RECOGNIZING THE INALIENABLE REPRODUCTIVE HEALTH RIGHTS OF WOMEN IN NIGERIA. CUSTOMARY AND SHARIA LAW AS HINDRANCES: THE WAY FORWARD

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ABSTRACT

Reproductive rights provide a woman the ability to choose whether or not to have a child, as well as when and how many children to have. In a marital/sexual relationship, these rights also empower a woman to assert her autonomy. Discussions on the reproductive health of people living with HIV/AIDS, female genital mutilation, reproductive health rights of women affected by COVID-19, reproductive health rights of women living with disabilities in Nigeria and a variety of other topics led to a better understanding of women's reproductive health rights. However, both religious and customary norms have hampered the acknowledgment of women's reproductive health rights in Nigeria. This paper concludes that women should have the unalienable right to make decisions about their reproductive health at all times. They should be able to understand what is being done on their bodies, the dangers and consequences and provide their agreement.

Keywords: Recognizing, Reproductive Health Rights of Women, Customary Law, Sharia Law, Nigeria.

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INTRODUCTION

A comprehensive definition of "health" was adopted and expanded in the World Health Organization (WHO) constitution at the 1994 International Conference on Population and Development (ICPD)[i], as a "state of complete physical, mental, and social well-being, not merely the absence of disease or infirmity." Section 94[ii] states that reproductive health is:

> In all aspects connected to the reproductive system and its functions and processes, a condition of total physical, mental, and social well-being, rather than simply the absence of disease or disability.

In the context of this definition, reproductive health would include a number of basic characteristics. It would imply that women have the ability to reproduce, to control their fertility, to successfully navigate through pregnancy, for children to survive and a variety of other concerns. It also implies that people can have a secure sexual life.

Many African religious and cultural beliefs obstruct [iii] women's capacity to play full and equal roles with males, producing a climate conducive to breaches of women's rights. Religious and cultural standards based on the belief that women are inferior to males in God's eyes, have been identified as a source of violations of women's rights. This notion is rooted in a number of African cultural practices that have an impact on the lives of the majority of Africans, and as a result, women are treated as second-class citizens. Widows being[iv] disenfranchised from inheritance; suffer domestic abuse; are raped and so on are examples of such practices. Women's rights have long been viewed as being hampered by religion. Even in religious circles, women are entrusted with leadership duties, but they are nonetheless carried out in a way that reflects women's lower status. This is due to the women's ingrained attitudes and mentalities, as well as religious and cultural knowledge and views gained prior to becoming religious or traditional leaders. The task of effectively achieving women's reproductive health rights is a difficult one because of the diversity of legal systems and cultural customs, this is the case.

There must however be a distinction made between what is ethically or religiously correct and what is legal in terms of reproductive rights. In terms of reproductive health rights, there should also be a distinction made between what is culturally proper and what is healthy. As a result, any effort to defend or assert women's reproductive health rights must challenge and deconstruct the underlying cultural ideas and societal institutions that perpetuate violation.

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In view of the above, this paper is divided into five parts. Part one is the introductionary. Part two deals with understanding reproductive health rights of women. This is better understood by discussing matters like female genital mutilation (FGM), the reproductive health of persons living with human immunodeficiency virus (HIV/AIDS), female genital mutilation, reproductive health rights of women affected by COVID-19 and a host of others. Part three claims among other things, that customary laws restrict women's ability to exercise their reproductive health rights in the majority of cases, reflecting the patriarchal nature of most traditional African societies. Part four examines sharia law and observes that certain provisions of the Penal Code obviously violate the right to human dignity, physical integrity, and freedom from humiliating or inhuman treatment. Part five concludes that women have the freedom to make their own decisions regarding their life and reproductive health.

UNDERSTANDING REPRODUCTIVE HEALTH RIGHTS OF WOMEN

Female genital mutilation (FGM), reproductive health rights of women affected by COVID-19, reproductive health rights of women living with disability in Nigeria, female genital mutilation, reproductive health of people living with HIV/AIDS, and a variety of other topics would help to better understand women's reproductive health rights.

