The practice of female genital mutilation: Determinant factors and consequences to the female gender in the 21st century Nigeria

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#### **Abstract**

Female genital mutilation (FGM) refers to all procedures involving the complete or partial ablation and extirpation of female genitalia for non-therapeutic and socio-cultural reasons. The study examined the persistent practice, determinant factors and consequences of FGM in the 21st century in Nigeria, using eight ethnic groups as a case. The study methodology is historical and premised on the use of primary and secondary sources. The study contends that FGM is profoundly rooted in the cultural practice of Nigeria, which the various ethnic groups in Nigeria inherited from their forebears as such it is imperative for them to practice. Thus, there are several determinant factors that necessitate the persistent practice of FGM in Nigeria, such as: gender, culture, economic, health and hygiene, amongst others. The study further contends that the unhealthy consequences of FGM significantly outweigh its health benefits. The study concludes that FGM is inimical in nature and its consequences are deleterious, which many at times leads to death, severe bleeding, pain(s), psychological trauma, infertility and infections, among others to its victims in Nigeria despite its minimal benefits as argued by practitioners of FGM. Recommendations were advance to nip in the bud of FGM in Nigeria at the terminus of the study. Few of such are: Traditional rulers, chiefs, elders, women and youths in the rural and urban areas of the country should play pivotal role in the eradication of FGM in Nigeria. Parents, relatives and female gender mutilators/circumcisers, amongst others should respect the fundamental human right of the (girl/woman) female gender.

**Keywords:** Female Genital Mutilation, Nigeria, Ethnic Group(s), Female Gender, Cultural Practice.

# Introduction

Before the dawn of the twenty first century in Nigeria, female genital mutilation, also called female circumcision and female genital cutting had elicited Nigeria and International States condemnation from human rights groups, medical practitioners and associations, scholars, politicians and policy makers among others leading to the adoption of a monolithic platform calling for the abolition of these practice through sensitization exercises such as: health campaigns, educational conferences, seminars and legal awareness campaigns targeting the female gender in different ethnic groups of the nation.

According to Slander¹ and Hejil² female genital mutilation (FGM) or genital cutting, genital surgeries, excision or female circumcision are all synonyms used to describe procedures involving partial or total removal of parts or all of the female genital organs for cultural or non medical purposes. It is estimated that every year globally, three million girls and women are subjected to genital mutilation/cutting which is potentially life threatening procedure that causes unspeakable pain(s) and suffering to girls and women who have undergone this procedure. Sadly, this practice violates girls and women basic human rights denying them of their physical and mental integrity, their right to freedom, exposing them to violence and discrimination and in most extreme cases denying them of their lives.³ It is imperative to note that Nigerian girls and women are part of this global number estimated.

Female genital mutilation is practiced in forty low to medium income countries, twenty-eight in Northern and Sub-Saharan Africa especially Egypt, Sudan, Somalia, Mali, Kenya, Uganda and Nigeria. It is also reported in Yemen and some part of India.<sup>4</sup> The practice is widespread among ethnic groups in Nigeria due to its strong cultural root. Therefore, the modus operandi of the study is to examine the persistent practice of female genital mutilation, determinant factors, and consequences of female genital mutilation in the 21st century Nigeria.

### Geographical Location of Nigeria and its People

Nigeria lies between latitudes 4°N and 14°N and longitude 3°E and 15°E.5 It is bounded in the north by Niger Republic, in the south by the Atlantic Ocean, in the east by Chad and Republic of Cameroon and in the west by Republic of Benin. The size of the country covers an area of about 923, 768 square kilometers.6 Nigeria is blessed with many ethnic groups that had lived together for several decades, but there is no agreeable number of ethnic groups or languages in the nation. The 1963 population census put the number of ethnic groups in Nigeria at over two hundred, while Otite7 and Eluwa, et al8 identified 374 ethnic groups and 349 language groups.

However, going by the above number of suggestion of ethnic groups, it is simply impossible to treat all of them here for lack of space, time and sufficient research on the topic. The study shall adopt few ethnic groups such as: Yoruba,

<sup>&</sup>lt;sup>1</sup> Slander, T. E., et al, The Impact of Female Genital Cutting on First Delivery in South-West Nigeria, *Studies Family Planning*. 33, (2), 2002.

<sup>&</sup>lt;sup>2</sup> Hajjil, A., Global Strategy on Female Genital Mutilation, Sweden: Save the Children, 2001.

