

# The Impact of Female Genital Mutilation (FGM) on the Nigerian Economy

A Data Survey

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## 1. Introduction

*"FGM is not only a catastrophic abuse of human rights that significantly harms [...] millions of girls and women, it is also a drain on a country's vital economic resources"*

— Ian Askew, World Health Organisation

### 1.1 Background

Female Genital Mutilation (FGM), which refers to all procedures involving partial or total removal of female genitalia for non-medical reasons, is a human rights violation, a public health issue and has substantially detrimental economic consequences. It is a traditional cultural practice in many states in Africa, the Middle East and in Asia. It is also practiced in the US<sup>1</sup> and the UK<sup>2</sup> by immigrant groups. More than 200 million girls and women living today have experienced FGM.<sup>3</sup> In Africa, it is estimated that 92-million girls aged ten and older have undergone an FGM procedure.<sup>4</sup> One quarter of global estimates of the practice of FGM occur in Nigeria.<sup>5</sup>

In 2020, the World Health Organisation (WHO) has issued a formal declaration in which it has described this retrogressive practice as exacting a "crippling" economic toll on many countries.<sup>6</sup> The WHO's head of sexual and reproductive health, Ian Askew, said in a statement in 2020 that "FGM is not only a catastrophic abuse of human rights that significantly harms [...] millions of girls and women, it is also a drain on a country's vital economic resources."<sup>7</sup> WHO expert Dr Christina Pallitto said that the long-term impacts of infection and pain could also affect girls' school attendance and work opportunities.<sup>8</sup>

**Fast facts: Economic development costs of Female Genital Mutilation(FGM) in sum**

- Material costs: health complications caused by FGM results in medical expenses through the life cycle of an affected woman. On scale, this is a public health burden on the state.
- Social costs with economic implications: education, labour and life loss  
FGM has been found to adversely affect school performance, leading to higher rates of absence and dropouts among girls. Early marriage that often accompanies FGM, may prevent girls' already limited access to education. Thus, FGM directly affects women's ability to contribute to a country's economic development.  
Affected women who join the labour force may underperform at work because of the possible long-term health effects of FGM.  
Complications resulting from FGM may lead to death of a woman/girl. It also increases mortality of newborns whose mothers have been subjected to FGM.

New mathematical modelling designed by experts at the WHO reveals that the total cost of treating the health impacts of FGM would amount to US\$ 1.4 billion globally per year, if all consequent medical needs were addressed.<sup>9</sup> For individual countries, these costs would amount to nearly 10% of their entire yearly expenditure on health on average; in some countries, this figure rises to as much as 30%.<sup>10</sup> Nevertheless, the global anti-FGM advocacy group "28 Too Many" says the health costs calculated by the WHO are a "drop in the ocean" compared to the larger costs for society and the economy.<sup>11</sup> "Girls who undergo FGM are often married off young, limiting their education and prospects[...]This entrenches poverty in communities and seriously holds back countries economic development", executive director Ann-Marie Wilson, says.<sup>12</sup> Among the consequences of the these realities is that girls who become women are kept out of participating in the formal economy and remain reliant on men for financial support. The implication that this has in terms of the impact on the work force of a particular country are incalculable.

The practice of FGM has been outlawed by international legal instruments.<sup>13</sup> It has been criminalised in more than 60 countries, including 24 African countries.<sup>14</sup> In 2012 the United Nations declared 6 February as International Day of Zero Tolerance for Female Genital Mutilation.<sup>15</sup> In 2020, the UNFPA-UNICEF Joint Programme, in its annual report *Elimination of Female Genital Mutilation: Accelerating Change*<sup>16</sup>, recorded 154 arrests, 100 court cases and 47 convictions and sanctions internationally.<sup>17</sup> These numbers were below those recorded in 2019, but convictions and sanctions increased by more than six.<sup>18</sup> Making a disclaimer by reference to the Covid-19 pandemic, the UNFPA-UNICEF Joint Programme<sup>19</sup> gives a possible

explanation for why the 2020 numbers were lower than in 2019. It commented that “the lockdowns and containment measures such as curfews and social distancing that were put in place to address the COVID-19 pandemic in several countries had significant impact on the enforcement of FGM legislation.”<sup>20</sup>

Despite its illegality, the practice of FGM continues but, as will be dealt with more fully below, appears to be declining in frequency.<sup>21</sup> In a large-scale study published in 2017<sup>22</sup>, researchers found that the prevalence of FGM has been declining slowly but steadily in 17 of the 22 countries that were sampled.

