



# THE UPR PROJECT AT BCU

## **Submitted by:**

The UPR Project at BCU  
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Birmingham City University

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## **About the UPR Project at BCU:**

Birmingham City University's Centre for Human Rights was created in 2014 to promote human rights, ensure access to justice, and enhance the rule of law around the world. We seek to achieve this through leading research, education, and consultancy. We submit expert reports to international human rights regions, provide advisory services to governments and nongovernmental organisations, and draft legal opinions and file legal briefs in domestic courts and international human rights courts.

The Centre for Human Rights established the UPR Project in 2018 as part of our consultancy service. We engage with the Human Rights Council's review process in offering support to the UPR Pre-sessions, providing capacity building for UPR stakeholders and National Human Rights Institutions, and the filing of stakeholder reports in selected sessions. The UPR Project is designed to help meet the challenges facing the safeguarding of human rights around the world, and to help ensure that UPR recommendations are translated into domestic legal change in member state parliaments. We fully support the UPR ethos of encouraging the sharing of best practice globally to protect everyone's human rights. The UPR Project at BCU engages with the UPR regularly as a stakeholder and is frequently cited by the OHCHR. You can read more about the UPR Project here: [www.bcu.ac.uk/law/research/centre-for-human-rights/projects-and-consultancy/upr-project-at-bcu](http://www.bcu.ac.uk/law/research/centre-for-human-rights/projects-and-consultancy/upr-project-at-bcu)

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## INTRODUCTION

1. Nigeria is a party to all of the nine core international human rights treaties.<sup>1</sup> These include the Convention on the Rights of the Child ('CRC'), the Convention on the Elimination of All Forms of Discrimination Against Women ('CEDAW') and the International Covenant on Economic, Social and Cultural Rights ('ICESCR'). In line with the Conventions' protections, this Stakeholder Report focuses upon female genital mutilation.
2. In this submission, we make recommendations to the Government of Nigeria on this key issue, implementation of which would see the State move towards achieving Sustainable Development Goal 5 which aims for "gender equality and empowering all women and girls".
3. We encourage Nigeria to commit to improving its human rights protection and promotion by engaging meaningfully with the fourth cycle of the UPR in 2024. This includes giving full and practical consideration to all recommendations made by Member States, effectively implementing the recommendations Nigeria accepts, and actively engaging with civil society throughout the process.

### **A. Normative and Institutional Framework of Nigeria**

#### *UN Human Rights Standards*

1. Female genital mutilation ('FGM') is defined by the World Health Organisation ('WHO') as "all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons".<sup>2</sup> There are four types of FGM:
  - “**Type 1:** this is the partial or total removal of the clitoral glans (the external and visible part of the clitoris, which is a sensitive part of the female genitals), and/or the prepuce/ clitoral hood (the fold of skin surrounding the clitoral glans).
  - Type 2:** this is the partial or total removal of the clitoral glans and the labia minora (the inner folds of the vulva), with or without removal of the labia majora (the outer folds of skin of the vulva).
  - Type 3:** Also known as infibulation, this is the narrowing of the vaginal opening through the creation of a covering seal. The seal is formed by cutting and repositioning the labia minora, or labia majora, sometimes through stitching, with or without removal of the clitoral prepuce/clitoral hood and glans.
  - Type 4:** This includes all other harmful procedures to the female genitalia for non-medical purposes, e.g., pricking, piercing, incising, scraping and cauterizing the genital area.”<sup>3</sup>