<sup>&</sup>lt;sup>3</sup> UNICEF, Female Genital Mutilation / Female Genital Cutting: A Statistical Report, New York: 2005.

 $<sup>^4</sup>$  WHO Female Genital Mutilation, http://www.who.reproductive-health accessed on the  $^{3\rm rd}$  February, 2020.

<sup>&</sup>lt;sup>5</sup> See Udo in Groundwork of Nigeria History, 1980.

<sup>&</sup>lt;sup>6</sup> Okafor, L.M. *History for Secondary Schools: Book 1 & 2 Nigeria*, Onitsha: Jet Publisher Nigeria Limited, 1989.

<sup>&</sup>lt;sup>7</sup> Otite, O. Ethnic Pluralism and Ethnicity in Nigeria with Comparative Materials, Ibadan: Shanson, C.I. Limited, 1990.

 $<sup>^{\</sup>rm g}$  Eluwa, G.I.C., et al. A History of Nigeria for Schools and Colleges, Ibadan: African-Fep Publishers Limited, 2005.

Igbo, Ijaw, Tiv, Urhobo, Efik, Nupe and Hausa in examining the persistent practice, determinant factors and consequences of female genital mutilation in Nigeria.

## **Abridge Origin of Female Genital Mutilation**

Female genital mutilation is a primordial cultural practice in Africa which is as old as the African man. According to Kuoba, et al<sup>9</sup> the origin of female genital mutilation is not obvious, but available documents from Greek historian Herodotus (425 - 484 B.C) and geographer Strabo (64 B.C – 23 A.D) shows that female genital mutilation took place in ancient Egypt in the time of the Pharaohs. Significantly, Egypt can be credited historically as the cradle of female genital mutilation and over the years this practice has moved to other part of the African continent and the world. Female genital mutilation was present a long time ago among the Nigerian ethnic groups who in order to prevent promiscuous lifestyle from the female gender, prepares females for marriage and transport them to womanhood before or after pregnancy.

#### **Definitional Issues of Female Genital Mutilation**

Female genital mutilation has been defined by different bodies and scholars of the world from their understanding and perspective since there is no generally acceptable definition of the term. The WHO, UNICEF and UNFPA<sup>10</sup> defined female genital mutilation as all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons. This procedure may involve the use of unsterilized, makeshift or rudimentary tools. In addendum, the WHO, UNICEF, UNFPA<sup>11</sup> joint statement classified female genital mutilation into four types, which are:

**Type I:** Partial or total removal of the clitoris and / or the prepuce

(clitoridectomy).

**Type II:** Partial or total removal of the clitoris and the labia minora

with or without exersion of the labia majora (excision).

**Type III:** Narrowing of the vagina orifice with creation of a covering

seal by cutting and appositioning the labia minora and/or the labia majora, with or without excision of the clitoris

(Infibulation)

**Type IV:** All other harmful procedures to the female genitalia for non-

medical purposes, for example: pricking, piercing, incising,

scraping and cauterization.

Female genital mutilation is seen by medical experts as a destructive, invasive procedure during which part or the entire clitoris is surgically removed, usually before puberty. This practice usually leaves the victims with reduced or no

<sup>&</sup>lt;sup>9</sup> Kouba, L. J. et al. "Female Circumcision in Africa: An Overview", *African Studies Review*, 28. (1), 1985.

<sup>&</sup>lt;sup>10</sup> WHO, UNICEF & UNFPA. "Female Genital Mutilation: A Joint WHO/UNICEF/UNFPA Statement", Geneva.: World Health Organization, 1999.

<sup>&</sup>lt;sup>11</sup> WHO, UNICEF & UNFPA. "Female Genital Mutilation: A Joint WHO/UNICEF/UNFPA Statement", Geneva.: World Health Organization, 1999.

sexual feeling, orgasm is sometimes impossible to be experienced later in life during sexual intercourse.  $^{12}$  Thus, female genital mutilation can be defined as all procedures involving the complete or partial ablation and extirpation of female genitalia for non-therapeutic and socio-cultural reasons.

# The Practice of Female Genital Mutilation in the 21st Century Nigeria

The practice of female genital mutilation is widespread among Nigerian ethnic groups where the milder forms are done except in southern Nigeria where infibulations – the total closing of the vulva is done, usually after age five. It is done more among the poorly educated, low socio-economic and low social status groups. $^{13}$   $^{14}$ 

In Nigeria, female genital mutilation as practiced in the twenty first century is a manifestation of gender inequality that is profoundly entrenched in social, economic and political structures. This traditional practiced is supported by both male and female with higher percentage mostly in rural areas of the nation sighting socio-cultural reasons for their support.

