

AN APPRAISAL OF THE EFFICACY OF THE LAW PROHIBITING FEMALE GENITAL MUTILATION AMONG THE IGEDE ETHNIC GROUP IN BENUE STATE, NIGERIA

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Abstract

In many societies of the world, female genital mutilation (FGM) is outlawed because it violates the rights of the girl-child. This study appraised the efficacy of the law prohibiting FGM among the Igede ethnic group in Benue State, Nigeria. Specifically, it assessed the impact of anti-FGM legislation on the prevalence and factors influencing the practice despite, as well as the intersections of cultural, social, and economic forces with legal provisions in shaping the experiences of women and girls who have undergone FGM. The study adopted a descriptive survey research design. Data were collected through questionnaires from 393 respondents and interviews conducted on 20 key informants. The quantitative data were analysed using frequencies, percentages, means, standard deviations and Chi-square, while qualitative data were reported thematically. Findings revealed that while awareness of the anti-FGM law was high, knowledge of penalties and reporting pathways was low. It was also found that enforcement of the law was weak and prevalence remained high, with 95.8% reporting personal experiences and 97.2% confirming that their relations were mutilated. Findings also revealed cultural beliefs linking FGM to womanhood, purity, reduced promiscuity, marriageability as well as strong social pressure, economic incentives for practitioners continued to undermine legal compliance. The study concluded that legislation alone is insufficient to eliminate FGM without simultaneous cultural reorientation and community-driven behavioural change. It was recommended that the enforcement of anti-FGM law should be strengthened, provision of social support systems and community-level sensitisation on the law.

Keywords: Cultural norms, efficacy, female genital mutilation, Igede, legal prohibition.

Introduction

Female Genital Mutilation (FGM) represents a profound violation of the human rights of girls and women worldwide, reflecting deeply entrenched gender inequalities and extreme forms of discrimination. The practice is maintained through cultural, traditional, and religious norms, often enforced via community mechanisms that govern sexual, moral, and social behaviour. Despite its prevalence in certain regions, advanced societies have recognized FGM as an unacceptable violation of human rights, integrating its elimination into broader frameworks of gender equality, child protection, and public health initiatives. International organizations, including the World Health Organization (WHO), United Nations Population Fund (UNFPA, 2021), and the United Nations Children's Fund (UNICEF), have consistently called for the eradication of FGM, framing it as both a health and rights issue that requires coordinated global action. The Orchid Project (2018) similarly emphasized the necessity of legal and policy measures to protect girls and women from FGM and to support community-level interventions aimed at changing harmful social norms and practices.

Kandala, Okoro and Lwanga (2020) asserted that the high prevalence of female genital mutilation around the world creates a sense of urgency to eliminate the practice. The 2012 United Nations (UN) Resolution 67/146 urged nations to ban FGM/C. Such a call has mobilised global efforts to reduce and eliminate the burden of FGM/C (UNFPA 2021). Given that change has been uneven in the efforts to eliminate FGM/C, analysis of context-specific evidence is needed to inform policies and interventions (Muteshi 2016). This evidence is critical if countries are to meet Target 5.3 of the Sustainable Development Goals (SDGs) on the elimination of all harmful practices including child marriage, early marriage, forced marriage, and FGM/C (UNFPA 2021). According to WHO, between 100 and 140 million girls and women worldwide have been subjected to one of the first three types of female genital mutilation, which includes the 91.5 million girls and women above 9 years old in Africa currently living with the consequences of female genital mutilation. In 2018, ten years after the Interagency Statement was released, FGM had dropped drastically among African children. Despite this, anti-FGM campaigners argue that “teenagers and young women remained at risk of the harmful practice. According to the Interagency Statement, Types I, II and III female genital mutilation have been documented in 28 countries in Africa and in a few countries in Asia and the Middle East. As a result of the increase in international migration, the number of girls and women living outside their country of origin who have undergone female genital mutilation or who may be at risk of being subjected to the practice” has increased tremendously. In 2019, for example, a Ugandan woman became the first person to be found guilty of female genital mutilation (FGM) in the UK in a landmark case instituted by campaigners” against the practice (Mbaku, 2021)

In Africa, UNFPA (2021) reported that approximately two thirds of females who have been cut are from four African countries: Sudan, Egypt, Ethiopia, Senegal. The estimates for Egypt, Ethiopia, and Nigeria are 27 million, 24 million, and 20 million respectively making them the countries with the highest absolute numbers of women and girls living with FGM in Africa. In addition, it is estimated that about 68 million girls are at risk of FGM from 2015 to 2030 if the current trend continues (UNFPA 2018). On 10 November 2023 the African Commission on Human and Peoples' Rights (African Commission) and the African Committee of Experts on the Rights and Welfare of the Child (African Children's Committee) launched a Joint General Comment on the Eradication of Female Genital Mutilation (FGM) (Joint General Comment on FGM). The Joint General Comment on FGM aims to clarify the obligation to eliminate FGM as

set out for state parties to the African Charter on Human and Peoples' Rights (African Charter), the African Charter on the Rights and Welfare of the Child (African Children's Charter) and the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa (Lasseko-Phooko, 2024). In 1995, Uganda promulgated a new Constitution (Constitution), this Constitution is recognized as one of the most progressive on human rights in the world, in that, it incorporated human rights principles of International Conventions that Uganda is signatory to. - such as the Convention on Elimination of all Forms of Discrimination Against Women (CEDAW).

Tanzania is one of 28 African countries in which female genital mutilation (FGM) is widely practised. This is despite the fact that the country has ratified a number of international and regional human rights instruments that protect women against the practice of FGM. The mere fact that the practice of FGM continues despite Tanzania's obligation under international and regional human rights treaties raises the question whether Tanzania has put in place adequate constitutional and legislative measures to protect women against FGM. It is this question that this article seeks to address (Yusuf & Fessha, 2013)

Following the recommendations of the United Nations Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), many governments in West Africa, including Benin, Burkina Faso, Côte d'Ivoire, Ghana, Senegal and Togo, have taken steps to curb the practice of female genital mutilation (FGM) by criminalising it and by social reform through education and outreach programmes (Ako & Akweongo, 2009). The Convention, which was ratified by 139 countries, recommends that governments take effective measures, including educational and health care measures, to eliminate FGM. Most of them proceeded to implement this in their countries through statutory legislation.

Similarly, in Nigeria, the Federal government enacted a legal framework that includes the nationwide Violence Against Persons Prohibition (VAPP) Act of 2015, which the states enact and adopt in order to respond and for accountability towards FGM/C, because of the governance structure in the country. Furthermore, about 13 states have so far enacted some laws banning FGM/C; such legislation is the Prohibition of Female Genital Mutilation of 2017 enacted in Imo State, the site of the wider health system study (Orchid Project, 2018)

According to the Orchid Project (2018), the legal framework addressing FGM in Nigeria remains uneven, as the VAPP Act, though a significant Federal milestone, applies directly only within the Federal Capital Territory, Abuja, requiring each state to adopt similar legislation to ensure nationwide prohibition. Before the enactment of the VAPP Act, some states had already taken individual steps to legislate against FGM through child protection and gender-focused laws, including Bayelsa State's FGM (Prohibition) Law (2004), Cross River State's Girl-Child Marriages and Female Circumcision (Prohibition) Law (2000), Ebonyi State's Law Abolishing Harmful Traditional Practices Against Women and Children (2001), Edo State's Prohibition of Female Genital Mutilation Law (1999), Enugu State's FGM (Prohibition) Law (2004), and the Rivers State Child Rights Act (2009). However, Orchid Project (2018) notes that the domestication of the VAPP Act remains incomplete, with only about thirteen states mostly in the south having enacted specific legislation banning FGM, while northern states rely largely on Sharia Penal Codes in places such as Zamfara, Kano, Kebbi, Kaduna, and Sokoto to address forms of child protection that may not explicitly prohibit FGM. This fragmented legislative environment underscores persistent gaps in achieving uniform enforcement across the country.