The continuing incidence of FGM is attributed to cultural beliefs and the value-systems of various communities and ethnic groups.<sup>23</sup> In some societies in Africa, FGM is practiced as an initiation rite of passage of girls to womanhood while in other societies on the continent, it is practiced with the avowed intention of protecting women’s chastity and discouraging them from being promiscuous.<sup>24</sup> Reducing the propensity for sexual arousal, FGM is believed, correspondingly, to inhibit promiscuous and/or extramarital sexual behaviour.<sup>25</sup> This belief provides the rationalisation or the religious and/or cultural custom reasons for the practice.<sup>26</sup> It is carried out mostly on girls between infancy and 15-years-old. One particular reason behind the decision of families to circumcise their daughters in Nigeria is the family’s concern about the girl-child’s inability to marry if she is not circumcised.<sup>27</sup> The reason is that many cultures in Nigeria, and elsewhere, hold the belief that when the girl-child is circumcised, it is a sign that she is “pure”.<sup>28</sup> On this logic, girls that are not circumcised are perceived as “unsuitable” for marriage on the reasoning that she “may not have control over their sexual desires after maturity and may be susceptible to promiscuity or being unfaithful in marriage”.<sup>29</sup>

Studies analysing data from the USAID Demographic and Health Surveys, as well as UNICEF’s Multiple Indicator Cluster Surveys, show that the prevalence of FGM has, indeed been declining over the past three decades in African countries including Nigeria. This may have been as a result of both legal prohibitions with their accompanying moral suasion and anti-FGM campaigns.

International declarations and conventions such as the Universal Declaration of Human Rights (UDHR) International Covenant of Economic, Social and Cultural Rights (ICESCR) the Convention Against Torture and Other Cruel, Inhumane or Degrading Treatment or Punishment (CAT), International Covenant on Civil and Political Rights (ICCPR), the Convention on the Rights of the Child (CRC) and the Convention on the Elimination of All Forms of Discrimination Against Women have contributed to state-specific laws outlawing FGM in approximately 60 countries. In a 2020 statement<sup>30</sup> the UN’s Secretary-General António Guterres calls the practice “a blatant manifestation of gender inequality that is deeply entrenched in social, economic and political structures” and “a human rights violation and an

extreme form of violence against girls.” The UN Human Rights Committee had earlier, in 2008, said that FGM constitutes a “cruel, inhumane or degrading treatment that violates the general prohibition against torture.”

## 1.2 Rationale

It is now well established that young women’s equality, freedom, education and development are central to the economic development of all societies. The inner dynamics of the relationship between gender equality and economic growth extend beyond the scope of this paper. Nonetheless, studies focusing on the direction of causality from gender equality to growth have shown that long-run growth models illustrate that gender equality enhances human capital endowment.<sup>31</sup> Empirical evidence also shows that gender equality boosts economic growth through the impact on the size of the labour force, and also leads to higher income equality which, in turn, can improve the sustainability of economic growth.<sup>32</sup>

FGM is physically, socially, psychologically harmful for reasons that relate to both its short and long-term consequences.<sup>33</sup> According to the WHO, these include death, HIV, infections, menstrual problems, severe pain, problems urinating, cysts, complications in childbirth, increased risk of neonatal deaths, mental health problems including post-traumatic stress disorder and depression<sup>34</sup> and infection. Other consequences include painful sexual intercourse and subsequent lack of sexual desire which is the major reason for excision of the clitoris.<sup>35</sup> These consequences, alongside other factors, may keep them out of participating in the formal economy. The removal of a woman’s genitalia for reasons that are other than strictly medical in nature is not only harmful but also dehumanising, infringing upon the human rights of girls and women, with consequential multiplier-effects for women’s participation in the economy and thus of economic progress.

The United Nations’ (UN) Sustainable Development Goals’ goal number 5 to “achieve gender equality and empower all women and girls” calls for the total elimination of FGM by 2030<sup>36</sup> and to “eliminate all [other] harmful practices, such as child, early and forced marriage”.<sup>37</sup> It hardly needs be said that FGM is an extreme manifestation of patriarchy in the society in which it occurs. The elimination of FGM will go a long way towards loosening the grip of patriarchy and, correspondingly, gender inequality in society. This will have a “multiplier effect”. It is now well established that women’s dignity, equality, freedom, education and development are central to the economic development of all societies.