The WHO¹⁵ estimated that between 100 and 140 million girls and women worldwide has been subjected to female genital mutilation. Sadly, in another research based on recent data 91.5 million girls and women above nine years in Africa is currently living with the harmful consequences of female genital mutilation.¹⁶ Mr and Mrs Daniel Tur¹⁷ of Tiv ethnic group in an interview explained that female genital mutilation is an age long tradition by their forebears, which they inherited; as such they are obligated by tradition and culture of the Tiv people to practice. In Tiv culture any girl or women who refuse to be circumcised would suffer ostracism, but in contemporary times due to westernization this practice is almost fading away, as girls / women who have not undergone circumcision are merely seen as bad female child to their culture and might not be given crucial traditional position in female (women) groups.

Mr and Mrs Ebi Douye<sup>18</sup> of the Ijaw ethnic group of Nigeria in an interview noted that the practice of female genital mutilation was transmitted to them by their progenitors as their tradition and performing the circumcision sacrifice

<sup>&</sup>lt;sup>12</sup> See Women Right to Education Program (WREP) 2006.

<sup>&</sup>lt;sup>13</sup> Anuforo, P. O, et al., Comparative Study of meanings, Beliefs and Practices of Female Circumcision among three Nigerian Tribes in the United State and Nigeria, Transcult Nursing, 15, (2), 2004.

<sup>&</sup>lt;sup>14</sup> Caldwell, J. C, et al., Male and Female Circumcision in Africa from a Regional to a Specific Nigerian Examination, *Social Sciences Medicine*, 44, (8), 1997.

 $<sup>^{15}</sup>$  WHO, A "Systematic Review of the Health Complications of Female Genital Mutilation including Sequelae in Childbirth", Geneva, 2000.

<sup>&</sup>lt;sup>16</sup> Yoder, P.S., et al., "Female Genital Mutilation/ Cutting in Africa Countries: Estimates of Numbers from National Surveys", *Journal of Social Science and Medicine*, 2012.

<sup>&</sup>lt;sup>17</sup> Interview with Mr & Mrs Daniel Taarv Tur, Farmers, 62 & 53 years, Katsina-Ala Local Government Area of Benue State, 08/08/2016.

 $<sup>^{18}</sup>$  Interview with Mr & Mrs Ebinimi Izon-owei Douye, Farmer / Housewife, 56 & 51 Years, Kolokuma/Opokuma Local Government of Bayelsa State, 02/07/2016.

transform the female gender from childhood to adulthood in life. Yoder, et al<sup>19</sup> corroborated the above view when they opined that female genital mutilation is considered necessary to raise a girl properly and to prepare her for adulthood and marriage. Thus, Ahmadu<sup>20</sup> postulate that in some societies, the practice is embedded in coming of age rituals, sometimes for entry into women's secret societies which are considered necessary for girls, to become adult and responsible members of the society.

Despite pressure from international organizations, medical practitioners, Nigeria's bicameral legislature, scholars and religious leaders, amongst others the practice of female genital mutilation is still ongoing in the 21st century Nigeria with very little presence in the urban areas and very high presence in the rural areas of the nation. Madam Akpos Mudiakevwe<sup>21</sup> of Urhobo ethnic group of Nigeria in an interview stated that the reasons for high practice and presence of female genital mutilation in rural areas of the nation is as a result of government and medical workers constant disturbance of female genital circumcisers and practitioners in the urban areas (cities). Female in the urban areas are refusing to be circumcised due to westernization and its civilization. They see this practice in Urhobo tradition as barbaric and evil, but in the rural areas, the reverse is the case as female gender (girls/women) sees the benefits of circumcision, as significant to the sustenance and preservation of Urhobo customs, culture and traditions bestowed on them by their ancestors. Female genital mutilation is considered to be very good as the practice is believed to significantly cool down the anxiety for sex in those circumcised thereby checking tendencies to be promiscuous. Circumcised girls/women are celebrated by their community with lot of gifts and reckoned publicly as custodian of customs and traditions. It serves as a rite of passage into adulthood in their respective Urhobo communities, as cultural rejection and stigmatization by their age grade and community are over. UNICEF22 corroborated Mama Akpos Mudiakevwe's view(s) that the practice is an act of controlling women sexually and girls themselves may desire to undergo the procedure as a result of social pressure from peers and because of fear of stigmatization and rejection by their communities if they do not follow the tradition. Also in some places girls who undergo the procedure are given rewards such as: cultural celebrations, public recognition and gifts, etc. In Nigeria ethnic groups where FGM is widely practiced, it has become an important part of the cultural identity of girls and women, and may also confer a sense of pride, a coming of age and a feeling of community membership. There is often an expectation that men will marry only women who have undergone this practice. The desire for a proper marriage, which is often essential for