Female Genital Mutilation (FGM)

Female genital mutilation is defined by the World Health Organization as "non-medical treatments involving partial or whole removal of the external female genitalia or other harm to the female genital organs" [v].The process known as female circumcision (FC) or female genital mutilation (FGM) has a long history[vi]. The process has been used in twenty-eight African countries, some sections of the Middle East, and among immigrant groups in Europe, North America, and Australia for centuries.[vii] Female genital rites (FGR) are ingrained in the cultural ethics of countries who practice it. As a result, efforts to abolish the practice have been generally ineffective. Even in countries that have made the technique illegal, compliance has fallen short of expectations .[viii]

The two main concerns about FGM are the potentially severe health consequences for the procedure on the victim and the procedure's non-consensual nature. It is non-consensual when females lack the capacity to offer informed consent and are compelled to undergo the treatment against their will. Not only is the right to bodily integrity legal, but it is also medical invasion

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of a person's bodily space without permission is against medical ethics[ix]. As Cardozo explained in 1914, this privilege provides all-encompassing protection:

- A surgeon who conducts a surgery

Before executing any medical procedure on an individual, regardless of the type of procedure, it is required by law and ethics to seek and gain permission.[x] FGM is a medical procedure, whether performed by traditional without his patient's consent commits an assault for which he is responsible in damages.[xi]. As a result, FGM is bound by medical ethics regulations and standards. Health workers must "first, do no damage," according to the ethical principle of *primum non nocere*. This is a strict requirement from which no exceptions can be made. Although the extent of FGM's effect is debatable, there is little doubt that it does some harm. As a result, health professionals must not offer their expertise or services to the practice of FGM. In this regard, a number of professional medical organizations have released declarations. For example, the International Federation of Gynaecology and Obstetrics' General Assembly believes that :-

> [FGM] is a violation of human rights because it is a harmful procedure performed on a child who is unable to give informed consent. We urge gynaecologists and obstetricians to oppose any attempt to medicalize the procedure or to allow its performance in health establishments or by health professionals under any circumstances. [xii]

Use of Contraceptives

The right to choose the number and spacing of one's children freely and responsibly, as well as to have the information and education needed to do so, was first expressed by the world community in 1968 at the International Conference on Human Rights in Teheran. The National Policy on Population for Development, Unity, Progress, and Self-Reliance, which was approved in 1988 in Nigeria, aims to make family planning services affordable to all couples and individuals.[xiii] Government family planning clinics are required to provide contraceptives at a cheap cost under this programme. Contraceptives, on the other hand, are frequently in low supply at these health clinics. Furthermore, because public primary health care centres are primarily concentrated in cities, access to contemporary contraception in rural areas is severely constrained. [xiv] The authors believe that if a sexually active adult female cannot obtain contraception, her freedom to choose how often to reproduce is constrained. It is important to

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note that there is no legislation in Nigeria that governs family planning and contraception use. The federal government's policy of four (4) children per couple is unsupported by law. It's only a policy statement with no consequences if it's broken. As a result of this, undesired pregnancies are unlawfully aborted rather than using contraception.

Reproductive Health Rights of Women in Prisons and Refugee Camps

Women in jails and refugee camps are both exposed to violations of their sexual and reproductive health rights. A refugee, according to the 1951 United Nations Convention Relating to the Status of Refugees, is someone who has been forced to flee their home because of a well-founded fear of being prosecuted for reasons of race, religion, nationality, membership, of a particular social group, or political opinion, is outside his country of nationality or is unwilling to avail himself of that country's protection, or who does not have a nationality and is outside his country of firmer habitual residence as a result of such events, is unemployed. [xv]

Refugees are persons who have fled their homes with little or no belongings in order to start on a perilous trip in search of a brighter future. Not only are these refugees concerned about their physical safety and future, but they are also concerned about their capacity to obtain basic housing, nutrition, and health care[xvi]. Refugee women have a high risk of mortality and morbidity, as well as sexually transmitted diseases such as HIV/AIDS, unsafe abortions, unwanted pregnancies, and sexual abuse. [xvii]All mothers in prisons and refugee camps must be treated with humanity and respect for their innate dignity. [xviii] Women and mothers with babies in jails [xix] and refugee camps should have their hygienic, nutritional, pre-natal, and post-natal requirements covered.