2. Types 1 and 2 are most prevalent in Southern Nigeria, while Northern Nigeria predominantly uses types 3 and 4.<sup>4</sup> Nigeria has one of the highest rates of FGM, accounting for one-quarter of the estimated 200 million women globally who have experienced FGM.<sup>5</sup>
3. FGM breaches a wide range of international human rights protections,<sup>6</sup> in particular women's and children's rights. The CRC protects the rights of children and, specifically, Article 24(3) provides that State parties should "take all effective and appropriate measures with a view to abolishing traditional practices prejudicial to the health of children".<sup>7</sup> Nigeria ratified the CRC in 1991.<sup>8</sup> Equally, CEDAW seeks to eliminate all forms of violence against women, including FGM.<sup>9</sup> Nigeria has been a party to CEDAW since 1985.
4. In addition, the ICESCR, which Nigeria acceded to in 1993, urges State parties to "recognize the right of everyone to the enjoyment of the highest attainable standard of physical and mental health".<sup>10</sup> As the WHO Constitution has clarified, "[h]ealth is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity".<sup>11</sup> As such, FGM is a clear violation of the provisions of ICESCR as it affects the physical, mental, and social wellbeing of victims.

#### *African Union Human Rights Standards*

5. Nigeria is a member of the regional group, the African Union ('AU'). The African Charter on Human and Peoples' Rights ('Banjul Charter'), which Nigeria has ratified and implemented domestically,<sup>12</sup> guarantees everyone's right to "enjoy the best attainable state of physical and mental health".<sup>13</sup> Nigeria has also ratified the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa ('Maputo Protocol') adopted in July 2003.<sup>14</sup> The Maputo Protocol, which entered into force in November 2005, provides in Article V that "state parties shall take all necessary legislative and other measures" to eliminate "all forms of harmful practices which negatively affect the human rights of women and which are contrary to recognised international standards", including "prohibition, through legislative measures backed by sanctions, of all forms of female genital mutilation, scarification, medicalization and para-medicalisation of female genital mutilation and all other practices in order to eradicate them".<sup>15</sup>
6. Furthermore, in 2019, the Assembly of the AU established an institutional framework against FGM when it empowered the African Union Commission ('AUC') to implement an AU Initiative on Eliminating Female Genital Mutilation, appointing Roch Marc Christian Kaboré – the President of Burkina Faso – as the AU Champion on Eliminating Female Genital Mutilation.<sup>16</sup> Consequently, the AUC rolled out a continent-wide anti-FGM Plan of Action known as 'African Union Initiative on Eliminating Female Genital Mutilation Programme and Plan of Action 2019 – 2023'

(Saleema Initiative). It applies to all AU Member States, including Nigeria, and its main goal is “to galvanise political commitment and accelerate action towards zero female genital mutilation cases by 2030 in Africa”.<sup>17</sup> All Member States are expected to address “cross border practice” of FGM, in addition to “implementing strong legislative frameworks, allocating domestic financial resources, promoting use of evidence and data, regular reporting, and the engagement of civil society and community groups” in the fight against FGM.<sup>18</sup> In order to promote implementation, the Saleema Initiative establishes a “triangular feedback-loop” accountability framework which engages the AU accountability mechanisms, voices from rights-holders, and the voices of duty bearers.<sup>19</sup>

### *Domestic Law*

7. Nigeria operates a federal system, comprised of the Federal Government and 36 states. As a former British colony, Nigeria has a complex and mixed legal system consisting of English common law, Islamic law, and customary law. During the long period of Military Rule in Nigeria, there was no national or state law which specifically addressed the problem of FGM. However, with the return of democracy in 1999, several states began to pay legislative attention to FGM.<sup>20</sup> The Edo State Government of Nigeria was one that took early action, by passing the Edo State Female Circumcision & Genital Mutilation (Prohibition) Law No. 4 of 1999 to criminalise FGM within its territorial jurisdiction.<sup>21</sup>
8. However, there was no specific FGM legislation at the national level until 2015 when the Federal Government of Nigeria enacted the Violence Against Persons (Prohibition) Act of 2015 (‘VAPPA’). This came into force in May 2015 and specifically criminalises and punishes FGM at the national level. Sections 6(1) & (2) provide that:

The circumcision or genital mutilation of the girl child or woman is hereby prohibited. A person who performs female circumcision or genital mutilation or engages another to carry out such circumcision or mutilation commits an offence and is liable on conviction to a term of imprisonment not exceeding 4 years or to a fine not exceeding N200,000.00 or both.
9. In terms of policy, the ‘National Policy and Plan of Action for the Elimination of Female Genital Mutilation in Nigeria, 2013 – 2017’ provided institutional frameworks, such as the FGM Advisory Committee and the FGM Technical Committee, to address issues at the federal, State, and local government levels. This has now been replaced by the revised National Policy & Plan of Action for the Elimination of Female Genital Mutilation in Nigeria (2021 - 2025). The new policy seeks to address gaps in research, monitoring, and evaluation, as well as the impact of the COVID-19 pandemic.<sup>22</sup>

## **B. Implementation of Recommendations from Cycle Three in 2018**

10. In 2018, Nigeria received 290 recommendations, of which it accepted 230 and noted 60. Nigeria should be commended for accepting such a high number of recommendations, although it is equally important that it implements all supported recommendations.<sup>23</sup> 32 recommendations were made regarding FGM, “harmful practices”, and the broader theme of violence against women and girls. 30 recommendations were accepted by Nigeria, with two being noted, and an analysis of their implementation status is considered below.

### *Implementation of the Violence Against Persons (Prohibition) Act 2015*

11. During cycle three, there was a significant focus on the implementation of the VAPPA. 14 recommendations were made on this: **Netherlands (para 148.30); Cote d’Ivoire (para 148.38); Cyprus (para 148.42); Rwanda (para 148.43); Denmark (para 148.44); Thailand (para 148.45); Spain (para 148.46); Philippines (para 148.47); Republic of Korea (para 148.48); Japan (para 148.49); Namibia (para 148.50); France (para 148.52); Mexico (para 148.77); and Chile (para 148.79)**. All recommendations were accepted, except for those from Mexico and Chile. This is likely because of the explicit reference that was made to protecting all people from violence, regardless of “sexual orientation and gender identity” (‘SOGI’). While SOGI rights are not the focus of this Stakeholder Report, we condemn the discriminatory and harmful attitude towards the LGBTQ+ community and urge Nigeria take an inclusive approach to human rights.
12. Regarding the implementation of VAPPA, **these recommendations have been implemented in part**. At least 29 of the 36 States in Nigeria have domesticated the VAPPA,<sup>24</sup> which is commendable. However, a 2021 report revealed that a “lack of implementation was [a] major issue” in those states that have adopted the VAPPA and that “there had not been successful prosecution[s]” of those perpetrating FGM in Nigeria, as the VAPPA intended.<sup>25</sup> Evidence indicates that, currently, community rules and regulations are more impactful than the VAPPA in addressing FGM.<sup>26</sup>

### *Prevent FGM*

13. Six recommendations focused upon preventing FGM, suggesting actions such as “continuing efforts” and “ending harmful practices.” (**Gabon (para 148.209); Uruguay (para 148.243); Norway (para 148.255); Guyana (para 148.264); Ethiopia (para 148.265); Angola (para 148.269)**). Whilst such recommendations are welcomed, it is crucial that they remain specific and measurable in order to assess the level of implementation. Broad recommendations, whilst easy to accept, lack any impetus to bring about real change.<sup>27</sup> It is recommended that States adopt a SMART approach to recommendations as recognised by UPR Info.<sup>28</sup>

14. Three further recommendations on FGM were more specific. **Democratic People’s Republic of Korea (para 148.239)** asked Nigeria to “[c]ontinue to improve the school environment and strengthen educational programmes to counter harmful traditional practices, in cooperation with international agencies such as the United Nations Educational, Scientific and Cultural Organization (UNESCO) and the United Nations Children’s Fund (UNICEF)”. Similarly, **Argentina (para 148.263)** suggested Nigeria should “[s]tep up efforts in raising awareness among religious and traditional leaders, and the population in general, of the criminal nature of female genital mutilation and other traditional practices” and **Cote d’Ivoire (para 148.266)** recommended to “[e]ngage in awareness-raising on the criminal nature of female genital mutilation and its negative impact on women”.
15. **These recommendations have been implemented in part.** In particular, civil society organisations (‘CSOs’) have put a great deal of effort towards engaging projects and strategies to tackle the issue of FGM. For example, the Centre for Social Value and Early Childhood Development, Society for the Improvement of Rural People Nigeria, Circuit Pointe, the Global Media Campaign, Medical Women’s Association of Nigeria, Youth Network for Community Development, and Sustainable Development and Voices for Change are all playing critical roles at the national and local levels in terms of enlightenment campaigns and social mobilisation against FGM.<sup>29</sup> However, whilst these CSOs carry out invaluable work, they often lack the requisite financial support, which is something the international community must address.
16. Moreover, whilst we agree that awareness campaigns and broader education is vital to the eradication of FGM (see paragraphs 19-20 below), such action should not be taken *instead of* seeking the implementation of legislation such as the VAPPA. Awareness campaigns should be complementary, not substitutive of implementation of applicable laws.