<sup>&</sup>lt;sup>19</sup> Yoder, P. S., et al., *Female Genital Cutting in the Demographic and Health Survey: A Critical and Comparative Analysis*, Calverton: Micro International Inc, 2004.

<sup>&</sup>lt;sup>20</sup> See Ahmadu, M., Female Genita Mutilation, 2007.

<sup>&</sup>lt;sup>21</sup> Interview with Madam Akpos Mudiakevwe, Housewife / Traditionalist, 64 Years, Ethiope East Local Government of Delta State, 07/10/2016.

 $<sup>^{22}</sup>$  UNICEF, "Female Genital Mutilation/ Female Genital Cutting: A Statistical Report", New York, 2005.

economic and social security as well as for fulfilling local ideas of womanhood and femininity, may account for the persistence of the practice.<sup>23</sup>

In Nigeria, the practice of female genital mutilation is done by all religions, as it can be found among Christians, Muslims and Traditionalists in their respective ethnic groups and communities. The practice of female genital mutilation is upheld by local structures of power and authority, such as: traditional leaders, elders (men and women) and female circumcisers in Nigeria, hence it is very difficult to eradicate due to its strong and stubborn root in the culture and tradition of Nigerian ethnic groups. This is affirmed by Mama Uduak Rose Johnson<sup>24</sup> of Efik ethnic group of Nigeria in an interview, which she stated that female genital mutilation / circumcision cannot be eradicated in Nigeria because Nigerians are 'culturatic' in nature and the practice is firmly rooted in the culture of Nigerian ethnic groups.

In another interview with Mama Ekang Akpan<sup>25</sup> of Efik ethnic group of Nigeria about female genital mutilation in Efik and Nigeria at large. Mama opined that, the practice is believed to be linked traditionally to the gods of Efik as unmutilated / un-circumcised women are believed to harbour evil or bad spirit that needs to be flush out through the circumcision sacrifice and ceremony. To the Efik, the circumcised female looks more attractive to their men given that circumcision enhances men's sexual pressure in bed, as their vagina is clean, romantic and beautiful. The clitoris which makes the vagina ugly and masculine in nature is eliminated by the mutilation / circumcision. For the female gender, female genital mutilation is a thing of pride and dignity, as circumcised female (women / girls) are honoured in their family and communities as noble personalities duly prepared for marriage.

Furthermore, Toubia, et al<sup>26</sup> and Draege<sup>27</sup> opined that in many societies where female genital mutilation is practiced, older women who have been mutilated often became gatekeepers of the practice, seeing it as essential to the identity of women and young girls. This is probably one reason why woman and more often older women are likely to support the practice and tend to see the efforts to combat the practice as an attack on their identity and culture. The prevalence of female genital mutilation is alarming as the Nigeria Demographic Health Survey<sup>28</sup> found a prevalence of FGM of 61% among Yoruba, 45% among Igbo and 1.5% among Hausa-Fulani ethnic groups, thus making it a greater problem in Southern Nigeria.

<sup>&</sup>lt;sup>23</sup> WHO, "Eliminating Female Genital Mutilation: An Interagency Statement of OHCHR, UNAIDS, UNDP, UNECA, UNESCO, UNFPA, UNHCR, UNICEF, UNIFEM, WHO", Geneva, 2008.

<sup>&</sup>lt;sup>24</sup> Interview with Mama Uduak Rose Johnson, Housewife, 72 Years. Calabar South Local Government Area of Cross River State, 05/09/2016.

 $<sup>^{\</sup>rm 25}$  Interview with Mama Ekang Akpan, Housewife / Traditionalist, 64 Years, Calabar South Local Government Area of Cross River State, 05/09/2016.

<sup>&</sup>lt;sup>26</sup> Toubia, N.F. & Sharief, E. H., "Female Genital Mutilation: Have We Made Progress", International Journal of Gynecology and Obstetrics, Vol.4, No. (2), 2003.