Several studies have been conducted on FGM, such as Yusuf and Fessha (2013), who examined the effectiveness of anti-FGM legislation in Tanzania from a human-rights perspective, highlighting gaps in enforcement despite a strong legal framework. Similarly, Kimani and Obianwu (2020) reviewed the laws and policies addressing FGM in Kenya and Nigeria, focusing on the strengths and weaknesses of national legislative responses. In addition, Kandala et al. (2020) analysed trends in the prevalence of FGM in Nigeria using multiple demographic surveys, offering insights into national patterns and shifts over time. Beyond Nigeria, Derow, et al. (2021) assessed the impact of anti-FGM legislation in Garissa County, Kenya, revealing how legal reforms interact with entrenched community practices. However, these studies were limited either to national-level assessments, cross-country policy analyses, or examinations of enforcement in other regions and do not investigate the specific applicability, implementation, or effectiveness of the law prohibiting FGM among the Igede ethnic group in Benue State, thereby creating a clear knowledge gap that the present study seeks to address. Thus, this study is an appraisal of the efficacy of the law prohibiting female genital mutilation among the Igede Ethnic Group in Benue State, Nigeria.

Objectives of the Study

The overall objective of the study was to appraise the efficacy of the law prohibiting Female Genital Mutilation among the Igede ethnic group in Benue State. The study specifically aimed to:

- i. assess the impact of the law prohibiting FGM on the prevalence of FGM among the Igede ethnic group in Benue State, Nigeria.
- ii. investigate the factors that contribute to the persistence or abandonment of FGM practices among the Igede despite the Law.
- iii. explore intersections between cultural, social and economic factors and the law in shaping the experiences of Igede women and girls who have undergone FGM.

Research Hypotheses

1. The law prohibiting FGM has no significant influence on the prevalence of FGM among Igede ethnic group in Benue state, Nigeria.
2. Cultural and social factors, such as traditional beliefs and community norms are not influential in shaping FGM practices among Igede ethnic group.
3. The effectiveness of the law in reducing FGM is not hindered by socio-cultural and economic factors that perpetuate the practice.

Conceptual Clarification

Female Genital Mutilation (FGM)

Female Genital Mutilation (FGM) refers to all procedures that involve the partial or total removal of the external female genitalia, or any other injury to the female genital organs for non-medical reasons (WHO, UNICEF & UNFPA, 1997; WHO, 2024). It is a deeply rooted cultural practice sustained by social norms, perceptions of morality, and gender expectations, despite having no health benefits and posing severe immediate and long-term physical, psychological, sexual, and reproductive health risks. As noted by UNFPA (2021), FGM is upheld through community mechanisms that reinforce unequal power relations and regulate female sexuality, making it both a public health concern and a fundamental human rights violation.

The practice of altering female genitalia has been described using various terms over time. Early United Nations studies adopted the term, female circumcision, reflecting an anthropological approach that was later taken up by the World Health Organization (UNFPA, 2018; UNICEF, 2001). However, critics have argued that the term, female circumcision, minimizes the severity of the procedures by suggesting an equivalence with male circumcision, thereby normalizing a practice that has far more severe implications for women and girls (UNFPA, 2021). Consequently, the term Female Genital Mutilation became widely used to underscore the gravity and harmful nature of the act.

FGM refers to all procedures involving the partial or total removal of the external female genitalia or any injury to the female genital organs for non-medical reasons, typically carried out on girls between infancy and age 15. It represents a violation of fundamental human rights, including the rights to bodily integrity, health, security, and dignity. According to Orchid Project (2018), the persistence of FGM is rooted in deeply entrenched cultural beliefs, gender norms, and social pressures that continue to sustain the practice despite significant legal and advocacy efforts aimed at its eradication. Globally, more than 100 million women and girls have undergone FGM, with millions more at risk annually, illustrating the scale and enduring nature of this harmful practice.

Theoretical Framework

The AGIL Theory

The theory developed by Talcott Parsons explains how social systems maintain stability and adapt to changing environments. This framework identifies four functional imperatives necessary for any social system to survive: Adaptation (A), Goal Attainment (G), Integration (I), and Latency or Pattern Maintenance (L) (Parsons, 1951, Mbaku, 2021). Adaptation refers to the system's ability to manage resources and respond to environmental demands, Goal Attainment involves setting and achieving collective objectives, Integration ensures coordination among societal components, and Latency involves the transmission of cultural norms and values across generations. Parsons assumed that societies are structured systems in which each part has a function, and disruptions in one component can affect the overall equilibrium. The theory assumes that social order and cohesion are maintained through shared norms, values, and practices, with institutions playing a key role in fulfilling essential societal functions (Mbaku, 2021; Lasseko-Phooko, 2024). Its strength lies in offering a holistic perspective, allowing researchers to understand how formal mechanisms, such as law, interact with informal cultural and social structures. In the context of harmful practices like FGM, the AGIL framework explains why such practices persist despite legal prohibitions. For example, laws prohibiting FGM may exist (Goal Attainment), yet cultural values and traditions embedded in communities (Latency) continue to legitimise and reinforce the practice. Similarly, integration challenges arise when community leaders, families, and law enforcement actors negotiate between compliance with statutory law and cultural preservation (Derow, et al., 2021).

Applying AGIL to the study, the adaptation function reflects how households and communities respond to the introduction of anti-FGM law, including the VAPP Act (2015) and state-level prohibitions, by adopting or resisting alternative social norms and practices (Kimani & Obianwu, 2020; 28 Too Many, 2018). Goal Attainment captures the legislative intent to eliminate FGM, as well as government and non-governmental organizations efforts to enforce legal measures and promote awareness campaigns (Federal Ministry of Health et al., 2017; Orchid Project, 2018). Integration highlights the challenges of synchronising law enforcement with community values, where family, elders, and traditional authorities may resist or reinterpret the law to maintain social

cohesion (Matanda, et al., 2023; Muthumbi, et al., 2015). Finally, Latency emphasises the enduring influence of cultural beliefs and practices, which are transmitted across generations and often dictate the social expectations around womanhood, sexuality, and marriageability, thereby shaping the lived experiences of women and girls subjected to FGM (Lasseko-Phooko, 2024; Mbaku, 2021).

The AGIL framework, shows how the study critically explores the intersections between legal frameworks, cultural norms, and social behaviour to understand why statutory provisions alone may be insufficient to eliminate FGM. The theory provides a lens to examine how the law interacts with entrenched cultural and social systems, and how these dynamics affect the prevalence and lived experiences of FGM among the Igede ethnic group in Benue State. This approach underscores the importance of complementing legislation with social change interventions that address the underlying functions FGM serves within the community.