Reproductive Health Rights of Women Living with Disability

Women with disabilities have the same right to reproductive and sexual health as non-disabled people. But for a variety of reasons, they are frequently denied access to treatment that would enable them to attain reproductive and sexual health.

According to Maxwell, some typical barriers to women's reproductive health include a lack of training or understanding among service providers and support employees on how to assist disabled people[xx]. Women with disabilities are frequently subjected to coercive healthcare practices and medical procedures, such as forced sterilization, forced abortion, and forced[xxi] contraception, as well as disrespectful and abusive treatment, in addition to being denied access

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to these important health treatments. Substituted decision-making systems, in particular, have been linked to an increase in the exploitation of disabled people, allowing parents or guardians to force disabled women to undergo medical operations against their will.[xxii]

Women with impairments are more likely to have hysterectomies at a younger age and for reasons other than medical need, such as parental or guardian request.[xxiii] Women with disabilities have the same right to voluntary family planning and modern contraceptive techniques as everyone else, as well as advice on how to use them safely and effectively. During the prenatal period, women with disabilities have the right to a full range of maternal and newborn health services, including information, goods, and services to prevent unintended pregnancy; post-abortion care; antenatal care; skilled birth attendance; emergency obstetric care; post-partum care; and newborn care. These vital services are necessary for ensuring a safe pregnancy and delivery for women with disabilities, as well as preventing the majority of maternal and neonatal deaths or impairments. [xxiv]

Reproductive Health Rights of Women infected with COVID-19 and H.I.V

The World Health Organization has highlighted five key components of sexual and reproductive health that must be prioritized in order to fulfill internationally agreed-upon standards.[xxv] Improving antenatal, delivery, post-partum, and infant care; delivering high-quality family planning options, including infertility services; eliminating unsafe abortion; and treating sexually transmitted infections (STIs), such as HIV, cervical cancer, and other gynecological morbidities.

Women living with HIV/AIDS and those infected with the new COVID-19 virus require additional care and counselling during their reproductive life cycle, despite the fact that all women have the same rights and needs for reproductive health care. Sexual and reproductive health care should include a comprehensive range of HIV and COVID-19 services [xxvi]. Explicit systems of referral for HIV and COVID-19 treatment, care, prevention, and support must be developed where services cannot be integrated. Women's sexual and reproductive health should also be addressed in health programmes. HIV and COVID-related interventions would be fully integrated into sexual and reproductive health services, lowering infection rates and stigma. The HIV/AIDS (Anti-Discrimination) Act protects HIV/AIDS patients and their families against discrimination based on their HIV status.[xxvii]

In Nigeria, there is no legislation preventing discrimination against those who are infected with COVID-19. However, discrimination against a Nigerian citizen is prohibited by section 42 of

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the Constitution of the Federal Republic of Nigeria 1999 (as amended). Despite this constitutional safeguard, the majority of women living with HIV/AIDS and infected with COVID-19 face stigmatization and prejudice[xxviii]. Women living with HIV/AIDS or COVID-19 infection face discrimination in a variety of ways, including: being accused of being promiscuous; being blamed for bringing HIV or COVID-19 infection into a relationship, family, or society; being deemed irresponsible if they want to have children; and being viewed as HIV transmission vectors to their children. Some health-care personnel fear of being infected if they provide care to COVID-19-infected or HIV-positive women.

Regardless of the COVID-19 pandemic, the World Health Organization advises that women's sexual and reproductive health choices and rights should be protected. Anecdotal research suggests that during the COVID-19 epidemic, there was a surge in unintended pregnancies as a result of prolonged home stays, a shortage of contraceptive services, and financial difficulties in obtaining condoms or contraceptive tablets[xxix]. Due to geographical, transportation, and financial constraints, some women are unable to obtain critical antenatal care or their preferred birthing, post-partum, or newborn care[xxx]. Government policies and institutional impediments have resulted in insufficient financial support for sexual and reproductive health rights (SRHRs) in various countries during the COVID-19 epidemic. Prior to the third wave of the COVID-19 pandemic, it is therefore critical to put in place better healthcare mechanisms to help women, such as improved care models. Women's reproductive and health rights violations are a crime that is punishable by law, and public campaigns must be undertaken across multiple media channels to raise awareness[xxxi]. Individuals who violate women's SRHRs, regardless of their socio-economic level, should face justice. In the event of future pandemics, providing telephone health services, strong infection control procedures, and enhanced transportation services would all help to boost access to care.