<sup>&</sup>lt;sup>27</sup> Draege, T. L. Thesis: The Role of Men in the Maintenance and Change of Female Genital Cutting in Eritrea:, University of Bergen, Norway, 2007.

<sup>&</sup>lt;sup>28</sup> NDHS, National Population Commission Federal Republic of Nigeria and ORC Macro Calverton, Maryland, USA, Nigeria Standard DHS Final report, 2003.

Globally, the age in which female genital mutilation is performed is falling.<sup>29</sup> The Nigeria Demographic Health Survey,<sup>30</sup> Myers,<sup>31</sup> Caldwell<sup>32</sup> and Adetoro<sup>33</sup> in their research revealed that the prevalence of circumcision among the younger women was 13% compared to 28% among the older women, indicating a fall. The age varies with ethnic groups and cultural reasons given for it. In Yoruba's southwestern Nigeria, female genital mutilation is done in infancy usually before the first birthday. Some Igbo, Edo and Ketu-Yoruba perform female genital mutilation around puberty or just before marriage, while others perform female genital during pregnancy or after first delivery often with serious complications.

In addendum Mrs. Yetunde Abiodun,<sup>34</sup> Madam Sarah Temitope <sup>35</sup> and Mr Adedipe Yusuf <sup>36</sup> of Yoruba ethnic group in an interview noted that the practice of female genital mutilation / circumcision in Yoruba land is as old as the culture of the people. They outline fifteen benefits that necessitate the continuous practice of female genital mutilation in Yoruba land:

- Female genital mutilation was transmitted to us (Yoruba's) by our forebears and it is connected traditionally to our ancestors in Yoruba land, as such every parent needs to preserve and uphold our culture and traditions tremendously by circumcising their female child.
- 2. It is a norm that needs to be fulfilled by the female gender in Yoruba land.
- 3. Circumcised girl/woman brings honour and dignity to her family, as she is celebrated with a lot of gifts by her age grade and community.
- 4. Circumcision preserves female gender virginity and signifies a girl/woman is marriageable and will turn out a good wife.
- 5. It transmits a significant sense of age grade and community membership.
- Female genital mutilation / circumcision preserve girls/women from excessive sexual emotions.
- 7. Female genital mutilation / circumcision increase the male sexual pleasure during intercourse and preserve the women's chastity, fidelity and morality with their husbands.

 $<sup>^{29}</sup>$  WHO, Female Genital Mutilation, http://www.who.reproductive-health/fgm/ accessed on the 05/09/2016.

<sup>&</sup>lt;sup>30</sup> NDHS, National Population Commission Federal Republic of Nigeria and ORC Macro Calverton, Maryland, USA, Nigeria Standard DHS Final report, 2003.

 $<sup>^{31}</sup>$  Myers, R. A., et al, Circumcision: Its Nature and Practice among some Ethnic groups in Southern Nigeria, Social Science Med, Vol, 21. No.5, 1985.

<sup>&</sup>lt;sup>32</sup> Caldwell, J. C., et al, Male and Female Circumcision in Africa from a Regional to a Specific Nigeria Examination, Social Sciences Med, Vol, 44, No.8, 1997.

<sup>&</sup>lt;sup>33</sup> Adetoro, O. O. E, Health Implications of Traditional Female Circumcision in Pregnancy, Gynaocologist, Vol.12, No.4, 1986.

<sup>&</sup>lt;sup>34</sup> Interview with Mrs Yetunde Abiodun, Traditionalist / Housewife, 62 Years, Boluwaduro Local Government Area of Osun State. 04/12/2016.

<sup>&</sup>lt;sup>35</sup> Interview with Madam Sarah Temitope, Housewife / Trader, 46 Years, Boluwaduro Local Government Area of Osun State, 04/12/2016.

 $<sup>^{36}</sup>$  Interview with Mr Adedipe Yusuf, Traditionalist / Farmer, 58 Years, Boluwaduro Local Government Area of Osun State, 05/12/2016

- The girls/women that are circumcised are more attractive and humble to men
- The female gender (girls / women) are circumcised to avoid stigmatization and social isolation by their age grade and community.
- 10. It enables women feel better in sexual intercourse with their male counterpart. The clitoris of female (girls / women) who is not circumcised grows long and becomes ugly, which irritate the male gender in sexual intercourse.
- 11. Female genital mutilation / circumcision improve the hygienic and aesthetic nature of the partaker.
- 12. A circumcised woman is more honoured by her mother-in-law than the uncircumcised woman.
- 13. The excised part of the women / girl(s) circumcised is given to our ancestors, who then bless them with fertility in their marriages.
- 14. Female genital mutilation / circumcision helps to maintain good mental and physical health in a women/girl(s) circumcised.
- 15. The circumcised female genders are pure folks purified by the ancestors of the land; as such they can hold positions in their various Yoruba women gathering.