Methods

This study adopted a mixed-method research design, combining descriptive survey and ethnographic approaches to explore the efficacy of the law prohibiting Female Genital Mutilation (FGM) among the Igede ethnic group in Benue State. The study targeted the female folk among the Igede ethnic group. A total of 393 respondents and 20 key informants participated in the study.

A multi-stage sampling technique was employed. Initially, simple random sampling was used to select respondents from Oju and Obi LGAs, while snowball sampling was used to identify key informants. Trained research assistants were used to administer the questionnaires, while the interviews were conducted by the researchers. The qualitative data from interviews were analysed thematically to uncover patterns, meanings, and cultural nuances, while quantitative data were analysed using simple percentages, frequencies, and Chi-square tests.

Results

The data presented and analysed in this section are based on the 393 questionnaires retrieved out of the 400 administered including the thematic analysis of the interviews conducted.

Table 1: Socio-Demographic Characteristics of Respondents

Variables	Frequency(F)N=393	Percentage	Mean	Std. Dev.
Gender				
Male	120	30.5		
Female	273	69.5		
Age				
14-30	251	63.9	28.11	8.57
31-43	120	30.6		
44 and above	22	5.6		
Occupation				
Farming	147	37.5		
Business	131	33.3		
Civil service	44	11.1		
Others	71	18.1		
Educational Status				
Non-formal	125	31.9		
Primary	158	40.3		
Secondary	71	18.1		
Tertiary	38	9.7		
Religious affiliation				

Christianity	142	36.1
Islam	23	5.9
Traditionalist	216	55.0
Others	12	3.0

Source: Field Survey, 2025

The socio-demographic characteristics of the respondents were assessed and presented in Table 1. Data on the sex of the respondents revealed that females constituted the majority with 69.5%, while males constituted 30.5%. Findings on the age of the respondents showed that 63.9% were within the ages of 14–30 years, 30.6% were aged 31–43 years, while 5.6% were 44 years and above. The mean age of 28.11 years with a standard deviation of 8.57 indicated that the population was predominantly young and actively involved in the affairs of the community.

The occupational distribution of the respondents revealed that 37.5% were farmers and 33.3% were involved in business activities. In addition, 11.1% were civil servants, while 18.1% were engaged in other occupational categories. The dominance of farmers and business persons suggests that the population was significantly influenced by cultural norms, beliefs and practices which could shape female genital mutilation practices in the area in spite of the law prohibiting it.

The educational attainment of the respondents showed that 40.3% had primary education, 31.9% had no formal education, 18.1% attained secondary education, while 9.7% had tertiary education. The relatively high percentage of respondents with low or basic educational attainment implies that literacy levels may influence their level of understanding of the legal and health implications of Female Genital Mutilation.

Findings on religious affiliation indicated that 55% of the respondents were traditionalists, 36.1% were Christians, 5.9% were Muslims, while 3.0% belonged to other religions. The substantial percentage of traditionalists in the population suggested that cultural beliefs and practices remain strong in the area, which may have implications for the persistence of FGM despite legal prohibitions in the area.

Impact of Law prohibiting FGM on the prevalence of FGM among the Igede ethnic group in Benue State, Nigeria

Table 2: Respondents' Opinion on Law Prohibiting FGM on the Prevalence of FGM among the Igede Ethnic Group in Benue State

Variables	Frequency(F)N=393	Percentage (%)
Awareness of the anti-FGM law		
I am aware	278	70.7
I am not aware	82	20.9
Not sure	33	8.4
Sources of information about the law		
Radio	208	52.8
Community meeting	27	6.9
Church announcement	126	31.9
Others	6	8.3
Awareness of penalties for practicing FGM		
I am aware	87	22.2
I am not aware	230	58.3
Not sure	76	19.4

Source: Field Survey, 2025

The respondents' opinions on the law prohibiting Female Genital Mutilation (FGM) among the Igede ethnic group were assessed and presented in Table 2. Data on awareness of the law revealed that 70.7% of the respondents were aware of the existence of the law, 20.9% indicated they were not aware, while 8.4% were not sure. This high level of awareness suggests that a significant proportion of the population is knowledgeable about the legal framework addressing FGM in the area.

The sources of information about the law showed that 52.8% of the respondents obtained their information through radio, 31.9% heard about it in church announcements, while 6.9% received the information during community meetings. Additionally, 8.3% got their information from other unspecified sources. The dominance of radio and church announcements as sources of information indicates that media and religious institutions play a major role in disseminating knowledge about the anti-FGM law among the Igede people.

With respect to knowledge of penalties for practicing FGM, 22.2% of the respondents affirmed that they were aware of the penalties, 58.3% indicated that they were not aware, while 19.4% were not sure. The low level of awareness about penalties implies that although many people know about the existence of the law, detailed knowledge regarding enforcement measures remains limited, which may affect compliance and reduction in the prevalence of the practice. The findings from qualitative data collaborated the result from quantitative data where a 37-year-old female at Oju township reported that:

I have heard about the law that stops FGM. Many of us young women in Oju know about it because we hear it mostly on the radio and sometimes during church announcements. But even though we are aware, most people still don't know the exact punishment for practicing FGM. The information is not clear. So even if awareness is high, the law is not strong in our minds, and that is why some communities still practice it quietly.

Data on the law prohibiting Female Genital Mutilation (FGM) among the Igede ethnic group was further assessed, 38-year-old female, businesswoman, traditionalist, primary education, from Obi LGA asserted that:

In Obi here, I don't think many people know about any law against female genital mutilation. I personally have not heard anything on radio or in our community meetings. What we know mostly comes from our mothers and elders, not government. Even the penalties people mention, I don't believe they are enforced because no one has been punished. So, for us, the awareness is not there; the government doesn't come to inform or enforce anything.

Table 3: Respondents' opinion on prevalence of FGN before and after the law among the Igede ethnic group in Benue State

Variables	Frequency(F)N=393	Percentage (%)
Ever undergone FGM		
Yes	376	95.8
No	6	1.4
Not sure	11	2.8
If your daughter/sister undergone FGM		
Yes	381	97.2
No	6	1.4
Not sure	6	1.4
If FGM cases increased, decreased or remained the same in the past five years		
Increased	22	5.6
Decreased	300	76.4
Remained the same	71	18.1

Source: Field Survey, 2025

The respondents' opinions on the prevalence of Female Genital Mutilation (FGM) before and after the enactment of the law were assessed and presented in Table 3. Data on personal experience with FGM revealed that 95.8% of the respondents indicated that they had undergone FGM, 1.4% stated they had not, while 2.8% were not sure. This very high percentage of individuals who had experienced FGM suggests that the practice was deeply rooted and widely practiced within the Igede ethnic group prior to the enforcement of the law.

Information on whether any daughters or sisters of the respondents had undergone FGM showed that 97.2% affirmed that their daughters or sisters had been subjected to the practice, 1.4% indicated none had undergone FGM, while 1.4% were not sure. This finding reinforces the widespread prevalence of FGM within households and across generations, pointing to strong cultural continuity in the practice before the introduction of the law.