The elimination of FGM will generate much more than a giant leap in the awareness that women have a right to control over their own bodies. It would, for example, heighten the consciousness of the right of women to make use of contraception and not to be burdened by unwanted pregnancies. In turn, the consequence will be that women will, to an increasing



extent, enter the economies of their societies, contributing in myriad positive ways, other than being restricted to child-rearing and child-caring. The concomitant reduction in the average number of children per woman in society will reduce population pressures. Women would also be increasingly likely to pursue higher education, with obvious economic benefits for their societies. An end to FGM will bring about incalculable economic advantage.

As former president of Nigeria Olusegun Obasanjo, also on the Brenthurst Foundation advisory board, proclaimed in Johannesburg in January 2022, at Dr Greg Mills', book launch *Expensive Poverty* (Pan Macmillan 2021) about economic progress and development: "There is no magic...we just need to do a few things right and continue to get them right." Ending FGM could be one of the most worthwhile things to do right, is this paper's rationale and argument.

### 1.3 Method

This paper assesses the progressive multiplier-effects for the economy if the retrogressive practice FGM in Nigeria ended, and asks if there a special kind of magic involved. It does this through desktop research and interviews with advocacy groups.

The WHO in 2020 launched an interactive data tool which calculates the current and future financial cost of health care for women living with conditions caused by FGM.<sup>38</sup> The WHO modelled the economic burden of Female Genital Mutilation (FGM) on a country-level by estimating the quantity of healthcare resources required to treat and manage complications of FGM, and multiplying these quantities by unit costs. The WHO's tool illustrates how FGM results in immediate complications, uro-gynaecological, obstetric, psychological and sexual complications, all of which may result in health care costs like outpatient consultations, days of hospitalisation, medications and other fiscal incurrences.<sup>39</sup> The quantity of resources required was estimated by modelling the population evolution over time, considering official UN World Population Prospects (2017) population structures, projections and fertility rates (1), using a dynamic state-transition Markov model.<sup>40</sup>

Using data on the prevalence of FGM in the adult female population (aged 15-49 years) taken from the most recently available Demographic and Health Surveys (DHS), or Multiple Indicator Cluster Survey (MICS), which included a special module on FGM, from 27 high-prevalence countries, the Cost Calculator demonstrates clear economic benefits from ending FGM.<sup>41</sup> If FGM were to be immediately abandoned, the tool shows that the associated savings in health costs would be more than 60% by 2050.<sup>42</sup> By contrast, if no action is taken, it is estimated that these costs will soar by 50% over the same time period, as populations grow and as more girls undergo the procedure. The WHO FGM Cost Calculator estimates the current and projected financial health care costs associated with FGM in specific countries, as well as the potential



cost savings to health systems of reducing new cases of FGM.<sup>43</sup> The WHO's FGM Cost Calculator's model has been internally peer-reviewed. This cost calculator tool will be used methodologically in this paper to present graphs demonstrating the economic costs of FGM in Nigeria, critically analysing these costs against the effectiveness, or non-effectiveness of laws criminalising FGM and correlations with women's participation in the economy in Nigeria alongside evidence that suggests that the practice is declining. This paper also draws on interviews with two leaders of Nigerian Anti-FGM advocacy groups, namely, Arc Lola Ibrahim, President of Women Against Violence & Exploitation (WAVE) Foundation and Ashifa Agede, Program Officer for Sexual and Reproductive Health at Youth Hub Africa.

## 2. Nigeria: FGM Prevalence, anti-FGM Law, and Policy Frameworks

### 2.1. FGM Scope and Prevalence

The Nigerian 2018 National Demographic and Health Survey (NDHS) – which is the most recent large-scale data resource on FGM to date – reported that 20 percent of Nigerian women aged 15-49 had undergone FGM.<sup>44</sup> This constitutes a 10 percent point reduction from the proportion of 30 percent ten years prior reported in the 2008 NDHS. The actual prevalence may, however, be higher than the recorded figure in the NDHS for reasons owing to the criminalisation of the practice in 2015. Consequently, FGM may be practiced in secret. In the result, some respondents in the NDHS may have lied, thereby skewing the data.

