

Fostering accelerated advocacy to end Female Genital Mutilation in Nigeria

By Okoebor Sylvester E.

Female Genital Mutilation (FGM) remains a significant human-rights, public-health and gender-equality concern in Nigeria. The practice involves the traditional partial or total removal or mutilate the external female genitalia for non-medical reasons. It is often sustained by deeply rooted social and cultural beliefs through traditional heritage.

In some communities, FGM has traditionally been associated with ideas about purity, morality, femininity, marriageability, family honour and social acceptance. However, these cultural justifications do not support a health benefit that can rationalize altering or injuring a female's healthy genital tissue without her consent, on account of cultural value system.

FGM can cause immediate and long-term physical, psychological, sexual and reproductive consequences. It is therefore important that discussions about the practice transcend beyond cultural explanations, and activated the issue of fundamental rights, dignity and wellbeing of the girls and women affected.

The Human Cost of Silence

FGM is sometimes discussed as a cultural practice without sufficient attention being given to the individual behind the statistical data, because flowing from the figures presents a corresponding girl or women bruised beyond redemption as



created by God and human evolution by nature.

Survivors may experience pain, complications, fear, shame, anxiety, difficulties with sexual relationships, reproductive complications and psychological distress. The nature and severity of these consequences can vary considerably between individuals and according to the type of FGM executed.

Many cases may also remain unreported because survivors fear stigma, family conflict, social isolation or disbelief. Silence can therefore become part of the problem from inception.

When girls and women cannot safely speak about their experiences, communities may fail to recognise the extent of harm being caused. Therefore, breaking that silence requires

compassion rather than condemnation. Survivors should be listened to, respected and supported rather than blamed for circumstances that were often beyond their control.

Advocacy as a Tool for Change

Advocating against FGM is not an easy undertaking. It requires persistence, cultural sensitivity, reliable information and willingness to challenge practices that may have existed for generations.

There is no single form of advocacy that will work for every community. Effective prevention requires a combination of approaches involving individuals, families, community organisations, health professionals, educators, traditional leaders, religious leaders, civil-society organisations and government institutions.

1. Self-Advocacy

Self-advocacy begins with knowledge.

Individuals can educate themselves and others about the realities of FGM, challenge

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misinformation and encourage conversations about bodily autonomy, health and human rights to quality and purposeful life expectancy.

Survivors can also choose to share their experiences when they feel safe and comfortable doing so. Their voices can help challenge misconceptions and bring attention to realities that may otherwise remain hidden.

However, survivors should never be pressured to disclose traumatic experiences, and it must respect individual choice and personal boundaries.

2. Survivor and Case Advocacy

Supporting survivors means listening to them without judgement and respecting their choices.

Where appropriate, survivors should be connected with suitable health services, counselling, legal assistance, social-support organisations and other specialised services.

The objective should be to ensure that survivors are treated with dignity and are able to make informed decisions about their own lives.

3. Peer and Community Advocacy

Change becomes more sustainable when community actors participate actively.

Youth groups, women's organisations, gender associations, faith-based organisations and other local groups can provide important platforms for education and dialogue.

Community advocates can challenge harmful assumptions

while encouraging positive



alternatives that preserve cultural identity without causing harm.

4. Legislative and Policy Advocacy

Nigeria has enacted legislation addressing violence against women and girls, including the Violence Against Persons (Prohibition) Act 2015. Effective advocacy should therefore include encouraging awareness of existing legal protections frame work and supporting their meaningful implementation.

Legislation is most effective when people understand their rights, and when victims and those at risk can access practical protection with appropriate reporting mechanisms.

5. Independent and Organisational Advocacy

Individuals can support organisations working to prevent FGM and assist survivors. Such organisations may provide education, healthcare referrals, counselling, legal assistance, community education and other forms of support.

Financial contributions, volunteering, professional

expertise and public awareness Some parents may have



can effectively strengthen the work of organisations committed to ending FGM.

6. Citizen Advocacy

Ordinary citizens have an important role to play, while parents, teachers, young people, community leaders and concerned members of society can challenge harmful narratives, and encourage respectful attitudes towards girls and women.

Citizen advocacy does not necessarily require a formal organisation. Sometimes it begins with a conversation within a family, a school, a community meeting or a social-media platform could contribute to social change.

Understanding the Nigerian Context

FGM in Nigeria is influenced by a complex combination of social, cultural, economic and demographic factors. The prevalence and social meaning of the practice vary between ethnic groups, communities and states. At the same time, communities in which FGM remains socially accepted can place significant pressure on families to conform.

Parents may fear that refusing the practice will expose their daughters or families to criticism, stigma, rejection or other social consequences.

experienced FGM themselves and therefore, believe that continuing the practice is necessary, because it has been accepted for generations.

This illustrates an important reality; harmful practices can survive not simply because individuals want to cause harm, but because powerful social expectations make resistance difficult. The solution must therefore address the underlying social norms as well as the execution itself.

Conclusion: Transition from Silence to Action

The campaign against FGM requires courage, patience and continued public engagement. We must educate rather than mislead, support rather than stigmatise, and protect rather than maintain silent.

Survivors' advocacy journey is rooted in the belief that painful encounter should not be allowed to become meaningless. It should be sustained if speaking about the experience could educate another parent, encourage someone to seek help, or help protect a girl child from FGM. The goal is not merely to condemn FGM but to create a society in which FGM is no longer considered necessary, acceptable or inevitable.

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