Regarding the trend of FGM cases in the community over the past five years, 5.6% of the respondents reported that cases had increased, 76.4% stated that the practice had decreased, while 18.1% indicated that it had remained the same. The high percentage reporting a decrease suggests that the presence of the law, combined with awareness efforts and gradual shifts in community attitudes, may be contributing to a reduction in the incidence of FGM in recent years. The qualitative data supported these findings, 29-year-old female student at Oju had this to say:

I underwent FGM when I was very young, but I can see that things are changing now. Most of the girls in my community, especially in the last five years, are not being cut. The elders and some mothers are now more aware of the law, and many families are refusing the practice. I would say the number of FGM cases has actually decreased compared to before.

In addition, 42-year-old female from Obi LGA opined that:

In my area, most girls still undergo FGM, even though there is a law. I have a niece who was cut recently, and I know of a few others. So, while some families might be stopping, in some parts of Obi, the practice is still going on. I think the number has slightly increased in some villages over the past few years.

Table 4: Respondents' Opinion on Perceived Impact of the Law on FGM among the Igede Ethnic Group in Benue State

Variables	Frequency(F)N=393	Percentage (%)
If law prohibiting FGM is impactful		
Yes	349	88.9
No	17	4.2
Not sure	27	6.9
How the law impacted the practice of FGM		
Increased awareness about the dangers of FGM	180	45.8
Practitioners are arrested	33	8.3
Led to more reporting of FGM cases	126	31.9
Others	54	13.9
Any changes in the behaviours of community members towards FGM amidst the law		
Yes	312	79.2
No	27	6.9
Not sure	54	13.9

Source: Field Survey, 2025

The respondents' opinions on the perceived impact of the law prohibiting Female Genital Mutilation (FGM) among the Igede ethnic group were assessed and presented in Table 4. Data on whether the law is impactful showed that 88.9% of the respondents believed the law was impactful, 4.2% stated it was not impactful, while 6.9% were not sure. This overwhelming agreement suggests that the law is generally seen as an effective measure in addressing the practice of FGM within the community.

Information on how the law has impacted the practice revealed that 45.8% of the respondents indicated that it increased awareness about the dangers of FGM, 31.9% noted that it has led to more reporting of FGM cases, while 8.3% stated that practitioners are being arrested. Additionally, 13.9% mentioned other unspecified forms of impact. These findings indicate that the law has contributed significantly to heightened awareness, improved reporting, and some level of enforcement within the community.

Regarding changes in community behaviour amidst the law, 79.2% of the respondents reported that community members' behaviour towards FGM had changed, 6.9% said there had been no change, while 13.9% were not sure. The high percentage acknowledging behavioural change suggests that the presence of the law, along with awareness and enforcement efforts, has influenced shifts in attitudes and practices related to FGM among the Igede people. To add to these findings, a 45-year-old female from Oju LGA:

I think the law has really made a difference in our community. More people now know that FGM is harmful, and families are talking about it openly. Some girls have been taken to report cases, and at least some of the practitioners have been warned. I can see that many parents are starting to stop the practice because of the law.

Furthermore, 40-year-old female and traditionalist from Obi LGA asserted that:

I am not sure the law has changed much in my area. People still practice FGM in secret, and most parents do not report it. Very few practitioners are actually punished. Awareness seems to be mostly in the towns, but in the villages, the law has not made a big difference.

This showed that, the law has impacted positively to some extent on the practice of female genital mutilation among the Igede ethnic group in Benue State.

Factors that Contribute to the Persistence or Abandonment of FGM Practices among the Igede despite the Law

Table 5: Respondents’ Opinion on Cultural and Social Factors in FGM among the Igede Ethnic Group in Benue State

Variables	Frequency (N=393)	Percentage (%)
Traditional beliefs and values about FGM		
Belief to make a girl mature into womanhood	82	20.8
Seen as a requirement for marriage	98	25.0
As a way to preserve family honour	109	27.8
Cultural tradition passed down from ancestors	104	26.4
Whether FGM is necessary for a girl’s initiation into womanhood		
Yes	44	11.1
No	234	59.7
Not sure	115	29.2
How decisions regarding FGM is Influenced		
Endorse FGM in community meetings	120	30.6
Pressure parents to conform to cultural expectations	120	30.6
Mobilise elders to support continuation of FGM	71	18.1
Discourage reporting of FGM cases to authorities	82	20.8
Pressure by community members to continue FGM practices		
Yes	349	88.9
No	11	2.8
Not sure	33	8.3

Source: Field Survey, 2025

The respondents’ opinions on the cultural and social factors influencing the persistence or abandonment of Female Genital Mutilation (FGM) among the Igede ethnic group were assessed and presented in Table 5. Data on the traditional beliefs and values associated with FGM revealed

that 27.8% of the respondents believed it is practiced to preserve family honour, 26.4% viewed it as a cultural tradition passed down from ancestors, 25.0% saw it as a requirement for marriage, while 20.8% believed it helps a girl mature into womanhood. These findings show that deep-rooted cultural beliefs continue to shape the persistence of FGM, with emphasis placed on honour, tradition, and marital expectations.

Responses on whether FGM is necessary for a girl's initiation into womanhood indicated that 59.7% of the respondents believed it was not necessary, 11.1% believed it was necessary, while 29.2% were not sure. The majority view that FGM is not required for initiation suggests a gradual shift away from traditional justifications for the practice, although the significant proportion of those who are unsure may reflect lingering cultural influence or limited understanding of alternative initiation methods.

The ways in which decisions regarding FGM are influenced showed that 30.6% of the respondents indicated that FGM is endorsed during community meetings, and another 30.6% noted that parents are pressured to conform to cultural expectations. Additionally, 20.8% stated that there is discouragement of reporting FGM cases to authorities, while 18.1% mentioned that elders are mobilised to support its continuation. These findings point to strong community-level social pressures and influential structures that reinforce the practice.

In terms of whether community members apply pressure to continue FGM practices, 88.9% of the respondents affirmed that such pressure exists, 2.8% stated there was no pressure, while 8.3% were not sure. The very high percentage reporting pressure indicates that despite the existence of the law, communal expectations and social coercion remained powerful forces sustaining the practice within the Igede community. Cultural and social factors in FGM were assessed among key informants and the qualitative result presented. According to a 34-year-old female interviewee at Oju LGA:

In our community, FGM is still seen as an important tradition. Many people believe it helps a girl become a woman and is necessary for marriage. Even though some know it is against the law, families are pressured by elders and neighbors to follow these customs. Most girls and women feel they have no choice but to comply because of the expectations from our families and community.

Narrating the influence of social and cultural factors on FGM practice, a 48-year-old female from Obi LGA asserted that:

I think the influence of culture is decreasing. While some families still talk about FGM as part of tradition, many young women now refuse it, and parents are beginning to listen. In my area, community meetings rarely push people to practice FGM anymore. The pressure is less than it used to be, especially among families who understand the risks and the law.

Table 6: Respondents' Opinion on Economic Factors among the Igede Ethnic Group in Benue State

Variables	Frequency(F)N=393	Percentage (%)
FGM a source of income		
Yes	349	88.9
No	27	6.9
Not sure	17	4.2
Economic factors influence your decision to practice FGM		
Yes	312	79.2
No	27	6.9
Not sure	54	13.9
How cost of FGM affects decision to practice		
Cost pushes families to use traditional cutters	60	15.3
Low cost makes it easier for continuation	333	84.7

Source: Field Survey, 2025

The respondents' opinions on the economic factors influencing Female Genital Mutilation (FGM) among the Igede ethnic group were assessed and presented in Table 6. Data on whether FGM serves as a source of income showed that 88.9% of the respondents agreed that the practice is a source of income, 6.9% indicated that it is not, while 4.2% were not sure. This high percentage suggests that economic benefits continue to play a significant role in sustaining the practice, particularly for traditional practitioners who rely on FGM as a means of livelihood.