However, in an interview with Salamatu Haruna<sup>37</sup> of Hausa ethnic groups and Mrs. Zainah Mohammed<sup>38</sup> of Nupe ethnic group on the practice of female genital mutilation / circumcision both summarized that the practice is quite different from the Southern Nigeria, but there are similarities, such as: the practice was also transmitted to them by their forebears and serves as cultural identity, improve the women's aesthetic nature and enable them to be more attractive to men.

The core practice of female genital mutilation/circumcision in Hausa / Nupe or Northern Nigeria is pricking, piercing, incision, gishiri and angurya cuts. These pricking and piercing is done to the female children from age 1-20 above in their faces, while incision is done on the genitals of the female children. The gishiris are made in the vagina walls of pregnant women, while the angurya cuts are traditional surgery to carefully remove the hymen and other tissues in the vagina orifice of expecting mother(s) by local traditional midwives in their delivery homes.

Budiharsana<sup>39</sup> identified pricking, piercing and incision as a procedures in which the skin is pierced with a sharp object, blood may issue, but no tissue is removed. Gishiris cuts are generally made into the vagina walls in cases of obstructed labour.40 While angurya cuts are a form of traditional surgery or

<sup>&</sup>lt;sup>37</sup> Interview with Hajia Salamatu Haruna, Housewife, 50 Years, Chikun Local Government Area of Kaduna State, 17/02/2017.

<sup>38</sup> Interview with Hajia Zainah Mohammed, Housewife/Farmer, 53 Years, Gbako Local Government Area of Niger State, 05/02/2017.

<sup>&</sup>lt;sup>39</sup> See Budiharsana, H, Female Genital Mutilation and its Effects, 2004.

<sup>&</sup>lt;sup>40</sup> See Tahzib, M., Female Genital Circumcision and its Procedures, 1983.

scrapping to remove the hymen and other tissue surrounding the vagina orifice.41

In another development Mama Ngozi Obiora<sup>42</sup> of Igbo ethnic group in an interview stated that female genital mutilation is an age long tradition transmitted to the Igbo's by their ancestors even before she was born, and it is a norm traditionally for the Igbo's to continue on the practice, as eradicating it may trigger the anger of the gods on them. Female genital mutilation/circumcision in Igbo land signifies a girl or woman status as marriageable. An elaborate ceremony is organized in honour of her by her family, peer group and community. The circumcision ceremony is filled with symbolic Igbo songs, dances and chants intended to teach the girl/woman her duties, roles and desirable characteristics as a future wife and mother. A circumcised female child brings pride, honour and wealth to her family, as socially, politically and economically her status has increase in Igbo society and any man coming to marry her, will take cognizance of that fact. In Igbo culture, female genital mutilation / circumcision controls the girls / women sexual desire, which preserve her fidelity, morality and chastity, as it is very wrong in Igbo culture for a girl/woman to give birth without getting married culturally, such a incident is a shame and stigmatizes the girl/woman parents, indicating poor parental upbringing.

The Igbo girls /women presents themselves for circumcision because it is a rite of passage that the female gender have to undergo culturally, but these days due to western civilization the practice is tremendously affected as Igbo girls/women are gradually declining in fulfilling this rite of passage. Even so, the practice is carried out in some parts of Igbo land before marriage, while it is done during pregnancy in other instance, as this help in safe delivery of the baby by the expectant mothers.

Female genital mutilation and its practice are still on-going in 21st century Nigeria as it is a culturally accepted practice by the Nigerian ethnic groups examined above. From the oral interviews, succinctly put, female genital mutilation practice is transmitted to all the ethnic groups by their forebears and as such they are obligated culturally (traditionally) to practice, not minding its harmful nature.

# Determinant Factors of Female Genital Mutilation/Circumcision in 21st **Century Nigeria**

Female genital mutilation (FGM) is a primordial cultural practice which dates back to pre illiterate society in Nigeria. The Nigeria people are culturatic in nature; therefore there are several determinant factors that necessitated the practice and continuation of female genital mutilation in the 21st century. They are: gender, cultural, health and hygiene, economic, lifestyle and behaviour.

