency_Statement_on_Eliminating_FGM.pdf accessed 7 September 2025.

basis, such as harmful cultural and widowhood practices.[31] The Charter also did not sufficiently address inequities in laws and customs relating to property, inheritance, and succession. A major limitation of the Charter is that its non-discrimination provisions can only be applied in the implementation of a right under the Charter.[32]

3.0 Methodology (Empirical Content Analysis)

Complementing the doctrinal analysis explored above, this study incorporates an empirical component that draws on publicly available secondary quantitative data to evaluate the real-world outcomes the law is designed to influence. The principal dataset utilised is the 2024 Nigeria Demographic and Health Survey (NDHS)[33], which provides the most authoritative and up-to-date national and state-level statistics on female genital mutilation (FGM) prevalence, patterns, and attitudes. Grounding the research in this recent empirical evidence allows for a clearer understanding of the current landscape of FGM in Osun and Oyo States and offers an objective basis for assessing whether the existing legal frameworks in both states are functioning effectively, partially, or symbolically.

The 2024 National Demographic and Health Survey (NDHS) provide the clearest national snapshot of the prevalence, types, and social attitudes surrounding FGM, and it forms the statistical backbone upon which this study's evaluation of legal effectiveness is built. Nationally, FGM remains entrenched despite decades of advocacy and legislative reforms. According to the NDHS, 14% of Nigerian women aged 15–49 have undergone some form of genital cutting. The most widespread procedure is one that entails the excision or removal of part of the external genital tissue, representing 62% of all recorded cases. More severe forms, such as infibulation, where the vaginal opening is stitched closed, account for 7%, while another 3% reported cuts that did not involve tissue removal. Strikingly, more than a quarter of women (28%) said they

[31] Onyeka C Okongwu, 'Are laws the appropriate solution: The need to adopt non-policy measures in aid of the implementation of sex discrimination laws in Nigeria' (2020) *International Journal of Discrimination and the Law* 1–21 https://journals.sagepub.com/doi/10.1177/1358229120978915 accessed 7 November 2025.

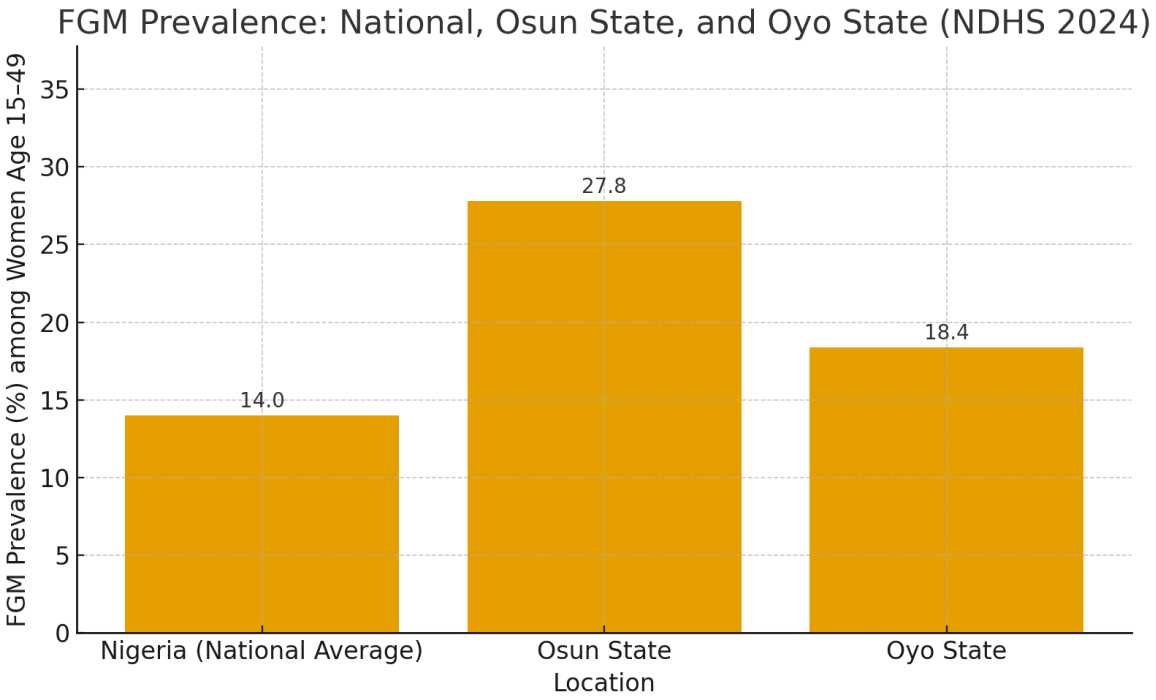
[32] Akiyode-Afolabi A and Amadi S, *Examination of the Provisions of the Women's Protocol to the African Charter and its Relationship to the CEDAW Convention as well as the Interpretation and Implementation of the Protocol in Other African Countries* (Nigeria: InfoVision Limited, 2008).