Responses regarding whether economic factors influence the decision to practice FGM revealed that 79.2% of the respondents believed economic considerations influenced their decision, 6.9% stated they were not influenced, while 13.9% were not sure. The predominance of respondents acknowledging economic influence shows that financial pressures and incentives remain strong determinants in the continuation of FGM within the community.

With respect to how the cost of FGM affects the decision to practice, 84.7% of the respondents indicated that the low cost of the procedure makes it easier for families to continue with the practice, while 15.3% stated that the affordability of the cost pushes families to use traditional cutters. These findings highlight that the economic accessibility of FGM significantly contributes to its persistence, as low-cost procedures reduce financial barriers and promote reliance on traditional practitioners. An interviewee, a 31-year-old female from Oju LGA was of the view that:

Many people in my community see FGM as a way to earn some money. Traditional cutters are paid, and that encourages families to keep doing it. Even when some parents know it's risky or illegal, the low cost makes it easier for them to continue, and the income it brings to practitioners keeps the practice alive.

A 44-year-old male and traditionalist, from Obi LGA, stated that:

In Obi, FGM is still influenced by money. Most families use traditional cutters because it is cheap, and some people earn from performing it. Even though many know it is against the law, the cost is low, and the income it provides motivates some to continue practicing it.

Table 7: Respondents’ Opinion on Law Enforcement and Awareness among the Igede Ethnic Group in Benue State

Variables	Frequency(F)N=393	Percentage (%)
Whether the law prohibiting FGM is effectively enforced		
Yes	27	6.9
No	312	79.2
Not sure	54	13.9
Whether education or information about the law is received		
Yes	224	56.9
No	54	13.9
Not sure	115	29.2
I know where to report cases of FGM		
Yes	27	6.9
No	306	77.8
Not sure	60	15.3

Source: Field Survey, 2025

The respondents’ opinions on law enforcement and awareness regarding Female Genital Mutilation (FGM) among the Igede ethnic group were assessed and presented in Table 7. Data on whether the law prohibiting FGM is effectively enforced revealed that 79.2% of the respondents indicated that the law is not effectively enforced, 6.9% believed it is enforced, while 13.9% were not sure. This finding suggests that weak enforcement remains a major challenge in reducing the prevalence of FGM in the community.

Responses on whether education or information about the law has been received showed that 56.9% of the respondents affirmed receiving information, 13.9% stated they had not, while 29.2% were not sure. The majority who received information indicates that awareness campaigns are reaching some members of the community, although a significant portion remains uninformed or uncertain about the law.

With respect to knowledge of where to report cases of FGM, 77.8% of the respondents indicated that they do not know where to report, 6.9% stated that they know, while 15.3% were not sure. This lack of knowledge about reporting mechanisms highlights a gap in the operationalization of the law, suggesting that even where awareness exists, practical channels for enforcement and reporting are limited, which may hinder the effectiveness of legal measures against FGM. Other similar views were gotten from interviewees in the area, a 36-year-old female from Oju LGA, opined that;

Honestly, the law is not really enforced in our community. Most people know it exists, but very few cases are reported, and even fewer are acted upon. I don't think anyone here knows exactly where to report a case of FGM, and that makes the law weak. I feel like it exists only on paper.

Another interviewee, 38-year-old female from Obi LGA was of the opinion that;

Some of us have heard about the law from radio or church, but many people in Obi don't know the details. Most families don't know where to report FGM cases, and even when information is given, enforcement is very rare.

That is why people continue to practice it in secret.

The findings from KII therefore confirms the existence of law enforcement and awareness regarding Female Genital Mutilation (FGM) among the Igede ethnic group in the study area.

Table 8: Respondents' Opinion on Attitudes and Beliefs among the Igede Ethnic Group in Benue State

Variables	Frequency(F)N=393	Percentage (%)
Benefits or advantages of FGM		
Enhance marriageability	60	15.3
Thought to reduce promiscuity	136	34.7
Mark of cultural identity	115	29.2
Rite of passage into womanhood	82	20.8
Disadvantages or harms associated with FGM		
Severe pain	104	26.4
Excessive bleeding	82	20.8
Infection	136	34.7
Long-term psychological trauma	71	18.1
Whether FGM is necessary		
Yes	202	51.4
No	104	26.4
Not sure	87	22.2

Source: Field Survey, 2025

The respondents' opinions on attitudes and beliefs regarding Female Genital Mutilation (FGM) among the Igede ethnic group were assessed and presented in Table 8. Data on the perceived benefits or advantages of FGM revealed that 34.7% of the respondents believed it reduces promiscuity, 29.2% viewed it as a mark of cultural identity, 20.8% considered it a rite of passage into womanhood, while 15.3% stated it enhances marriageability. These findings suggest that cultural and social perceptions continue to support the practice of FGM, linking it to moral, social, and marital expectations.

Responses on the disadvantages or harms associated with FGM showed that 34.7% of the respondents identified infection as a consequence, 26.4% mentioned severe pain, 20.8% indicated excessive bleeding, while 18.1% recognized long-term psychological trauma. This demonstrates that while respondents are aware of the physical and psychological risks of FGM, the cultural and social incentives often outweigh these health concerns in influencing the continuation of the practice.

Regarding whether FGM is necessary, 51.4% of the respondents believed it is necessary, 26.4% stated it is not necessary, while 22.2% were not sure. The majority perception that FGM is

necessary highlights the persistence of traditional beliefs and social norms, suggesting that attitudes and cultural values remain a major factor sustaining the practice despite the existence of the law. The qualitative data showed the attitudes and beliefs regarding Female Genital Mutilation (FGM) among the Igede ethnic group. The findings above were further corroborated by a 45-year-old male from Oju LGA who asserted that:

Some people in my community still believe FGM is important. They say it helps a girl become mature, reduces promiscuity, and increases her chances of marriage. Many families think it is part of our culture and a rite of passage. Even though I know the risks, some parents feel these benefits are more important.

In the same light, another interviewee 46-year-old male and traditionalist from Obi LGA had this to say:

I don't think FGM is necessary. I have seen girls go through it and suffer severe pain, excessive bleeding, and even infections. Some are traumatized for life. Many young women now question the practice, and I think the risks far outweigh any supposed benefits like cultural identity or marriageability.

The Intersections Between Cultural, Social and Economic Factors and the Law in Shaping the Experiences of Igede Women and Girls who have Undergone FGM

Table 9: Respondents' Opinion on Experiences with FGM among the Igede Ethnic Group in Benue State

Variables	Frequency(F)N=393	Percentage (%)
Description of experience		
Was done at a young age during a cultural ceremony	109	27.8
Was performed by a traditional cutter at home	136	34.7
Was taken by relatives without prior notice	82	20.8
Happened as part of an initiation rite with other girls	66	16.7
The experience while undergoing FGM		
Felt resigned as it was seen as inevitable	93	23.6
Confused about why it was necessary	120	30.6
Felt pressured to comply with family expectations	55	13.9
Experienced pain and discomfort	125	31.9
Ever experienced physical/emotional complication		
Experience complications	300	76.4
No complications	33	8.3
Not sure	60	15.3

Source: Field Survey, 2025

In Table 9, data on the description of experiences revealed that 34.7% of the respondents had FGM performed by a traditional cutter at home, 27.8% underwent the procedure at a young age during a cultural ceremony, 20.8% were taken by relatives without prior notice, while 16.7% experienced it as part of an initiation rite with other girls. These findings indicate that FGM is often conducted

in culturally significant contexts, sometimes without consent, highlighting the social and familial pressures surrounding the practice.