### *Violence Against Women and Girls*

17. Nine recommendations were made on the broader issue of violence against women and girls (‘VAWG’) or gender-based violence (‘GBV’), which includes FGM. (**Gabon (para 148.167); Tunisia (para 148.248); Philippines (para 148.249); Madagascar (para 148.257); Honduras (para 148.258); Iceland (para 148.260); Argentina (para 148.261); Cabo Verde (para 148.262); Italy (para 148.279)**).
18. It is difficult to ascertain the level of implementation of these recommendations, as these recommendations did not specify the type of VAWG being discussed. There are particular issues that require urgent action, including FGM, and so Member States should avoid using the broad term “VAWG” without specifying the violence they are referring to, as this allows for broad responses and a lack of action.<sup>30</sup> In particular, when referring to VAWG, Member States should specify the type of violence they are referring to and the key action the State should take.<sup>31</sup>

## **C. Further Points for Nigeria to Consider**

### *Education*

19. Studies on FGM in Nigeria have found that “more educated women were less likely to circumcise their daughters”.<sup>32</sup> A 2021 UNICEF survey on Nigerian women (aged 15-49) who support the continuation of FGM indicates that education has a key role to play. The survey reveals that, among those who supported FGM, 24.0% were without any formal education, 17.8% had primary education, 13.6% had junior secondary education, 11.3% had senior secondary education while 7.2% had higher/tertiary education.<sup>33</sup>
20. Education and literacy have been considered essential tools for changing attitudes towards ‘traditional practices’ such as FGM.<sup>34</sup> In fact, studies have found that a “higher paternal education” decreased the likelihood of perpetration of FGM amongst girls.<sup>35</sup> As UNICEF has noted, education is indeed “an important mechanism to increase awareness of the dangers of FGM” as it “fosters questioning and discussion and provides opportunities for individuals to take on social roles that are not dependent on the practice of FGM for acceptance”.<sup>36</sup> UNICEF supports “national media campaigns with the aim of promoting behavior change and raising awareness of FGM using radio and television”.<sup>37</sup> The government of Nigeria should make use of these examples, looking to the successful implementation of these educative materials as a guide.

### *Institutional Coordination, Adequate Funding and Economic Empowerment*

21. A significant issue hindering the fight against FGM in Nigeria is the dysfunctional workings of multiple governmental institutions. As the Nigerian Government itself has noted in its latest FGM Policy document, “...the institutional arrangements for the implementation of the 2013 Policy were not fully functional. There are many stakeholders working towards the elimination of FGM in Nigeria and this increases the need for effective coordination in order to avoid duplication of efforts”.<sup>38</sup> The document also notes that “[g]overnment contribution in terms of financial resources to support FGM related activities is minimal”.<sup>39</sup> Closely associated with funding is government’s inadequate economic empowerment for the Nigerian populace. While economic disempowerment is not a legal defence to FGM practice, it fuels the practice. For example, during an interview on FGM, nurse and activist Gift Abu said that:

For the men, they’ll tell you because if they don’t circumcise the girl, she becomes promiscuous. And for the women, they’ll tell you we want our girls to be disciplined. And then, the monetary aspect of it. They do it for money, it’s their livelihood. They’ll tell you it’s what keeps my family; it’s what I use in training my children and feeding. So money is very important for those who don’t have

what to do. Some of them don't have any other thing they are doing apart from circumcision. It's like a profession to them.<sup>40</sup>