 $<sup>^{41}</sup>$  WHO, "Eliminating Female Genital Mutilation: An Interagency Statement of OHCHR, UNAIDS, UNDP, UNECA, UNESCO, UNFPA, UNHCR, UNICEF, UNIFEM, WHO", Geneva, 2008. <sup>42</sup> Interview with Mama Obiora Ngozi, Housewife/ Farmer, 54 Years, Ihiala Local Government Area of Anambra State, 04/04/2017.

The study will take a stab at examining the enumerated determinant factors of female genital mutilation in Nigeria.

### **Cultural Determinant**

Female genital mutilation/circumcision is entrenched profoundly in the various cultural practices of different cultures in Nigeria. Culture determinant is the core determinant of the practice of female genital mutilation which also influences other determinants, such as: gender, economic, lifestyle, behaviours as well as health and hygiene. The practice and continuation of FGM in the study eight ethnic groups of Nigeria is attributed to the societal norms and cultural heritage handed down by their forebears. According to Maria Gabriella Da Vita<sup>43</sup> female genital mutilation or cutting may be considered a social convention which is ensured through non-written system of rewards and punishments. It is a cultural rite of passage that needs to be done by the female gender in several ethnic groups of Nigeria, as it earns her honour and respect by her parents, husband, peer group, in-laws (more precisely her mother-in-law) and the community. Again, in many traditions in Nigeria children born by mutilated / circumcised women are legitimate children who are given prominent and eminent roles and positions in their societies.

#### **Gender Determinant**

According to Mrs. Rose Ngali<sup>44</sup> of the Tiv ethnic group, gender determinant of female genital mutilation is that determinant factor that culturally transforms the female gender to complete women. It is a process which signifies the transformation of the female gender that undergoes it to womanhood and defines her role as a future wife and mother in her husband's house. The removal of the clitoris and labia is viewed by some as the "male parts" of a woman's body is thought to enhance girl's femininity, often synonymous with docility and obedience. It is believed that some procedures like infibulations tighten the vagina hence enhancing male sexual satisfaction.<sup>45</sup>

Mama Dirikumo Ruth<sup>46</sup> of Ijaw ethnic group noted that the gender determinant factor of female genital mutilation is the prevention of promiscuity of the female gender (women/girls), expressed faithfulness and love towards their husbands. Also, there is need for their husband to control them sexually. Corroboratively, Mama Taarvaan Ochei<sup>47</sup> of the Tiv ethnic group of Nigeria expressed same cultural views that in their traditional culture women have no major role to play than being faithful, loving and pleasing their

 $<sup>^{\</sup>rm 43}$  Da Vita Maria Gabriella, UNICEF cited by Kelly, G., Female Genital Circumcision/Cutting, 2006.

 $<sup>^{\</sup>rm 44}$  Interview with Mrs Rose Ngali, Civil Servant, 54 Years, Katsina-Ala Local Government Area of Benue State, 08/08/2016.

<sup>&</sup>lt;sup>45</sup> Walker, A. & Parmer, P. Warrior Marks: Female Genital Mutilation and Sexual Blinding of Woman. USA: Harvest Books, 1996.

<sup>&</sup>lt;sup>46</sup> Interview with Mama Dirikumo Ruth, Housewife / Traditionalist, 65 Years, Sagbama Local Government Area of Bayelsa State, 02/07/2016.

 $<sup>^{47}</sup>$  Interview with Mama Tarvaan Ochie, Housewife / Farmer. 51 Years, Katsina-Ala Local Government Area of Benue State, 09/08/2016.

husband's as marriage is their pride, which is the ultimate goal of virtuous married women.

### **Economic Determinant**

Mrs. Ovie Oghenekevwe<sup>48</sup> of Urhobo ethnic group and Mama Ngozi Obiora<sup>49</sup> of Igbo ethnic of Nigeria noted that economic determinant of FGM serves as a means of economic livelihood for traditional circumcises in Nigeria and other part of the world, whom sometimes are Africa traditional birth attendant's in their rural and urban areas. In some Nigeria ethnic groups circumcised girls / women enhance their chances of getting a better bride price from their suitor. Circumcised married women children have great economic value in their husband family, home and community. Also, circumcised girl / woman is honoured by her peers, family and community as one who is responsible and ready for the future task ahead of her. Female genital mutilation is more active and practice in Southern Nigeria where it is linked with preservation of virginity and provides a significant alternative source of income to the practitioners whom sometimes are farmers and housewives.<sup>50</sup> <sup>51</sup>

### **Health and Hygiene Determinant**

Mama Dirikumo Ruth<sup>52</sup> of Ijaw ethnic group stated that is a believed in Africa culture that female genitalia are unsightly and dirty. In Ijaw ethnic group and many other ethnic groups of Nigeria un-mutilated/ un-circumcised women are regarded as dirty, unclean and not allowed to handle some cultural functions that are vital to the people and their gods.