Responses on how the respondents felt while undergoing FGM showed that 31.9% experienced pain and discomfort, 30.6% felt confused about why it was necessary, 23.6% felt resigned as it was seen as inevitable, while 13.9% felt pressured to comply with family expectations. The results suggest that the experience is largely physically and emotionally challenging, reflecting both the involuntary nature of the practice and the influence of family and community expectations.

Regarding whether respondents experienced physical or emotional complications, 76.4% indicated that they had, 8.3% stated they had not, while 15.3% were not sure. The high percentage of complications highlights the health risks and psychological consequences associated with FGM, underscoring the urgent need for effective enforcement of laws and community education to prevent further harm among girls and women in the Igede community. To further support common experiences with FGM a, 32-year-old female from Oju LGA had this to say:

I underwent FGM when I was very young during a cultural ceremony. At the time, I didn't fully understand why it was done, but I felt it was inevitable. The process was painful, and I had to comply with my family's expectations. I also experienced some health complications afterward, which made it even harder.

Another 35-year-old female from Obi LGA submitted that:

My FGM was done by a traditional cutter at home without my prior knowledge. I was confused about why it was necessary and felt pressured to obey my parents. It was very painful, and I have experienced emotional stress since then. Many girls in my community have similar experiences.

Table 10: Respondents' Opinion on Intersection of Cultural and Social Factors among the Igede Ethnic Group in Benue State

Variables	Frequency(F)N=393	Percentage (%)
How cultural or social expectations around FGM affect daily life		
Felt pressure to maintain secrecy about the procedure	104	26.4
Constantly mindful of family and community expectations	125	31.9
Limitations in participating in social activities.	164	41.7
Pressure from family or community members to conform to traditional FGM practices		
Yes	279	70.9
No	27	6.9
Not sure	87	22.2
Impact of FGM on social status		
Gained respect among women who also underwent FGM	136	34.7
Reputation tied to adherence to cultural norms	115	29.2

Experienced exclusion in certain modern or educated circles	142	36.1
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Source: Field Survey, 2025

The respondents' opinions on the intersection of cultural and social factors regarding Female Genital Mutilation (FGM) among the Igede ethnic group were assessed and presented in Table 10. Data on how cultural or social expectations around FGM affect daily life revealed that 41.7% of respondents reported limitations in participating in social activities, 31.9% stated they were constantly mindful of family and community expectations, while 26.4% felt pressure to maintain secrecy about the procedure. These findings suggest that FGM continues to shape the social experiences of women, influencing both behaviour and participation in community life.

Responses on whether respondents feel pressure from family or community members to conform to traditional FGM practices showed that 70.9% affirmed experiencing pressure, 6.9% stated they did not, while 22.2% were not sure. The high percentage indicating pressure underscores the strong role of communal and familial expectations in sustaining the practice despite legal prohibitions.

Regarding the impact of FGM on social status, 36.1% of the respondents indicated that they experienced exclusion in certain modern or educated circles, 34.7% stated they gained respect among women who also underwent FGM, while 29.2% reported that their reputation was tied to adherence to cultural norms. These findings highlight the complex social dynamics surrounding FGM, where cultural approval and community recognition coexist with social exclusion in more modernized contexts, illustrating the tension between tradition and contemporary social expectations. Many other interviewees agreed the intersection of cultural and social factors regarding Female Genital Mutilation (FGM) among the Igede ethnic group. To this effect, 35-year-old female from Oju LGA had this to say:

After undergoing FGM, I always felt pressure to keep it a secret. People in the community constantly expect you to follow traditional norms, and sometimes it limits participation in social activities if you don't conform. There is also respect among women who have gone through it, so it is seen as important to maintain social standing.

Another interviewee, a 48-year-old male, from Obi LGA also had a similar response:

Many girls feel pressured by their families to undergo FGM. If you don't, you can be excluded from some social groups or looked down upon. Even though some educated or modern circles don't value it, in the traditional community, your reputation is tied to following cultural norms.

Thus, findings from the IDI therefore corroborated that intersection of cultural and social factors regarding Female Genital Mutilation (FGM) among the Igede ethnic group.

Table 11: Respondents' Opinion on Economic Impact among the Igede Ethnic Group in Benue State

Variables	Frequency(F)N=393	Percentage (%)
Ever experienced economic difficulties as a result of FGM (eg. Medical expenses, lost productivity)		
Yes	246	62.5
No	49	12.5
Not sure	98	25.0
FGM has affected your ability to work or earn a living		
Yes	338	86.1
No	11	2.8
Not sure	44	11.1
Whether you received any economic support or assistance related to FGM		
Yes	44	11.1
No	333	84.7
Not sure	16	4.2
Whether aware of any laws or policies that protect women and girls from FGM		
Yes	186	47.3
No	174	44.4
Not sure	33	8.3
Whether anyone you know reported cases of FGM		
Yes	22	5.6
No	333	84.7
Not sure	38	9.7
Effectiveness of the law in protecting women and girls from FGM		
Effective	98	25.0
Not effective	235	59.7
Not sure	60	15.3

Source: Field Survey, 2025

The respondents' opinions on the economic impact of Female Genital Mutilation (FGM) among the Igede ethnic group were assessed and presented in Table 11. Findings on whether respondents have experienced economic difficulties as a result of FGM, such as medical expenses or lost productivity, revealed that 62.5% of the respondents reported having experienced such difficulties, 12.5% indicated they had not, while 25.0% were not sure. This finding indicates that FGM has significant financial implications for individuals and families within the community. Responses on whether FGM has affected respondents' ability to work or earn a living showed that 86.1% of the respondents affirmed that it had, 2.8% stated it had not, while 11.1% were not sure. The high percentage demonstrates the adverse impact of FGM on economic productivity, highlighting the broader socio-economic consequences of the practice.

Regarding receipt of economic support or assistance related to FGM, 84.7% of the respondents indicated that they had not received any support, 11.1% stated they had, while

4.2% were not sure. This finding suggests a lack of institutional or community mechanisms to mitigate the financial burden associated with FGM, leaving victims largely unsupported. With respect to awareness of laws or policies protecting women and girls from FGM, 47.3% of the respondents were aware, 44.4% were not aware, while 8.3% were not sure. Furthermore, only 5.6% of respondents reported knowing someone who had reported cases of FGM, 84.7% indicated they had not, while 9.7% were not sure. These results highlight limited awareness and engagement with legal channels, suggesting that enforcement and reporting mechanisms remained weak.

Regarding the perceived effectiveness of the law in protecting women and girls from FGM, 25.0% of the respondents were of the view that the law was effective, 59.7% were of the opinion that the law was not effective, while 15.3% were not sure. These findings indicate that majority of the community members viewed the law as insufficiently protective, emphasizing the need for stronger implementation, awareness, and support structures to safeguard girls and women against FGM. In line with this, a 40-year-old female from Obi LGA had this to say:

I have faced economic problems because of FGM. After the procedure, I needed medical care, which cost a lot, and it affected my ability to work for weeks. No one in my family or community provided any support. Even though there is a law, it hasn't helped protect us or give any financial assistance. Many people I know just suffer in silence.