#### **D. Recommendations for Action by Nigeria**

We recommend that, before the next Cycle of UPR, the Government of Nigeria should:

- i. Fully engage with the recommendations made during the UPR regarding FGM, providing clear responses to recommendations and setting out specific plans for implementation.
- ii. Commit to the Saleema Initiative and the AU cross-border FGM regional cooperation and knowledge sharing, providing a clear and achievable plan for ensuring effective implementation.
- iii. Review and amend the VAPPA to address its limitations, including, but not limited to, clearly defining FGM and addressing jurisdictional limitations to ensure its application at state level, which will assist in punishing those perpetrating FGM.
- iv. Establish opportunities to work with CSOs that offer projects and strategies to tackle FGM, providing financial support where possible.
- v. Develop education provisions for all people in Nigeria regarding FGM. This should include, but is not limited to, formal education and training, and other, alternative sources of media.
- vi. Directly engage with local, rural, and religious leaders in terms of education and support, creating a provision specifically for them, with the aim of eliminating FGM as a cultural practice.
- vii. Allocate a clear and adequate budget for the distinct purpose of eradicating FGM, providing transparent and public plans for how the budget will be used.

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<sup>1</sup> UN OHCHR, 'The Core International Human Rights Instruments and their Monitoring Bodies' <[www.ohchr.org/EN/ProfessionalInterest/Pages/CoreInstruments.aspx](http://www.ohchr.org/EN/ProfessionalInterest/Pages/CoreInstruments.aspx)>.

<sup>2</sup> World Health Organization, 'Female Genital Mutilation' <[www.who.int/news-room/fact-sheets/detail/female-genital-mutilation](http://www.who.int/news-room/fact-sheets/detail/female-genital-mutilation)>.

<sup>3</sup> *ibid.*

<sup>4</sup> Goodluck Azuonwu & Rosemary Ezekiel, 'Female Genital Mutilation: A Dehumanizing Practice against Womanhood in Nigeria' (2020) 3(1) *International Journal of Research and Reports in Gynaecology* 55-62.

<sup>5</sup> UNICEF, 'Situation Analysis of Children and Women in Nigeria'; Situation Analysis of Children and Women in Nigeria | UNICEF Nigeria; Babafemi Daniyan, et al, 'Review of the Practice of Female Genital Mutilation in Nigeria' (2018) 8(4) *Epidemiology (Sunnyvale)* 356.

<sup>6</sup> For an overview, see Alice Storey, 'The UN's Universal Periodic Review and FGM in Somalia: The Value of Civil Society Recommendations' manuscript in preparation and on file with the author.

<sup>7</sup> Convention on the Rights of the Child (adopted 20 November 1989, entered into force on 2 September 1990) UNGA Res 44/25. Article 24(3).

<sup>8</sup> At the date of writing, the USA is the only country not to have ratified the CRC.

<sup>9</sup> Convention on the Elimination of All Forms of Discrimination against Women, UNGA Res 34/180, 18 December 1979, UN Doc A/RES/34/180, Articles 1 and 2; UN Committee on the Elimination of Discrimination Against Women, CEDAW General Recommendation No. 14: Female Circumcision (1990) A/45/38 and



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Corrigendum; CEDAW General Recommendation No. 19: Violence against Women Adopted at the Eleventh Session of the Committee on the Elimination of Discrimination against Women (1992) (contained in Document A/47/38); CEDAW General Recommendations Adopted by the Committee on the Elimination of Discrimination Against Women Twentieth session (1999) General recommendation No. 24: Article 12 of the Convention (Women and Health) A/54/38/Rev.1.

<sup>10</sup> International Covenant on Economic, Social and Cultural Rights, 16 December 1966, United Nations, Treaty Series, vol. 993, p. 3, Article 12.

<sup>11</sup> World Health Organization, 'Constitution' <[www.who.int/about/governance/constitution](http://www.who.int/about/governance/constitution)> Preamble.