Around three-quarters of FGM is carried out by “traditional circumcisers.”<sup>45</sup> According to the most recent Nigeria Demographic and Health Survey (2018), 7% percent of girls and 9% of women were circumcised by medical professionals, with nurses and midwives playing an important role (7% for girls and 8% for women).<sup>46</sup>

According to the NDHS (2018), 86% of circumcised women age 15-49 reported to be circumcised before age 5, while 5% reported being circumcised at age 15 or older.<sup>47</sup> Only 14% of women age 15-19 reported to have been circumcised, as compared with 31% of women age 45-49, suggesting a decrease over time insofar that older women would have been circumcised before change in the times with regard to law and intervention.

The 2018 NDHS also asked women with female children whether their daughters less than 14 years of age had been circumcised and, if so, at what age.<sup>48</sup> Eighty-one percent of daughters have not been circumcised, while 17% were circumcised before they celebrated their first birthday.<sup>49</sup> This, too, suggests progress toward ending FGM. The prevalence of FGM is highest in the South East (35%) and South West (30%) and lowest in the North East (6%).<sup>50</sup> By ethnic group, the prevalence of FGM is highest among Yoruba women (35%) and lowest among Tiv

and Igala women (1% each). Urban women are more likely than rural women to have experienced FGM (24% and 16% respectively).<sup>51</sup>

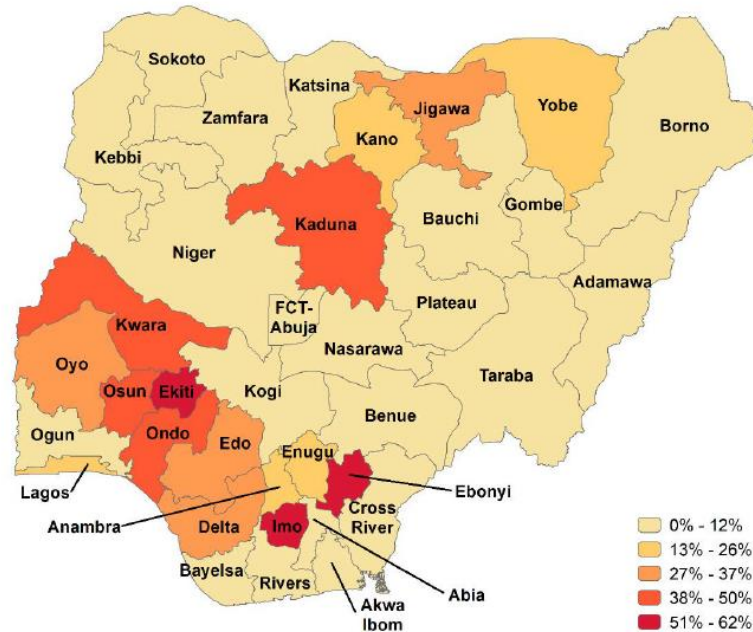


Figure 1: A map of Nigeria illustrating FGM distribution by percentage of prevalence

Source: NDHS, 2018

## 2.2 Patterns by Background Characteristics: Education and Religious Affiliation

According to the NDHS (2018), nine in ten women (92%) of Islamic faith were circumcised before age 5, as compared with 77% of women of Catholic faith. Twenty-five percent of girls less than four years of age and whose mothers are Muslims have been circumcised.<sup>52</sup> Daughters of women having more than a secondary education (eight percent) are less likely than daughters of women with no education (24%) to have been circumcised. Daughters of women who are circumcised are more likely to be circumcised themselves: 56% of girls who are less than 14 years of age and whose mothers are circumcised are also circumcised, as compared with only 17% of girls whose mothers are not circumcised.<sup>53</sup>

Women with higher than a secondary education and those in the highest wealth quintile are least likely to believe that FGM is required by their religion.<sup>54</sup>

Women who are circumcised are more likely than those who are not to believe that FGM is required by their religion (25% and 12%, respectively).<sup>55</sup> Similarly, women who are circumcised are more likely to believe that FGM should be continued than those who are not circumcised (42% and 13%, respectively).<sup>56</sup>

### 2.3 A Terrible Culture of Silence

Ashifa Agede, Program Officer for Sexual and Reproductive Health at Youth Hub Africa, says her youth-focused organisation works primarily with young men from the Young Men's Network Against Gender-Based Violence to strengthen men's engagement in advocating for the elimination of FGM in several states in Nigeria. Agede, when asked why men's voices specifically are of interest, said that:

*"It is compulsory for girls to be cut and she told me that girls who are not called are called 'Akobo' - it's a Yoruba word for females who are uncircumcised. It is a derogatory word."*