In the words of a 33-year-old female from Oju LGA asserted that:

FGM affected my ability to earn a living for some time because I had complications that made it hard to go to work. I haven't received any economic help, and most women I know haven't either. Very few people report cases, and the law does not seem effective in protecting us financially or socially. It feels like we face the burden alone.

Table 12: Respondents' Opinion on Support and Resources among the Igede Ethnic Group in Benue State

Variables	Frequency(F)N=393	Percentage (%)
Kind of support or resources received related to FGM		
Educational programs on FGM consequences	163	41.7
Counseling and emotional support services	131	33.3
Financial assistance for recovery and rehabilitation	55	13.9
Health care and medical treatment for complications.	44	11.1
Whether there are any organizations or individuals that have helped you with FGM related issues		
Yes	317	80.6
No	38	9.7
Not sure	38	9.7
The most effective way to support women and girls who have undergone FGM		
Support networks linking survivors with mentors	55	13.9
Accessible health and psychological services	191	48.6
Awareness campaigns targeting families and communities	55	13.9

Legal enforcement combined with community education	92	23.6
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Source: Field Survey, 2025

The respondents' opinions on support and resources related to Female Genital Mutilation (FGM) among the Igede ethnic group were assessed and presented in Table 12. Data on the kind of support or resources received revealed that 41.7% of the respondents had access to educational programs on the consequences of FGM, 33.3% received counseling and emotional support services, 13.9% obtained financial assistance for recovery and rehabilitation, while 11.1% accessed health care and medical treatment for complications. These findings indicate that various forms of support exist, although coverage and reach remain limited for some critical areas such as financial and medical assistance.

Responses regarding whether organizations or individuals helped with FGM-related issues showed that 80.6% of the respondents received assistance, 9.7% stated they had not, while 9.7% were not sure. The high percentage of respondents receiving support suggests the presence of active intervention efforts in the community, though gaps in awareness or access still exist for a small proportion of the population. With respect to the most effective ways to support women and girls who have undergone FGM, 48.6% of the respondents indicated that accessible health and psychological services would be most effective, 23.6% emphasized legal enforcement combined with community education, while 13.9% each mentioned support networks linking survivors with mentors and awareness campaigns targeting families and communities. These results highlight the community's recognition of the importance of both practical health services and comprehensive educational and legal interventions in mitigating the consequences of FGM. The qualitative data showed the opinions on support and resources related to Female Genital Mutilation (FGM) among the Igede ethnic group. The findings above were further corroborated by a 29-year-old female at Oju that:

I received support from an organization that educates girls about the dangers of FGM. They also provided counseling and advice on how to cope with the trauma. I think accessible health and psychological services are the most helpful way to support girls like me who have undergone FGM.

Furthermore, a 38-year-old male, businessman and traditionalist from Obi LGA asserted that:

Some people in my community helped by talking to families and giving advice, but very few provide real help for recovery. Many girls still suffer without guidance. I believe a combination of legal enforcement and community education would be the most effective way to protect and support women and girls who experience FGM.

Test of Hypotheses

The Chi-square (X^2) statistics was used to test the three hypotheses formulated to guide the study at 0.05 level of significance and the results are presented on tables 13-15.

Hypothesis 1: The law prohibiting FGM has no significant influence on the prevalence of FGM among Igede ethnic group in Benue state, Nigeria.

Table 13: Chi-Square Test on Law Prohibiting FGM and the Prevalence of FGM

	Value	Df	P-Value
Pearson Chi-Square	23.346 ^a	6	.001
Likelihood Ratio	30.799	6	.000
Linear-by-Linear Association	9.137	1	.003
N of Valid Cases	72		

a. 1 cell (8.8%) have expected count less than 5. The minimum expected count is 1.

The chi-square test shows a significant association between the law prohibiting FGM and the prevalence of FGM among the Igede ethnic group ($\chi^2 = 23.346$, $df = 6$, $p = .001$). Since the p-value is less than the 0.05 significance level, the result is statistically significant. The assumption of expected cell counts was also satisfied, with only 8.8% of cells below 5, which is within acceptable limits. Therefore, the null hypothesis one is rejected. The findings indicate that the law prohibiting FGM has significantly reduced the prevalence of FGM among the Igede ethnic group in Benue State.

Hypothesis 2: Cultural and social factors, such as traditional beliefs and community norms are not influential in shaping FGM practices among Igede ethnic group.

Table 14: Chi-Square Test on Cultural and Social Factors and Community Norms Shaping FGM Practices

	Value	Df	P-Value
Pearson Chi-Square	30.248 ^a	6	.000
Likelihood Ratio	32.565	6	.000
Linear-by-Linear Association	21.510	1	.000
N of Valid Cases	72		

a. 2 cells (16.7%) have expected count less than 5. The minimum expected count is 2.

The chi-square test examining the influence of cultural and social factors on FGM practices among the Igede shows a significant association ($\chi^2 = 30.248$, $df = 6$, $p = .000$). The p-value is well below the 0.05 significance level, indicating a statistically significant relationship. Additionally, the chi-square assumption was met, as only 16.7% of cells had expected counts below 5, which is within the acceptable limit of not exceeding 20%, and the minimum expected count was 2. Therefore, the null hypothesis is rejected. The findings confirm that cultural and social factors, such as traditional beliefs, community expectations, and social norms, play a significant and influential role in shaping female genital mutilation practices among the Igede ethnic group in Benue State.

Hypothesis 3: The effectiveness of the law in reducing FGM is not hindered by socio-cultural and economic factors that perpetuate the practice.

Table 15: Chi-Square Test on effectiveness of the law in reducing FGM and socio-economic factors that perpetuate the practice

	Value	Df	P-Value
Pearson Chi-Square	21.182 ^a	6	.002
Likelihood Ratio	22.877	6	.001
Linear-by-Linear Association	8.184	1	.004
N of Valid Cases	72		

a. 1 cell (8.7%) have expected count less than 5. The minimum expected count is 1.3.

The Chi-square test assessing whether the effectiveness of the law shows a significant association ($\chi^2 = 21.182$, $df = 6$, $p = .002$). Since the p-value is below the 0.05 threshold, the relationship is statistically significant. The Chi-square assumption was also satisfied, as only 8.7% of cells had expected counts below 5, which is within the acceptable limit of 20%, and the minimum expected count of 1.3 meets required standards. The null hypothesis therefore, is rejected. The results indicate that the effectiveness of the law in reducing FGM is indeed hindered by poor implementation, low awareness, and socio-economic conditions that allow the practice to persist among the Igede ethnic group.