<sup>12</sup> See the African Charter on Human and Peoples' Rights (Ratification and Enforcement) Act, Cap A9, Laws of the Federation of Nigeria 2004.

<sup>13</sup> Organization of African Unity (OAU), African Charter on Human and Peoples' Rights ("Banjul Charter"), 27 June 1981, CAB/LEG/67/3 rev. 5, 21 I.L.M. 58 (1982), Article 16.

<sup>14</sup> CHR, 'Nigeria' <[www.maputoprotocol.up.ac.za/countries/countries-table](http://www.maputoprotocol.up.ac.za/countries/countries-table)>; African Union, 'Saharawi Arab Democratic Republic becomes the 43rd African Union Member State to ratify the Protocol on Women's Rights' (AU Press Release No:2022) <[https://au.int/sites/default/files/pressreleases/41764-pr-Maputo\\_Protocol\\_Ratification.pdf](https://au.int/sites/default/files/pressreleases/41764-pr-Maputo_Protocol_Ratification.pdf)>.

<sup>15</sup> African Union, 'Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa ("Maputo Protocol") <[https://au.int/sites/default/files/treaties/37077-treaty-charter\\_on\\_rights\\_of\\_women\\_in\\_africa.pdf](https://au.int/sites/default/files/treaties/37077-treaty-charter_on_rights_of_women_in_africa.pdf)>.

<sup>16</sup> African Union, 'Galvanizing Political Commitment Towards the Elimination of Female Genital Mutilation in Africa' (Assembly/AU/Dec.737 (XXXII)) <[https://au.int/sites/default/files/decisions/36461-assembly\\_au\\_dec\\_713\\_-\\_748\\_xxxii\\_e.pdf](https://au.int/sites/default/files/decisions/36461-assembly_au_dec_713_-_748_xxxii_e.pdf)>.

<sup>17</sup> African Union, 'African Union Initiative on Eliminating Female Genital Mutilation Programme and Plan of Action 2019 – 2023' [https://au.int/sites/default/files/newsevents/workingdocuments/41106-wd-Saleema\\_Initiative\\_Programme\\_and\\_Plan\\_of\\_Action-ENGLISH.pdf](https://au.int/sites/default/files/newsevents/workingdocuments/41106-wd-Saleema_Initiative_Programme_and_Plan_of_Action-ENGLISH.pdf), 13.

<sup>18</sup> *ibid* 10.

<sup>19</sup> *ibid* 18.

<sup>20</sup> Oby Nwankwo, 'Effectiveness of Legislation enacted to address Violence against Women in Nigeria' (2008) <[www.un.org/womenwatch/daw/egm/vaw\\_legislation\\_2008/expertpapers/EGMGPLVAW%20Paper%20Oby%20Nwankwo\\_.pdf](http://www.un.org/womenwatch/daw/egm/vaw_legislation_2008/expertpapers/EGMGPLVAW%20Paper%20Oby%20Nwankwo_.pdf)> 8.

<sup>21</sup> Other state laws include the Bayelsa State Female Genital Mutilation (Prohibition) Law (2004), Cross River State Girl-Child Marriages and Female Circumcision (Prohibition) Law (2000), Ebonyi State Abolition of Harmful Traditional Practices Against Women and Children Law No. 10 of 2001, Ogun State Female Circumcision and Genital Mutilation (Prohibition) Law 2000, and Rivers State Abolition of Female Circumcision Law No. 2, 2001.

<sup>22</sup> Federal Ministry of Health, 'National Policy and Plan of Action for the Elimination of Female Genital Mutilation (2021-2025)' (2021) <[https://nigeria.unfpa.org/sites/default/files/pub-pdf/fgm\\_national\\_policy\\_and\\_plan\\_of\\_action\\_nigeria.pdf](https://nigeria.unfpa.org/sites/default/files/pub-pdf/fgm_national_policy_and_plan_of_action_nigeria.pdf)>.

<sup>23</sup> Storey (n 6).