*Women are hardly able to speak up for themselves. You know, there's a terrible culture of silence[...] around female genital mutilation especially amongst those who have survived it. It's part of culture [that dictates that one] shouldn't put pressure on culture or speak out against it. Women and girls and mutilated for men's sexual pleasure. It is done to prepare the girls for marriage, to preserve them so that they don't become promiscuous[...] Everything is targeted towards the pleasure of the men that will be in their lives in the future. We thought it's strategic to engage young men, to take the lead in saying this thing has harmful effects, it is not helpful and it shouldn't be done.*

Lola Ibrahim, President of Women Against Violence & Exploitation (WAVE) Foundation, also spoke of the culture of silence. She said:

*It's important for people to come out and speak out if they are survivors, and a lot of people are afraid or ashamed to do this, because of the stigma associated with it [FGM] and because of, you know, the patriarchy that is associated it.*

Ibrahim, who herself is a survivor of FGM, said that when she asked her mother about why she had to go through the traumatic experience, the answer was that her paternal grandmother had insisted that: "All the girls must be called because it is a tradition." Ibrahim

explained further the view of her mother: “It is compulsory for girls to be cut and she told me that girls who are not called are called ‘Akobo’ - it's a Yoruba word for females who are uncircumcised. It is a derogatory word.”

*“ Women and girls and mutilated for men’s sexual pleasure. It is done to prepare the girls for marriage, to preserve them so that they don’t become promiscuous”.*

## 2.4 Legal Context: Anti-FGM Law and Policy in Nigeria

Nigeria has a federal system of government comprising 36 states, and a mixed legal system of English common law, Islamic law (in 12 northern states) and traditional law.<sup>57</sup> The legal system is complex and both levels of government play a role in the enactment of laws prohibiting FGM in Nigeria: although the federal government is responsible for passing general laws, the state governments must then adopt and implement them in their respective states.

### 2.4.1 Nigeria’s Prohibitive Laws against FGM

The Constitution of the Federal Republic of Nigeria (1999) does not specifically refer to violence against women and girls or harmful traditional practices or FGM. Articles 15(2) and 17(2) thereof do, however, prohibit discrimination and set out equality of rights respectively. Article 34(1) provides that every individual is entitled to respect for the dignity of their person and, accordingly, no one “shall be subject to torture, or to inhuman or degrading treatment.”

In May 2015, the Federal Government of Nigeria passed the Violence Against Persons Prohibition Act 2015 (VAPP), a law banning FGM and other harmful traditional practices. This legislation – as a federal law – applies, however, to the Federal Capital Territory (FCT) of Abuja only. At the time of writing in 2022, three more states, Anambra, Ekiti, and Oyo, have adopted that law.<sup>58</sup>

In the accompanying Explanatory Memorandum, the Violence Against Persons (Prohibition) Act aims to “prohibit all forms of violence against persons in private and public life, and provide maximum protection and effective remedies for victims and punishment of offenders.” The Act also provides protections against offenses that affect women disproportionately, including a prohibition of female genital mutilation in its section six.

The Act does not, however, criminalise the failure to report incidents of FGM, the practice of cross-border FGM, or the participation of medical professionals in acts of FGM. The latter, which is referred to as medicalisation of FGM in itself constitutes a barrier to the UN’s goal of achieving total elimination of FGM by 2030. Although the VAPP Act does not criminalise FGM procedures carried out by medical professionals, such individuals are held accountable to

professional standards and should be aware of what constitutes medical malpractice, delineated in Nigeria's Medical and Dental Practitioners (Disciplinary Tribunal) Rules, 2004 (the Medical Act), which sets out in Section 16 under 'Penalties for Professional Misconduct' that, where a registered person (i.e. a medical practitioner) is found guilty of professional misconduct by the medical Disciplinary Tribunal or is convicted by any court of law or tribunal for an offence considered incompatible with the status of a medical practitioner, they may be subject to penalties.<sup>59</sup> Although these provisions do not explicitly refer to FGM, it would ordinarily be considered to be a medical malpractice, and would thus fall thereof.

Prior to the VAPP Act, several states had already enacted state laws dealing with child abuse, child protection issues, violence against women and girls and which criminalised the practice of FGM. These include: Bayelsa State, Cross River State, Ebonyi State, Edo State, Enugu State and Rivers State. In some northern areas of the country, the Sharia Penal Codes of states including Zamfara, Kano, Kebbi, Kaduna and Sokoto are in place to protect children against various forms of physical and psychological violence.<sup>60</sup>

When asked about the effectiveness of the prohibitive laws against FGM, both Ibrahim and Agede said that there is a serious gap between the law and implementation.

