

An Analytical Assessment of Female Genital Mutilation in Contemporary Nigeria

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Abstract

Basically, as a result of her huge population and the most populous African nation, Nigeria has the most noteworthy outright number of Female Genital Mutilation (FGM) around the world, representing around one-fourth of the assessed 116– 132 million circumcised women globally. The aim of this analytical review is mainly to establish the present status of the Female Genital Mutilation in Nigeria. Relevant literature pertaining to FGM recovered from internet providers such as Google search, online journals, books, magazines, diaries and libraries. All these were chosen for implicit comprehension of the discourse. In Nigeria, the pervasiveness rate of Female Genital Mutilation among women is 43%. Proof proliferates that; statistically, the pervasiveness of the Female Genital Mutilation is drastically declining. The continuous drive and crusade to extirpate FGM is undertaken by bodies like United Nations, World Health Organization, International Children Emergency Fund, African Union and numerous women associations. Nonetheless, there is never any government law forbidding FGM in Nigeria. There is urgent need to annihilate Female Genital Mutilation Africa and specifically in Nigeria. Persistent education and training of the overall population at every level with accentuation on the risks and nuisance of the Female Genital Mutilation is foremost.

Keywords: Mutilation, Female, Practice Genital, Dangerous Tradition, , Nigeria

Introduction

Female genital mutilation (FGM) is viewed by the World Health Organization (WHO) as all techniques, which include partial or absolute removal of the outside female genitalia and additionally an impairment to the female genital organs, regardless of whether for socio-cultural or some other non-remedial reasons (World Health Organization, 2018). In the main, in tis country, Nigeria, coercion of young girls and women to cloud customary practices is conspicuously known

(UNICEF, 2011). FGM is quietly an unfortunate conventional practice exacted on young girls and women around the world. FGM is broadly perceived as an infringement of basic human rights and child freedom, which is profoundly established in socio-cultural convictions, perception and beliefs over many years and ages with no simple undertaking for change.

In spite of the fact that FGM is practically observed in over 30 countries in the African continent and some dissipated communities around the world, its weight is found in Nigeria, Central African Republic, Mali, Egypt, Sudan, Eritrea, and northern Ghana, a place, where the practice has been an old conventional and social act of different ethnic settings (Odoi, 2015). The most noteworthy predominance rates are established among the Djibouti and Somalia people, where FGM is essentially a universal practice (UNICEF, 2011)

FGM is generally and largely practiced among Nigerian people. Nigeria has the highest population in Africa and the most elevated supreme number of instances of the Female Genital Mutilation practice globally, which represents about one-fourth of the assessed 116– 132 million women that were circumcised worldwide. (UNICEF, 2011). In Nigeria, the practice of the Female Genital Mutilation is common with the highest number of occurrence found in the South-South (79%), this is common among grown-up women of the region. The second highest part of Nigeria, where the practice prevalent is the South-East (66%) and South-West (64%), amazingly, the practice occurs on a limited size in the Northern Nigeria (UNICEF, 2011; Adegoke, 2015). Nigeria has a population of over 200 million out of which women population takes 53% (Adegoke, 2015).

On the whole, the Nigerian prevalence percentage of the Female Genital Mutilation is about 43% among grown-up women. Pervasiveness of rates FGM dynamically decrease among the young girls age and 39% of women circumcised do want a discontinuation of the Female Genital Mutilation specifically among the young girls (UNICEF, 2011). Basically, 62% of women that bid for discontinuation of the Female Genital Mutilation were of the opinion that the practice has been a terribly destructive traditional practice and 24% of them were of the view that; the practice was against their religion. Different reasons referred to were the medically unexpected complications (20%), agonizing individual experience (9%) and 8% viewed that the practice of the Female Genital Mutilation is totally against the nobility of women population (UNICEF, 2011). Nevertheless, there is still an extensive support for FGM in regions, where the practice has been profoundly established as a recognized tradition (UNICEF, 2011). The major objective of the helicopter review is to determine the present status of the practice FGM among Nigerian societies.