Furthermore, the government should provide social safety nets, such as palliatives, to help families cope with stress and deprivation. Through the provision of financial and material resources, private and civil-sector groups should be encouraged to increase social protection. Providing security and social services during an outbreak would aid in reducing the number of women's SRHRs being violated. Furthermore, all victims of violations of sexual and reproductive rights, notably those in prisons and refugee camps, should have access to counselling and psychotherapy support systems.

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CUSTOMARY LAWS

Nigeria is one of Africa's largest countries, with over 250 ethnic groups and different customs.[xxxii] Each ethnic group has its own set of cultural values and customs; while these traditions vary, they all restrict women from exercising their reproductive health rights, reflecting the patriarchal nature of most traditional African communities. Men and women are assigned various roles in patriarchal culture.[xxxiii] Women are thought to be subordinate to men and to have a lesser function in society. Indeed, some cultural ideas are grounded on the assumption that a woman cannot hold leadership roles; such rights are absorbed in their husbands.

Women in Nigeria are yet to achieve their reproductive health rights. This is compounded by the fact that the Nigerian Constitution does not explicitly acknowledge these rights. In chapter 2 of the Nigerian 1999 Constitution as amended, the majority of the recognized constitutional rights that are closely related to women's reproductive health rights were classified as non-justiciable rights. No one should be tortured, placed in cruel or degrading positions, compelled to work, or held in slavery or servitude, according to the Nigerian Constitution. Women have the same right to dignity as men because they are human beings. In practice, women are subjected to a variety of inhumane treatment and are stripped of their dignity. Domestic abuse, female genital mutilation, rape, early marriage, painful widowhood rituals, and so on are examples of dehumanizing behaviour.

Extended families have a say in family problems in Nigerian society because of the communal aspect of the country. This is especially true when a family member passes away. The legal termination of a marriage partnership is the death of one of the spouses. The Supreme Court of Nigeria ruled in *Okonkwo v Okagbe & Another*[xxxiv], that "marriage ends when one of the spouses dies." In some traditional Nigerian societies, however, the death of a spouse does not end the family's bond. [xxxv] When a man dies, his wife or wives enter into a time of grief that varies by ethnic group. The Yoruba ethnic group in the south-west, as well as the Itsekiris and Binis in the south, have a three-month grieving period; other ethnic groups have a 12-month mourning period[xxxvi]. Most African societies think that when a man dies, his wife's rights and dignity are eroded. This principle is expressed in Yoruba folklore as "*oko ni ade ori aya,"* which means "the aura, grandeur, majesty, and covering of the woman is the husband, which symbolizes a crown." The crown is removed when the husband dies, and the woman loses her dignity. The demeaning behaviour meted out to widows exemplifies this. Women who lose their husbands at a young age in several parts of Nigeria are subjected to demeaning procedures

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in order to prove that they were not to blame for their husbands' untimely death. In circumstances where the widow has never been treated well by her husband's family, this is viewed as an opportunity to avenge her. The woman is almost always the leading suspect, and she is treated with scorn and contempt. [xxxvii] In order to prove their innocence, women submit to these humiliating treatments. These include having their hair shaved, being shunned, and being forced to drink the water used to bathe the deceased's corpse. Resisting such behaviour entails taking responsibility for their husbands' deaths. Other customs include forcing the woman to stay indoors for a certain period of time, sleeping on the bare floor, being banned to consume particular foods, being forced to sleep with the deceased's corpse, being pushed out of the matrimonial house, and being deprived of basic personal hygiene.