*"And then even when people are caught, it takes forever for the prosecution. So it discourages a lot of people from even coming forward to report cases. You know, because at the end of the day, nothing is done. You will even find that a person who reports it gets, you know, a backlash from the community [...] So, there is a big gap",* said Ibrahim.

Ibrahim and Agede's explanations of the gap between law and implementation is supported by this research paper's findings, which was unable to find a single case of prosecution of an FGM-related crime in Nigeria.

## 2.4.2 Policy Context

In response to the passing of the VAPP Act, the National Policy and Plan of Action for the Elimination of FGM/C in Nigeria (2013–2017) was launched under the coordination of the Federal Ministry of Health and the Federal Ministry of Women, Affairs and Social Development.<sup>61</sup>

The implementation of the National FGM/C Elimination Programme has been coordinated by a multisectoral National Technical Working Group (chaired by the Ministry of Health) and supported by the UNFPA-UNICEF Joint Programme to end FGM (UNJP) since 2014.<sup>62</sup> Nigeria became part of the UNJP in 2014, partnering with federal ministries and state-level departments in Ebonyi, Ekiti, Imo, Lagos, Osun and Oyo.<sup>63</sup> There are a wide range of strategies and organisations working to end FGM in Nigeria, including community awareness

programmes, health educators, media campaigns and lobbyists for anti-FGM legislation to be fully implemented.

### 3.The Economic Development Costs of FGM: Nigeria

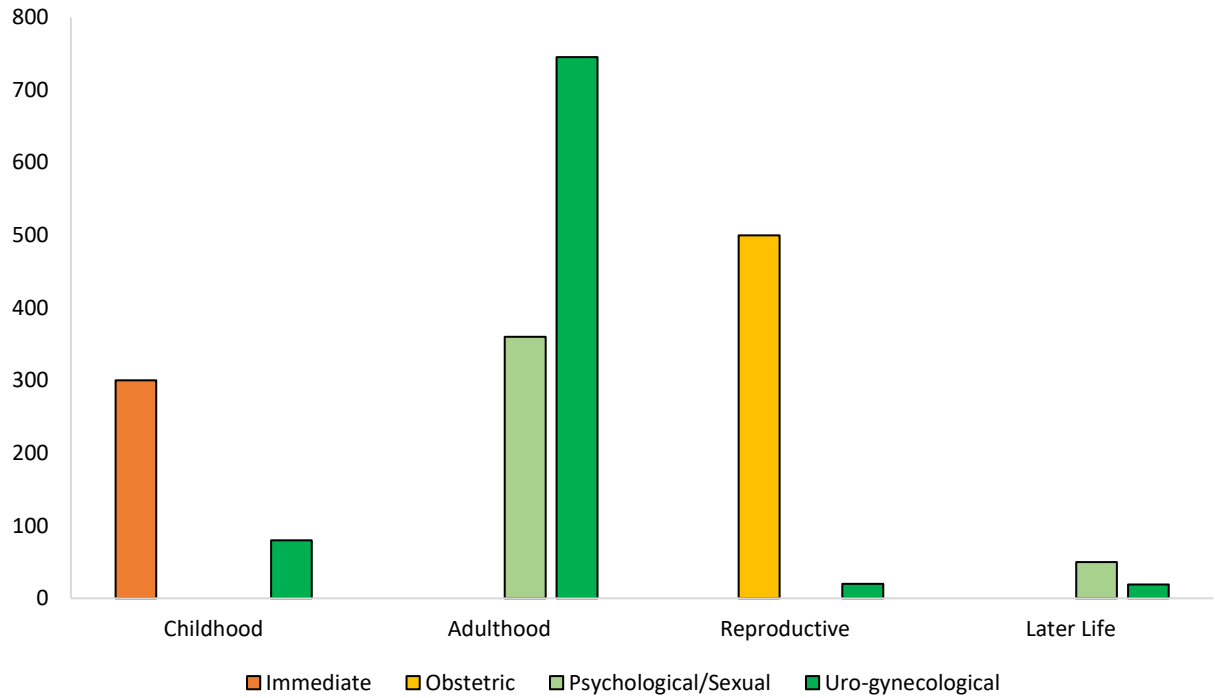
Agede explained the economic cost of FGM:

*Not only does FGM affect reproductive health it also affects mental health, which goes down to affect their productivity in life which transcends [and] it goes into socio-economic consequences because [survivors] are sometimes not able to work[...]. It costs the time that [a woman] have been engaging in something productive because she will also be in the hospital or she'll be too sick or in pain It also has the economic cost to men if [for example] a man's wife is dealing with consequences [of FGM] around their reproductive health, he's going to pay the bills.*

#### 3.1 The Economic Costs in Practical Terms

The economic burden directly associated with FGM refers to the ways public health care systems are required to treat girls and women with post FGM-procedure complications, which are listed in the introductory section of this paper. The WHO's cost calculator's calculation of Nigeria's current economic cost of FGM at 48.94 million US\$ (see graph 2) is based on a systematic review and meta-analysis of the scientific literature on clinical complications and outcomes associated with FGM. Each prevalent case of FGM is associated with increased healthcare utilisation. The additional risks for these complications in girls and women affected by FGM are modelled over the life course using United Nations population projections, and associated health care resource utilisation (outpatient consultations, days of hospitalization and medications) are estimated for each complication.

Graph 1 (below) displays the life course cost projections, associated with health complications derived from FGM. The economic costs and the presence of clinical outcomes differ as girls and women progress through the life course. The economic costs are displayed in Millions of USD and they are broken down into the following categories: immediate complications, uro-gynecological, obstetric and psychological and sexual complications.

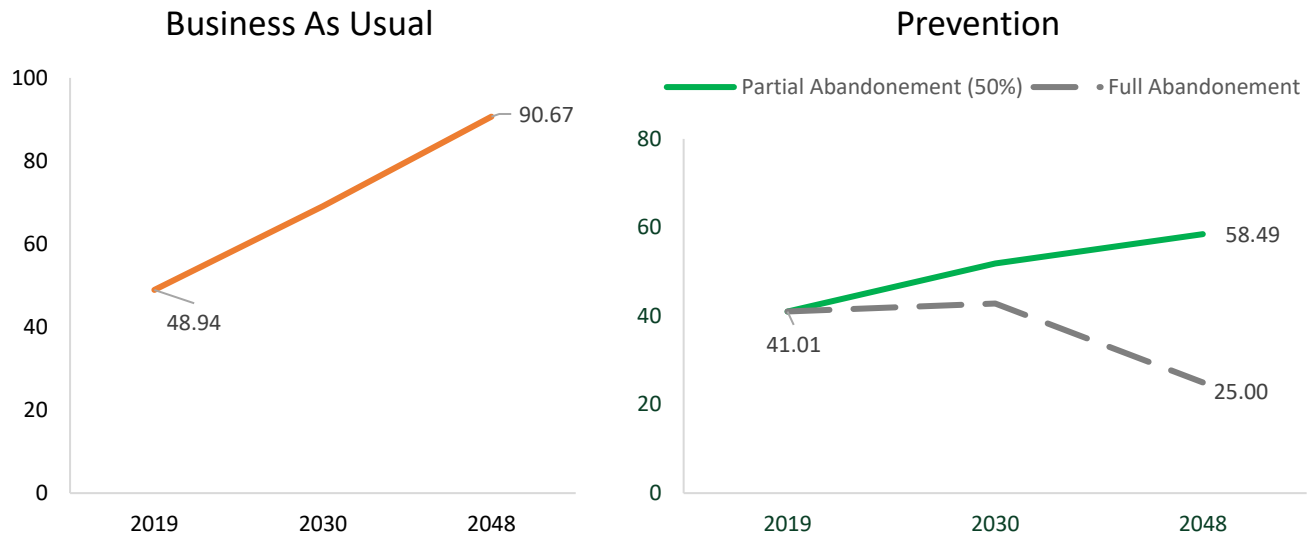


**Graph 1: Business As Usual Life Course Cost Projections, by Health Complications: Nigeria (in USD millions)**

Source: WHO

The graphic below (graph 2) presents a side-by-side comparison of the healthcare costs of FGM in Nigeria now (using data from 2019) and predicted for the future, created using the WHO FGM cost calculator. The baseline adult prevalence of FGM is taken Demographic and Health Surveys, and Multiple Indicator Cluster Surveys (which is modelled at 2019). The prevalence of FGM in girls and women aged 15 and over was considered a cumulative incidence over the first 15 years of life, and rescaled to a one-year incidence.