Methods

Relevant literature pertaining to FGM recovered from internet providers such as Google search, online journals, books, magazines, diaries and libraries. All these were chosen for implicit comprehension of the discourse.

Historical Background and importance of Female Genital Mutilation

The beginning and importance of practice of the Female Genital Mutilation is enshrouded in mystery, confusion and uncertainty (Odi, 2015). The beginning of the Female Genital Mutilation practice is loaded with debates either as an inception function of young girls of the practicing communities into womanhood or to guarantee virginity and control indiscriminate promiscuity and/ or to secure child girl chastity and modesty. (Asaad, 2018) The custom has been boundless to the point that it could not be traced to have ascended from a particular or singular origin (Hathout, 2018).

Types of Female Genital Mutilation in Nigeria

In Nigeria, there are four types or categories of the Female Genital Mutilation being practiced (Hosken, 2012) . These categories will be discussed are *Clitoridectomy*, *Sunna*, *infibulations* and *introcision*.

Clitoridectomy, also known as Type I. This is the most un-extreme and less harmful type of the FGM practice. It includes the removal of the hood or the prepuce the clitoris. It may also include the removal of the part or the entire clitoris. In Nigeria, this practice typically includes extraction of just a piece of the clitoris.

Sunna, which is the Type II, is a more painful and harmful practice that includes the clitoris removal alongside fractional or complete labia minora ablation. Type I and Type II are more common yet less hurtful contrasted with Type III.

Infibulations, which is Type III, is the most painful and harmful type of FGM. It includes the clitoris, the labia minora and the labia majora part and stitching the orifice of the vaginal, leaving size of a pin head open allow urine and menstruation.

Introcision and other uncategorized types, which are seen as Type IV. These may include penetrating gishiri cuts, pricking clitoris incision and additionally labia, scratching or potentially cutting of vagina, which is known as angry cuts, extending the clitoris and additionally labia, burning, the introduction of herbs or mordant and harmful substances in the vagina.

Basically, in Nigeria, out of the specifically six well known ethnic groups, the Yoruba, Igbo, Hausa, Ijaw, Fulani, and Kanuri, it is established that only one ethnic group, which the Fulani do not observe any form of the Female Genital Mutilation (Senior Coordinator for International Women' Issues, 2010)

On the whole, there is variation of the Female Genital Mutilation practice from one country to another, religion and tribes. The form of the Female Genital Mutilation practiced depends on the traditional settings and there is no continent of the world excepted from the practice of the Female

Genital Mutilation in one way or the others (Hathout, 2016) . In Nigeria, many parts conducted FGM exceptionally at youthful age (minors), when the child girls do not have any chance of the consent or rejection (Hathout, 2016) . In Nigeria, there is more noteworthy pervasiveness of Type I extraction in the south, with outrageous types of the Female Genital Mutilation predominant in the North. The Practice of any form of the Female Genital Mutilation has no significant relationship or correlation with religion practiced. Christians and Muslims practice FGM, though; it is predominantly practiced among the Christian settings in Nigeria (UNICEF, 2011)..

Child Girls' Rights and FGM

The practice of Female Genital Mutilation is globally perceived as a principal infringement of women and child girls rights. It reflects profound established gender inequality, which comprises an extreme type of oppression and subjugation of child girls and women. It includes infringement of privileges of the child girls and infringement of an individual's entitlement to wellbeing, security and actually physical respectability, inhuman, cruel, the rights to be liberated from torment and dehumanization or noxious treatment and also the right to life especially, when the practice culminates in death. Besides, young girls typically go through the practice in oblivion of their assent and consent, denying them of the chance to settle on free choice about their lives and bodies.