Women's human rights are plainly violated by such acts, which also have serious medical consequences. Many widowhood rituals have long-term detrimental consequences for a woman's physical, mental, and social wellbeing. More importantly, in the vast majority of situations, such practices infringe on women's fundamental rights to dignity, non-discrimination, and reproductive health. Widowhood rites are a kind of discrimination against women based entirely on their gender and the assumption that women are inferior to males[xxxviii]. Males who lose their spouses are not subjected to any rites, this amounts to gender-based abuse and discrimination. Indeed, it is thought that after a woman dies, her ghost may return at night to share her husband's bed. As a result, the widower's relatives will bring another woman to keep him company in order to drive away the spirit of his deceased wife.[xxxix] A woman's right to life is violated when she is forced to consume water that has been used to wash a corpse, for example, because this is clearly a health threat.[xl]

Levirate/Sororate marriage is a common widowhood tradition. The ancient Hebrew law forbade Levirate marriage. The name "*levir*" comes from the Latin word "*levirus*," which means "brother-in-law." Through a male child, this cultural practice maintains a genealogical bloodline[xli]. When a man dies without having a male kid, a leviathan marriage is prevalent. His wife is likely to try for a male child who will carry on the deceased's surname through one of her brother-in-laws.[xlii] For economic reasons, most women agree to levirate marriages. Women are forced to remarry within the family in order to secure their portion of their late husbands' wealth when the deceased was the family breadwinner. A widow may be compelled into dangerous sexual practices by her new spouse as a result of a forced levirate marriage. In addition, regardless of the number of children she may already have, the lady will be expected to bear children in her new marriage[xliii]. The Esan people of Nigeria's Edo State have a tradition

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of levirate marriage[xliv]. In modern Nigeria, however, levirate marriage requires the agreement of a woman[xlv].

Sororate marriage is the polar opposite of levirate marriage, in which a man marries his late wife's sister or in which the woman is sterile. When the wife is still alive but unable to bear children, a sororate marriage can be formed. The goal of this method is to keep families together.[xlvi] Procreation is regarded as one of the most valuable assets and benefits of a family in African culture, hence marriage is one of the reasons for it. If a woman is sterile, she may prefer that her husband marry her blood sister instead of bringing a stranger into the home. This is a good financial decision on the husband's behalf because he is not required to spend more for the bride. While some Ibo communities practice this type of marriage, it is uncommon in Nigeria, according to research[xlvii]. Legally, both levirate and sororate marriages fall under the banned degree of consanguinity; aside from that, the dowry (a major prerequisite for a legitimate customary marriage) is paid just once for the previous marriage with the deceased in both kinds of weddings. As a result, the second union is seen as a continuation of the first, with all of its obligations being transferred. Overall, this practice infringes on a married woman's reproductive liberty. The payment of the dowry/bride price is one of the criteria of a legitimate customary marriage in various African societies. A guy and his kin regard their in-laws with the utmost respect and esteem among the Yorubas. As a result, paying a dowry/bride price does not imply buying a lady[xlviii]. The parents of the bride return a portion of the bride price to the groom's family among the Itsekiris of Delta State, with the condition that the woman was freely given in appreciation of the connection, rather than sold as a commodity. Food, drinks, palm oil, and a symbol as the bride price have all replaced traditional labor services in modern Yoruba society. In Nigeria, the validity of a traditional marriage is dependent on this. A lady who does not have such gifts in her family is not treated with the respect she deserves. A woman's worth is sometimes determined by the amount of money and other valuables she possesses[xlix]. The presents increase the perceived worth of her as a person and a wife. While the monetary portion of the bride price/dowry was less important in Yoruba culture, the present practice in some parts of Yoruba country is the refund of the bridal price at the customary marriage. The belief that paying the bridal price entails purchasing the bride is the driving force behind this recent trend. This, it is argued, is due to a misunderstanding of the legal meaning of "bride price." Once the bride price is paid in African culture, the lady is reduced to a mere chattel. In the case of Omo *Ogunkoya v Omo Ogunkoya*,[l] it was held that spouses are considered chattels. The scenario is different in south-eastern Nigeria, where the

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bride and the marriage ceremony are given more importance due to the high bride price. Any man who marries a lady from this region of the country is regarded a real man because such a marriage would have depleted his financial resources[li]. A specific bride price is listed as one of the items the potential groom is expected to bring to the traditional wedding when the list of items for the engagement is handed out. This is done to make sure he's ready and capable of marrying their daughter. At a traditional wedding, the bride's father or guardian collects the bride price envelope and double-checks that it meets the demand. A woman's dignity is harmed when a bride price is paid. A lady whose husband has spent a million to marry her owes it to him to bear as many children as he has. If she doesn't, she'll be labeled a failure, and the marriage will be called off. Women's reproductive health rights are being violated in this way.