[33] Federal Ministry of Health and Social Welfare of Nigeria (FMoHSW), National Population Commission (NPC) [Nigeria], and ICF, *Nigeria Demographic and Health Survey 2024* (Abuja, Nigeria and Rockville, Maryland, USA, FMoHSW, NPC, and ICF, 2025) <NDHS_Final_report-2024.pdf> accessed 7 November 2025.

were unsure what type of cutting had been carried out, highlighting the silence, secrecy, and generational distance surrounding the practice.

A state-level breakdown presents a more troubling picture for the Southwest. The NDHS mapping of FGM prevalence places Osun State at 28%, making it the second-highest in the South West, surpassed only by Ekiti. Oyo State records a lower, but still significant, rate of 18%. These figures immediately raise questions about what local forces, cultural, familial, or systemic are weakening or reinforcing the statutory bans in each state.

Figure 1: FGM Prevalence in Nigeria, Osun State, and Oyo State (NDHS 2024)



Beyond prevalence, the survey explores awareness of FGM, which is critical for understanding how laws and public messaging penetrate communities. In both states, knowledge levels are high, but uneven across gender lines. In Osun**,** 82.5% of women and 76.3% of men had heard about FGM. Oyo showed a similar pattern, with 80.4% of women and 61.6% of men reporting awareness. These high awareness levels, contrasted with persistent prevalence, suggest that legal prohibition and public knowledge do not automatically translate into abandonment of the practice.

The NDHS further disaggregates prevalence among women aged 15–49. Osun records 27.8% of women circumcised (174 individuals), while Oyo registers 18.4% (231 women). The age at which cutting occurs reveals an entrenched pattern of early-childhood circumcision. In both states, the overwhelming majority of women reported being cut before the age of five—85.5% in Osun and 94.5% in Oyo. This concentration in infancy and early childhood underscores why enforcement is often difficult: the victims are too young to identify perpetrators, recall events, or seek redress.

A related NDHS indicator examined the cutting of girls aged 0–14, revealing that the practice remains ongoing. In Osun, the overall prevalence among girls stood at **7%**, while Oyo recorded 9.3%. The distribution shows gradual increases as girls grow older, particularly in Oyo, where circumcision among girls aged 10–14 is alarmingly high (14.3%). This trend suggests that while national campaigns may be discouraging infant cutting, some families delay the procedure rather than abandon it.

Report shows that infibulation which is the most severe form of FGM persists in both states. This data on infibulation among young girls illustrates the depth of physical harm. Infibulation is classified as Type III FGM under the World Health Organisation framework.[34] It is a procedure where part or all the external female genitalia is removed, and the vaginal opening is sealed. This is typically done by bringing the cut edges of the labia together using sutures, adhesive substances, or other methods, leaving only a tiny space for bodily fluids to pass. Victims may have to undergo a second procedure known as "defibulation" before sexual intercourse or childbirth.[35]In Osun, 13.1% of circumcised girls had been sewn closed, compared to 6.9% in Oyo. Although these numbers represent a minority, their presence indicates that even the most extreme forms of FGM persist despite criminalization.

Community beliefs also shape the resilience or decline of the practice. When asked whether FGM is a religious requirement, only 6.4% of women in Osun and 7% in Oyo believed that it is mandated. However, men showed a significantly different pattern: 32.9% of men in Osun believed FGM is required by religion, compared to 10.1% in Oyo. This male-female disparity is

[34] World Health Organization, *Female genital mutilation* (Fact sheet, 31 January 2025) https://www.who.int/news-room/fact-sheets/detail/female-genital-mutilation accessed 23 November 2025.
[35] Ibid

crucial for legal and advocacy strategies; in many communities, men though not physically subjected to the practice, shape household decisions.