Justification to Legitimize FGM

Basically, some respondents gave explanations for practicing FGM. They viewed FGM as an ancestral cultural practice (our custom is a decent practice and must be ensured), as an odd conviction practiced for safeguarding of purification, chastity and modesty (Verzin, 2017), cleanliness, family honour, aesthetic reasons, assurance of virginity protection and promiscuity prevention, counteraction of indiscrimination, adjustment of socio-sexual perspectives (countering disappointment of a woman to achieve orgasm or climax), increasing of sexual delight of spouse, enhancement of fertility or fruitfulness and increasing marital opportunities. Different reasons were showcased such as preventing maternal and infant mortality during labour and for lawful reasons (any one that is not circumcised has no access to inheritance) (Worseley, 2017). In certain parts of Nigeria, the outer cut of the edges of the genitalia are spread with discharges from the footpad of a snail with the conviction that being a very slow creature will impact the circumcised young girl to go lethargic with sexual exercises in the future (Akpuaka , 2011) . However, the FGM is frequently and regularly practiced as an essential part of socio-cultural conformity and in accordance with societal and cultural identification (Odi, 2015).

The Upshots of Female Genital Mutilation

Globally, an approximation of 142 million young girls and women are presently coping and battling with the outcomes of the Female Genital Mutilation (World Health Organization, 2000) . In the main, annually, around 4 million young girls are in danger as a result of the Female Genital Mutilation in Africa (World Health Organization, 2000) . Regardless of the enhancement in the global and minimal national crusade against FGM, the predominance of the Female Genital Mutilation by and large has reduced very little (Yoder & Khan, 2017). The system has no medical advantages for young girls and women. Unfavorable outcomes of the Female Genital Mutilation are stun from painful torment and hemorrhage, (Verzin, 2017) disease, intense urinary retentivity, injury, harm to the anus or urethra in the battle of any victim in the process of making the degree of the activity dictated in various occurrences by chance (Hathout, 2016), constant pelvic contamination, developed gynatresia bringing about hematoocolpos, dysmenorrhea, vulval grips, retention sores and sexual troubles with anorgasmia. Different levels of complications such as dysfunction sexual condition, keloids and dermoid blisters are implanted (Akpuaka, 2011) Furthermore, the obstetric complication such as perineal cuts and inescapable need for episiotomy for infibulated paturients serve as part of the experienced complications from FGM. Others are excessive bleeding, injury to rectum, injury to urethra, purperial sepsis and death (Verzin, 2017). The psychological and mental distress joined with FGM is considered the most harmful health challenge in light of the fact that the issue does not show apparently for help to be rendered. The little girl is in consistent fear of the method and after the custom she fears sex on account of expected agony and fears childbirth in view of inconveniences brought about by FGM. Such young girls in no doubt, may not say anything negative yet wind up turning out to be freezing and withdrawn coming about in conjugal disharmony (Odij, 2015).

Female Genital Mutilation in the Contemporary Nigeria

It is of note that FGM is practiced all over Nigeria. It is has also established that some determining socio-cultural factors have been recognized as precipitating this avoidable traditional practice. On the whole, it is no doubt too that; FGM is still profoundly impinged in the Nigerian societal setting, where major deciders are the mothers, grandmothers, women, men, age grades and significant others (WHO, 2007). FGM is a typical example of gender based segregation and discrimination. It is regularly utilized as an approach to control females' sexuality as the practice is firmly connected with women' s marriageability (Mackie, 2016)

Furthermore, mothers decided to expose their little girls to the practice to shield them from being alienated, beaten, banished and/ or shamefully degraded in society (Yoder. & Khan, 2017). FGM was customarily the duty of traditional birth attendants or individuals especially old women from the local areas known for the exercise. However, there is a conditional situation that has lured some of the orthodox medical workers into FGM activities. These health workers engaging in the act have seen is as means of money making (WHO, 2007). Many of these public health practitioners have apartments outside the hospital settings, where the act is being perpetrated (Owoseni, 2015).