SHARIA LAW

According to the Penal Code, a man commits rape when he has sexual intercourse with a woman against her will, without her consent, with her consent when her consent was obtained by putting her in fear of death or harm (e.g. duress), with her consent when the man knows he is not her husband and she consents because she believes he is her husband, or with or without her consent when she is under the age of fourteen or of unsound mind[lii]. If a woman has reached puberty, sexual intercourse between a man and his wife is not considered rape, according to the Penal Code. [liii] Nothing constitutes an offence under the Penal Code that does not amount to the inflicting of grave harm by a husband for the purpose of correcting his wife, provided that the husband and wife are subject to any customary rule that recognizes the correction as lawful. [liv] This means that a husband may "strike" his wife for the aim of "correcting" her as long as he does not cause her serious harm. The Penal Code defines "grievous harm" as including:

> emasculation, the permanent loss of sight, hearing, or the ability to speak; deprivation of any member or joint; destruction or permanent impairing of the powers of any member or joint; permanent disfiguration of the head or face; fracture or dislocation of a bone or tooth; any injury that puts the sufferer's life in jeopardy or renders him unable to pursue his usual activities for a period of twenty days; any injury that causes the sufferer to be in severe bodily .[lv]

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Section 55(1)(d) of the Penal Code violates the right to human dignity, physical integrity, and freedom from humiliating or inhuman treatment contained in the 1999 Constitution. Acts of sexual violence, such as marital rape, may also be covered in this section. According to Ekhator, this is an example of "state sanctioned cruelty against women."[lvi] It is proof, according to Ige, of the state's culpability in exacerbating women's health concerns.[lvii] Husbands who commit acts of violence are protected by the state, according to the clause. This means that the foundation for petitioning the court for the enforcement of women's rights to human dignity and freedom from torture and cruel treatment has been misinterpreted. This rule may also be based on customary law, because after the bride price is paid, the woman becomes the husband's property, and he "owns" her in the same way that he owns other articles of property. [lviii] He also "reserves the right to reprimand her at any moment he wishes, including having intercourse with her."[lix] As a result, when a woman is raped in marriage, Sharia law gives her little or no say. The Penal Code, on the other hand, states that anyone convicted of rape faces a life sentence[lx]. While commenting on the appropriateness of the punishment given in *Posu & Anor v The States,*[lxi] Adekeye JSC noted that:

> Rape is a serious crime that typically leaves the victim traumatized and dehumanized. A light punishment, such as the one imposed in the case of the appellants, should never be given. This might have the unsavory effect of turning rape into a recreational activity for our naive children.

In the same instance, Rhodes-Vivour JSC decided that because the respondents did not file a cross appeal to contest the sentence, there was nothing the court could do to evaluate it.

The rules of evidence, according to Ekhator, are a big impediment in rape trials in Nigeria because the victims are forced to undergo them in court.[lxii] Victims of marital rape may be hesitant to report for a variety of reasons, including a lack of a cause of action because it is not a recognized crime in Nigeria, incapacity to leave the relationship, and fear of the perpetrator's retaliation, according to Obidimma and Obidimma [lxiii]. According to Bunting,[lxiv] the Sharia Penal Code exonerates rapists and uses the institution of marriage to sanction violence against women, particularly young women who are sexually assaulted, through the marital rape exception.[lxv] It's worth noting that, according to Ekhator, "a confession of four witnesses is necessary to prove the offence under the Sharia Penal Code; otherwise, the victim could be susceptible to defamation if a confession cannot be gained from the offender."[lxvi] Ekhator goes

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on to say that if the required number of witnesses are not present, the victim cannot be charged with rape. [lxvii] When proven guilty, married criminals face being stoned to death, while unmarried offenders face a year in prison and caning with up to one hundred lashes. [lxviii] This means that if a victim (who is subject to the Penal Code) takes the risk of filing a criminal complaint for rape against her spouse, she will almost certainly be stoned to death. This is certainly a violation of a woman's reproductive health rights.

CONCLUSION

The most intimate, private, and personal rights are reproductive rights. The fact that the majority of individuals, particularly women, are unaware of these rights calls for concern. The task of effectively achieving women's reproductive health rights is a difficult one because of the diversity of legal systems and cultural customs. Religious and cultural standards, which are based on the belief that women are inferior to males in God's eyes, have been identified as a source of violations of women's rights. As a result, every attempt to defend or assert women's reproductive health rights must challenge and destroy underlying cultural and religious beliefs that perpetuate infringement of women's reproductive rights.