<sup>24</sup> Partners West Africa, 'VAPP Tracker' <[www.partnersnigeria.org/vapp-tracker/](http://www.partnersnigeria.org/vapp-tracker/)>.

<sup>25</sup> Agency Report, 'Activists seek Enforcement of Laws against Female Genital Mutilation' (Premium Times, 18 May 2021) <[www.premiumtimesng.com/regional/ssouth-west/462363-activists-seek-enforcement-of-laws-against-female-genital-mutilation.html?tztc=1](http://www.premiumtimesng.com/regional/ssouth-west/462363-activists-seek-enforcement-of-laws-against-female-genital-mutilation.html?tztc=1)>.

<sup>26</sup> Orchid Project and 28 Too Many, 'FGM/C in Nigeria' (March 2023) <[www.fgmcri.org/media/uploads/Country%20Research%20and%20Resources/Nigeria/nigeria\\_country\\_profile\\_update\\_\(march\\_2023\).pdf](http://www.fgmcri.org/media/uploads/Country%20Research%20and%20Resources/Nigeria/nigeria_country_profile_update_(march_2023).pdf)>.

<sup>27</sup> Amna Nazir, 'The Universal Periodic Review and the Death Penalty: A Case Study of Pakistan' (2020) 4(1) RSIL Law Review 126, 153; Alice Storey, 'Challenges and Opportunities for the UN Universal Periodic Review: A Case Study on Capital Punishment in the USA' (2021) 90 UMKC L Rev 129, 148-49.

<sup>28</sup> See UPRinfo, 'For impact on the ground the UPR needs SMART recommendations' <[www.upr-info.org/en/news/for-impact-on-the-ground-the-upr-needs-smart-recommendations](http://www.upr-info.org/en/news/for-impact-on-the-ground-the-upr-needs-smart-recommendations)> (21 October 2015).

<sup>29</sup> Orchid Project and 28 Too Many (n 26).

<sup>30</sup> *ibid*.

<sup>31</sup> *ibid*.

<sup>32</sup> Blessing U Mberu, 'Female genital mutilation/cutting in Nigeria: A scoping review' (2017) Evidence to End FGM/C: Research to Help Women Thrive. New York: Population Council, 26; OM Odujinrin, CO Akitoye & MA Oyediran, 'A Study on Female Circumcision in Nigeria' (1989) 8(3) West Afr J Med 183-192.

<sup>33</sup> UNICEF, 'Nigeria - 2021 Multiple Indicator Cluster Survey (MICS) & National Immunization Coverage Survey (NICS) Survey Findings Report' (August 2022) <[www.unicef.org/nigeria/media/6316/file/2021%20MICS%20full%20report%20.pdf](http://www.unicef.org/nigeria/media/6316/file/2021%20MICS%20full%20report%20.pdf)> 352.

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- <sup>34</sup> Eider Muniategi Azkona, Antonio Sianes and Isabel Lopez Cobo, 'Facing FGM/C Through Intercultural Education: A Methodology for Secondary School Communities' (2014) 132 *Procedia Soc Behav Sci* 557.
- <sup>35</sup> El-Dirani Z, Farouki L, Akl C, Ali U, Akik C, McCall SJ, 'Factors associated with female genital mutilation: a systematic review and synthesis of national, regional and community-based studies' *BMJ Sex Reprod Health* (2022) 48(3) 169-178.
- <sup>36</sup> UNICEF, 'The Power of Education to End Female Genital Mutilation' (2022) <<https://data.unicef.org/resources/the-power-of-education-to-end-female-genital-mutilation/>>.
- <sup>37</sup> UNICEF, 'Eliminating Female Genital Mutilation' (2021) <[www.unicef.org/media/122636/file/FGM-Annual-report-2021-USG.pdf](http://www.unicef.org/media/122636/file/FGM-Annual-report-2021-USG.pdf)> 32.
- <sup>38</sup> Federal Ministry of Health (n 22).
- <sup>39</sup> *ibid.*
- <sup>40</sup> Mberu (n 32).