The WHO is emphatically against this act of medicalisation and is always advising that FGM should neither be standardized nor should any type of the Female Genital Mutilation be institutionalized by any medical practitioner in any setting especially hospitals either private, public owned clinics or in the home based setting (WHO, 2007)

Crusades and Schema to Obviate Female Genital Mutilation in Nigeria

The facts confirm that custom and culture are significant parts of every society in assisting with embellishment of the perspectives and standards of conduct of such a society; a few tradition and socio-cultural beliefs and some practices such as the Female Genital Mutilation are bruising and should be forthwith condemned and abrogated. On the whole, there should be a multidisciplinary approach to handle this profound established implausible act of FGM. There is a necessity for an enactment for female liberation in conjunction with health in Nigerian society. The schema for social change in our society is highly necessary, which is to be facilitated by community stakeholders in connection with the healthcare practitioners tagged as “community-led action” in a bid to fight against and reject the harmful practice in our society (ICPD, 2014). Also, with a great progress in educational stance and societal position of women and increased consciousness of people of the effects of FGM, some of the women who, are victims and had gone through FGM would dislike the practice. It is also oblivious without a doubt that many women are still ready to expose their little girls to such obnoxious procedures (Odi, 2015). In the main, it has been established that; the more enlightened, educated, socially exposed and financially buoyant women are, the better they understand and appreciate how dangers and unsafe practices such as FGM is in our society and considers it to be unneeded the practice is and acknowledge the total eradication of such a hurtful practice and restrict from exposing their girl child to such an activity.

Basically, in 1994, Nigeria participated in the 47th World Health Assembly and joined other nations from all over the world to set out modality to eradicate Female Genital Mutilation. The aftermath of the meeting has brought about the accomplishment multifaceted mechanisms such as Harmful Traditional Practices (HTPs) and has directly conducted different research and public surveys and reviews on HTPs, set up a territorial strategy and formulation of working public approach and game plan, which was affirmed by the Federal Executive Council to end the practice of the Female Genital Mutilation in Nigeria.

In Nigeria, the continuous drive and crusade to extirpate FGM is undertaken by bodies like United Nations, World Health Organization, International Children Emergency Fund, African Union and numerous women associations. There has been an increase in the strength of the public orientation at various levels in order to accentuate on the risks and nuisance of the practice of Female Genital Mutilation. In support of the crusade against FGM, the 1995 Beijing conference required the elimination of the Female Genital Mutilation through the order and implementation of enactment against any one involved in the practice (ICPD, 2014). Nonetheless, there is no government law

forbidding the practice of the Female Genital Mutilation in Nigeria. This is the principal justification for the slow movement and progress on reducing the predominance of the Female Genital Mutilation in Nigeria. There is urgent need to annihilate Female Genital Mutilation Africa and specifically in Nigeria. Persistent education and training of the overall population at all levels with accentuation on the risks and nuisance of the Female Genital Mutilation is foremost (Kwame-Aryee & Seffah, 2019)

Conclusion

Conclusively, at the basic or grassroots level, all hands must be on deck to participate in the campaign to say "NO" to the practice of the Female Genital Mutilation in our society. It should be seen as hazardous, unrefined, underhanded and undesirable. Female Genital Mutilation is never instructed to be carried out or practiced by any religious setting. In addendum, there is no logical or scientific proof that every woman that has been genitally disfigured is more dedicated or devoted than the non-mutilated ones. It has not also been established that any mutilated woman stands a better chance to be preferred as better spouses over the individuals that have never gone through the process (WHO, 2007). It is evident that the practice of Female Genital Mutilation has no single advantage to the woman and the entire society, where it is commonly practices. In a bid to participate in the campaign against the practice of FGM, we must make intensify educating people about the dangers associated with the practice.

As it is globally encouraged to put an end the undesirable practice, there must an infusion of multidisciplinary mechanisms such as enactment of law that supports the eradication, better medical services, strengthening of the women associations and enlightenment of the overall population at all levels with accentuation on threats and nuisance of FGM. We must stand out and to say "NO" in order to save the girl child and her future. We must also work with others to put a stop to the ugly practice in our community by reporting to an appropriate authority any case of FGM.

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