Women have the freedom to make their own decisions regarding their life and reproductive health. They should be able to understand what is being done to or on their bodies, the dangers and consequences, and provide their agreement. As a result, regular public campaigns across multiple media platforms are needed to raise awareness that violations of women's reproductive and health rights have not been effective due to religious and customary law impediments.

ENDNOTES

[i] The International Conference on Population and Development (ICPD) held in Cairo, 5-13 September 1994 paragraph 7.2.

[ii] *Ibid.*.

[iii] OS. Adelakun 'The Effect of Religion and Culture on the Implementation of Women's Rights in Africa: Challenges and Prospect' 2019(1) *IJOCLLEP* 1.

[iv] *Ibid.*

[v] 'Female Genital Mutilation, Fact Sheet No. 241(2) (2001), WHO [hereinafter WHO]' <http://www.who.int/mip2001/files/2270/241-FemaleGenitalMutilationforMIP.pdf> accessed April 5,2022.

[vi] Obiajulu Nnamuchi, 'Circumcision or Mutilation - Voluntary or Forced Excision - Extricating the Ethical and Legal Issues in Female Genital Ritual, 25 J.L. & Health 85 (2012) <http//engagedscholarship.csuohio.edu/jlh/vol25/

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iss1/5>accessed March 25,2022.

[vii]E. Turillazzi, V. Fineschi, 'Female Genital Mutilation: The Ethical Impact of the New Italian Law' (2007)(98),*J. Med. Ethics* 33.

[viii]A good illustration is Uganda's Prohibition of Female Genital Mutilation Act 2010, which became operational April 9, 2010. The law which severely punishes activities related to FGR (a term of imprisonment not exceeding ten years for anyone who performs the ritual and not less than five for procuring, aiding, and abetting or attempting the ritual), has only succeeded in driving the practice underground. See Fredrick Womakuyu, FGM Thrives Despite Government Ban, New Vision (Uganda) (Jan. 7, 2011); Girls are now being mutilated secretly in huts and in caves. They are also cut in the wee hours of the morning. Strangers are no longer welcome at the venues. Alison Slack 'Female Circumcision:A Critical Appraisal*'* (1988)10 *HUM. RTSQ* 437 (noting that one of the reasons anti-FGM legislation failed in Kenya, Sudan, and Egypt is that [m]ost of the laws were the by-products of external pressure and did not reflect the desire of the local people to suppress the tradition).

[ix]See generally *Schloendorff v. Soc'y of N.Y. Hospital,* 105 N.E. 92, 93 (N.Y. 1914).

[x]*See Slater v. Baker*, 95 Eng. Rep. 860, 862 (K.B. 1767) (suggesting the origin of this rule where the Court stated that "it is reasonable that a patient should be told what is about to be done to him, that he may take courage and put himself in such a situation as to enable him to undergo the operation".In the United States, the rule was established by Justice Cardozo (then in the New York Court of Appeals) in *Schloendorff's case Ibid.*.

[xi] *Ibid.*

[xii]'Resolution on Female Genital Mutilation, International Federation of Gynaecology and Obstetrics' (1994) <http://www.figo.org/projects/general_assembly_resolution_FGM>. accessed 15 January,2022.

[xiii] CRLP and Women's Centre for Peace and Development. Women's Reproductive Rights in Nigeria: A Shadow Report 3, 1998.

[xiv]M.T.Ladan 'Overview of Reproductive Rights and Health' (2003) (1) *No. 7 Journal of Economic Social and Cultural Rights* 20.

[xv]Article 1(A)(2) of the United Nations Convention Relating to the Status of Refugees (1951).

[xvi] A.Rahman 'Rising to the Challenges: Protecting the Reproductive Rights of Afghan Women Refugees, Centre for Reproductive Rights,New York,USA.

[xvii]*Ibid.*

[xviii] Art.3 Untied Nations Convention Relating to the Status of Refugees (1951). Section 14 of the Constitution of the Federal Republic of Nigeria 1999 (as amended).

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