Discussion of Findings

The study examined the impact of the law prohibiting Female Genital Mutilation (FGM) on its prevalence among the Igede ethnic group in Benue State. Findings show that although awareness of the law is relatively widespread, circulating mainly through radio and church announcements, knowledge of penalties remains low, and enforcement is inconsistent, especially between communities in Oju and Obi LGAs. The results further reveal that while most respondents had undergone FGM in the past, many agreed that the number of cases has declined in recent years, and a majority perceived the law as having some positive influence, particularly by increasing public awareness and encouraging reporting. These findings align with earlier evidence from Nigeria, where Kandala et al. (2020) reported that legal prohibition combined with awareness campaigns contributed to a gradual decline in national FGM prevalence. The result is further supported by Derow et al. (2021), who observed that anti-FGM legislation in Kenya reduced open practice and increased awareness, even though some cutting shifted underground. However, the study's findings also resonate with concerns raised by Ako and Akweongo (2009), who argued that legislation alone has limited impact where cultural beliefs strongly sustain the practice—a pattern clearly seen in some parts of Obi LGA, where FGM persists despite the law.

Similarly, Byamukama (2009) and Yusuf and Fessha (2013) emphasized that weak enforcement and strong sociocultural resistance often diminish the effectiveness of anti-FGM laws across African contexts. While respondents in Oju reported noticeable behavioural changes and reduced FGM cases, those in Obi noted continued secret cutting and limited government engagement, echoing Kimani and Obianwu's (2020) findings that enforcement remains inconsistent and community norms often override legal measures. Overall, the study's findings reflect the broader literature: legal prohibition contributes to declining prevalence and heightened awareness, but its impact is mediated by enforcement capacity, sociocultural acceptance, and the presence of complementary community-level interventions.

Findings on factors that contribute to the persistence or abandonment of FGM practices among the Igede despite the Law in the study shows that, cultural beliefs, economic incentives, weak law enforcement, and entrenched social attitudes continue to sustain the practice across Oju and Obi

LGAs. Respondents indicated that FGM is still driven by deep-rooted traditions such as preserving family honour, fulfilling marriage expectations, and marking womanhood, while strong communal pressure, expressed through community meetings, parental coercion, and elder influence, further reinforces its continuation. Although some respondents, especially younger women from Obi LGA, reported a gradual decline in cultural endorsement, many still perceive FGM as necessary and beneficial, associating it with reduced promiscuity, enhanced marriageability, and cultural identity. Economic factors also emerged as major enablers, as many participants acknowledged that FGM provides income for traditional practitioners, and the low cost of procedures encourages families to continue patronising them. In contrast, awareness of the law exists for some, but enforcement is widely viewed as weak, with most respondents from both LGAs unaware of reporting channels, leading to a perception of the law as ineffective.

The findings from the study indicate that the persistence of Female Genital Mutilation (FGM) among the Igede ethnic group is influenced by a combination of cultural, social, economic, and gender-related factors, despite the existence of laws prohibiting the practice. Cultural beliefs and traditional values, such as preserving family honour, fulfilling marital requirements, and marking the transition into womanhood, continue to underpin the practice, creating strong social expectations for compliance. Social pressures are reinforced through community meetings, mobilization of elders, and discouragement of reporting FGM cases, illustrating that communal influence remains a critical driver of the practice. While there is evidence of a gradual shift, with some respondents recognizing that FGM is not necessary for initiation into womanhood, lingering cultural norms and uncertainty among community members highlight the challenges of eradicating the practice solely through legal measures. Economic considerations also contributed significantly to the continuation of FGM, as the procedure serves as a source of income for traditional practitioners and is financially accessible for families, reinforcing its persistence. These findings are corroborated by Hinsliff-Smith, et al. (2020) and Kolawole and Anke (2010) who found that socio-economic incentives, such as the low cost of procedures and financial gains for traditional excitors, played a major role in sustaining female genital mutilation practices.

Furthermore, these findings align with broader literature showing that FGM is deeply embedded in socio-cultural and economic contexts, where social norms, beliefs about female sexuality, and gendered power dynamics maintain the practice. FGM is often justified as a means to control women's sexuality, ensure marriageability, and conform to moral or religious expectations, while simultaneously providing economic benefits to practitioners (Olajumoke Ereola, et al., 2020; Sanni & Bishwajit, 2018). Gender inequalities exacerbate its persistence, as women often have limited agency in decision-making, and societal expectations tie family honour to female compliance (Azuonwu & Ezekiel, 2020; Olanrewaju, 2020). Cultural and traditional beliefs, coupled with myths about sexual morality and hygiene, reinforce adherence to FGM, while low socio-economic status and lack of education limit opportunities for alternative behaviour (Orji & Babalola, 2006; Sanni & Bishwajit, 2018). Overall, the persistence of FGM among the Igede reflects the interplay of cultural, social, economic, and gendered forces, indicating that legislation alone is insufficient without community engagement, awareness, and strategies addressing the underlying socio-cultural and economic drivers of the practice.

The findings on intersections between cultural, social and economic factors and the law in shaping the experiences of Igede Women and girls who have undergone FGM. shows that Igede women and girls experience FGM at a young age, often without consent, leading to physical pain, emotional distress, and health complications. Social and cultural pressures enforce secrecy and

conformity, while the practice negatively impacts economic productivity and access to support. Legal protections are weak and poorly enforced, and awareness of reporting mechanisms is low. Survivors benefit from educational, counseling, and health services, but broader support, community education, and stronger law enforcement are needed to reduce FGM's harmful effects.

These findings align with Kimani and Obianwu (2020) and Muthumbi, et al. (2015) that FGM was maintained as a cultural imperative, marking femininity and social recognition while reinforcing gender hierarchies despite legal prohibitions. The findings were also congruent with Mbaku (2021) who noted that entrenched cultural norms can normalize the practice even in the face of legal sanctions. The experiences of secrecy, social pressure, and fear of exclusion reported by participants supported Lasseko-Phooko (2024), who observed that the perception of preserving communal identity and moral order strengthened adherence to FGM, leading women to comply to avoid stigma and social sanctions.

Furthermore, social factors also reinforced these findings. Respondents described family, community, and peer pressures compelling girls to undergo FGM, sometimes without consent. This finding aligns with Matanda, et al. (2023), who noted that social pressures often enforce adherence through threats of ostracism, marginalization, or familial reprisal. Similarly, this position supported observations by Mbaku (2021) and Lasseko-Phooko (2024) that, financial incentives, including the medicalization of female genital mutilation, operate alongside cultural and social pressures to sustain the practice.

Conclusion

This study appraised the efficacy of the law prohibiting female genital mutilation among the Igede ethnic group in Benue State, Nigeria. It examined the impact of legal measures on the prevalence of FGM and identified factors contributing to the continuation or discontinuation of the practice despite the law. The study also explored the intersection of cultural, social, and economic factors with legal frameworks in shaping the experiences of Igede women and girls who have undergone female genital mutilation. Findings highlighted that entrenched cultural norms, social pressures, and economic incentives significantly undermined the effectiveness of legal prohibitions in curtailing the practice.

Recommendations

1. To address the limited effectiveness of the anti-female genital mutilation law, government agencies and law enforcement bodies should intensify efforts to enforce the existing legislation. This should include conducting community-based awareness campaigns to educate families about the criminal nature of the practice and also punish perpetrators.
2. Since deeply entrenched cultural norms and social pressures sustain FGM, interventions should focus on culturally tailored education programmes that challenge harmful beliefs and practices, while respecting community values. Similarly, collaboration with community leaders, elders, and religious figures can help shift perceptions of FGM, promote alternative rites of passage, and reduce social coercion.
3. Households should be encouraged to engage in more meaningful economical ventures such as agriculture and small-scale businesses other than FGM. Policymakers and NGOs should provide opportunities to empower people and make them agriculturally and economically viable.

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