Finally, the NDHS explores attitudes toward continuation of the practice. In Osun, only 8.8% of women supported the continuation of FGM, but nearly 21% of men felt it should persist. In Oyo, 11.1% of women and 6% of men thought the practice should continue. These divergent opinions, especially the higher support for continuation among men in Osun highlight the cultural negotiation that anti-FGM laws must contend with.

Altogether, these data points sketch a layered portrait of FGM in the two states: high awareness but persistent prevalence; early-childhood circumcision that evades surveillance; male support that exceeds female support; and deep-seated sociocultural norms that operate beneath the surface of formal legal structures.

4.0 Conclusion and Recommendations

This study set out to interrogate the effectiveness of anti-FGM legislation in Osun and Oyo States through a doctrinal examination of their statutory frameworks and an empirical analysis of recent demographic data. The Nigeria Demographic and Health Survey (NDHS 2024) reveal that, despite clear statutory prohibitions, FGM persists at worrying rates (27.8% in Osun and 18.4% in Oyo) placing both states among the highest in the region. The persistence of the practice, particularly among girls under age five, indicates that the VAPP law of Osun and Oyo States, though well-designed on paper have not yet translated into meaningful behavioural change within affected communities. The research demonstrates that the legislative frameworks in both states represent significant normative progress, especially with the expanded provisions and stricter penalties under the VAPP-based statutes. However, the enforcement environment remains weak. The low level of prosecutions, the absence of systematic reporting mechanisms, and the continued influence of cultural norms and misconceptions, especially the belief among some men that FGM is religiously required, undermine the deterrent effect of the law. The finding that infibulation still occurs in both states, despite its clear criminalisation, further underscores the gap between legal aspiration and lived reality. In conclusion, the evidence shows that the anti-FGM laws in Osun and Oyo are partially effective but far from transformative. They

provide the legal backbone for protection, yet they function more symbolically than functionally in many communities.

To strengthen the real-world impact of anti-FGM laws in Osun and Oyo States, the following measures are recommended:

1. Strengthen Enforcement and Accountability Structures: It is recommended that specialised gender-based offences units be created and investigations should be swift and timely. Also, both state governments must mandate compulsory reporting of suspected FGM cases by health workers, community birth attendants, and traditional leaders. In addition, a state-level FGM prosecution register should be developed to monitor compliance and track enforcement outcomes.

2. Expand Community-Centered Awareness and Behavior-Change Programs: Both state governments should partner with traditional rulers, women leaders, and religious institutions to publicly denounce FGM and correct the misconception that it is religiously mandated. A survivor-led storytelling initiative could be employed to humanise the issue and reduce social acceptance. Furthermore, knowledge about FGM should be integrated into school curricula, antenatal clinics, and community health outreach.

3. Engage Men and Boys as Critical Stakeholders: The NDHS 2024 data shows higher rates of male support for continuation of FGM in Osun than among women. Targeted programmes should be organized addressing male perceptions of FGM, especially regarding religion, sexuality, and marriageability. Males who publicly advocate abandonment of the practice should be promoted.

4. Strengthen Coordination Between Legal, Health, and Social-Welfare Sectors: Healthcare providers should be trained to identify, document, and respond to FGM cases, including referral pathways for psychosocial support. Cases of infibulation should be adequately reported, and perpetrators should be arrested and prosecuted.

5. Improve Data Systems and Monitoring: Both states should establish continuous community-based FGM surveillance systems to complement NDHS periodic data, and research to monitor the performance of the VAPP laws, focusing on prosecution rates, reporting patterns, and barriers to compliance.

6. Strengthen Regional and National Collaboration: Harmonisation of anti-FGM implementation strategies should be promoted across the South-West states. In the same breath, national bodies such as the National Human Rights Commission and the Federal Ministry of Women Affairs, to develop uniform enforcement guidelines, should collaborate in carrying out their functions and preventing the incidence of FGM in Nigeria as a whole