**Graph 2: Comparative Healthcare Costs: Nigeria (in USD millions)**

Source:WHO

The left graph displays the modelled healthcare costs of FGM on a country level annually under the current situation ('business as usual') at the present incidence levels. The y-axis scale is in Millions of USD. The graph on the right side displays the health care costs in two scenarios, abandonment of FGM and partial abandonment. This model was calculated based on prevalence data and population growth projection at the country-level, displaying the current trajectory. The graph illustrates that the current economic cost of FGM in Nigeria is 48.94 million US\$ per annum and, if its prevalence were to remain steady, this cost would rise to 90.67 million US\$ per annum. The right graph displays the reduction in the projected prevalence of FGM in two circumstances: abandonment and reduction (partial).

### 3.2 The Potential Economic Cost: Girls Not Being in School

Despite several national and international legal instruments, such as the Strategy for the Acceleration of Girls Education Programme (2003), the Child Rights Act (2003) and the United Nations Convention on the Rights of the Child (UNCRC), girls in Nigeria face a distinctive set of barriers to formal education at all levels. Nearly two out of three (about 6.34 million) of the country's 10.19 million out-of-school children in the country are girls.<sup>64</sup> Systemic social gender biases, violence including FGM, forced child-marriage, inadequate infrastructure, unsafe environments and limitations in teacher training impeded girls' participation and learning in formal schooling throughout Nigeria.<sup>65</sup> With the outbreak of the Covid-19 pandemic and the

subsequent closure of schools, the country has not only suffered losses directly attributable to its impact, but also an ever-worsening spate of insecurity and violence across the country, including attacks on school children – especially girls. For example, at the beginning of 2020, 935 schools in Northeast Nigeria were closed as a result of attacks and conflict.<sup>66</sup>

It is, of course impossible to control for FGM as a causal factor for keeping girls out of school. Nevertheless, according to the WHO, FGM has been found to adversely affect school performance, leading to higher rates of absence and drop outs among girls.<sup>67</sup> Correlative statistics are helpful in determining whether FGM may have the consequence of affecting the attendance of girls at school and, consequently, their future participation in the formal economy. At present, there are, however, insufficient methodological tools to enable a precise determination of the existing and potential economic costs of FGM. The same applies in respect of the impact of violence and conflict upon schoolchildren, especially girls. It is trite that education at school affects not only the economic prospects of individuals but the performance of the economy of a country, as a whole. The available evidence indicates that the adverse economic impact of FGM is significant.

#### 4. Conclusions and Recommendations

Besides being a gross human rights abuse, FGM is the antithesis of justice and gender equality. While the brutal practice is on the decline globally, it remains a prevalent problem costing approximately USD 1.4 billion globally per year, if all consequent medical needs were addressed. In Nigeria, the total cost is estimated at USD 49.8 million. The potential economic cost of FGM keeping girls out of school and of the formal economy cannot be accurately be measured quantifiably as there are many other factors levelled against girls and women that keep them out of the economy. More research is needed to investigate this

To conclude with Obasanjo's words, "There is no magic ...we just need to do a few things right and continue to get them right." (January, 2022). Ending FGM could be one of the most worthwhile projects to promote human-rights, gender equality and economic development in Africa. The multiplier effects for progress in the economy, if women were freer, less silenced, and able to participate fully, have been assessed in this paper.

This research paper recommends:

- The law needs directly to address "medicalised" FGM and, specifically, to criminalise the performance of FGM by health professionals.
- The law needs to be applied consistently across all states in Nigeria to ensure that FGM practicing communities do not move between states to avoid prosecution.

- Emphasis should additionally be given to the economic costs – and not only the considerable humanitarian impact of FGM – in policy strategy papers.
- The Federal and State Governments of Nigeria could ensure that adequate funding is made available for anti-FGM programmes to disseminate clear and accurate information.
- There should be effective monitoring and collection of data concerning the enforcement of the law against FGM, which, in turn, would further facilitate future strategies and programmes.

Retrogressive practices, such as FGM, and the silencing of women in respect thereof, hinders economic development across a broad front.

This paper, having focused on the Nigerian experience of FGM, demonstrates that carefully targeted interventions, which need not cost of lot of money, can have a massive positive impact not only on matters of great humanitarian relevance but also economic development. As indicated above, provided a few key steps are taken, no “special magic” is needed.

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