In Nigeria ethnic groups where female genital mutilation is practice, it is believed that FGM purifies the circumcised girl/woman spiritually and physically. According to Mama Yetunde Bose<sup>53</sup> of Yoruba ethnic group of Nigeria, female genital mutilation enhances internal beauty to the woman organ which is greatly appreciated by her partner (husband), as un-mutilated clitoris emits bad odour, itches or causes pelvic infection in the girl/woman. Female Genital Mutilation makes the woman more appealing to men. It helps to maintain good and physical health in a woman, as it cures ailment such as nymphomania and hysteria etc. Thus, FGM improves the hygienic and aesthetic nature of the girls/women circumcised.

 $<sup>^{48}</sup>$  Interview with Mrs Ovie, M. Oghenekevwe, Trader, 50 Years, Ethiope East Local Government Area of Delta State,  $07/10/2016.\,$ 

<sup>&</sup>lt;sup>49</sup> Interview with Mama Obiora Ngozi, Housewife/ Farmer, 54 Years, Ihiala Local Government Area of Anambra State, 04/04/2017.

<sup>&</sup>lt;sup>50</sup> Anuforo, P. O., Oyedele, L, et al Comparative Study of Meanings, Beliefs and Practices of Female Circumcision among three Nigerian Tribes in the United States and Nigeria, *Transcuit Nurtsing*, Vol. 15, (2), 2004.

<sup>&</sup>lt;sup>51</sup> Nkwo, P. O., Onah, H. E., Decrease in Female Genital Mutilation among Nigerian Ibo Girls, *International Journal of Gynaocologists*, Vol. 21, (5), 2001.

<sup>&</sup>lt;sup>52</sup> Interview with Mama Dirikumo Ruth, Housewife / Traditionalist, 65 Years, Sagbama Local Government Area of Bayelsa State, 02/07/2016.

<sup>&</sup>lt;sup>53</sup> Interview with Mama Yetunde Bose, Housewife, 62 Years, Boluwaduro Local Governmet of Area of Osun State, 04/12/2016.

## Life Styles and Behaviour Determinant

Kolawole and Anke<sup>54</sup> postulate that FGM is one's (African) way of life. It includes the choices or behaviour of individuals that affect their health. Female Genital mutilation is usually not a choice made by the female gender; the decision is made by their parents, grandparents, guardians and members of the extended family claiming to act in the female gender's best interest.55 According to Mama Elizabeth Etim Itam<sup>56</sup> of Efik ethnic group of Nigeria, female genital mutilation is African tradition should be understood as part of a much larger complex cultural continuum which Africans must practice. Our mothers did not forget to circumcise us; therefore our female children will be circumcised as demanded by our culture, which is our way of life. A circumcised girl / woman are the pride of her family and the entire community in Efik land. She is welcome fully by her peer group, age grade and women social gathering because of her love for cultural virtues and values of the Efik people.

## **Consequences of Female Genital Mutilation in Nigeria**

FGM practice is profoundly founded in Africa traditional beliefs, norms, culture and societal pressure to conform. It is one of the most serious forms of violence against the girl child/women in Nigeria and other global nations practicing it. Female genital mutilation has done irreparable harm than good, as it consequences are on the negative side sometimes resulting to death through severe bleeding, pain(s), trauma and overwhelming infections.<sup>57</sup> The study shall examine three salient consequences of FGM in Nigeria, which are: health, social and psychological below.

## **Health Consequences**

FGM continues to be a threat to female gender (girl/woman) health in the 21st century, as the unhealthy consequences significantly outweigh its health benefits. Despite FGM minimal health benefits as argued by practitioners of FGM. It is imperative to note that FGM has cause inimical damages to the girl/woman (female gender) which usually results in short and long term health consequences. The effects on health depends on the extent of mutilation / circumcision, the skill(s) of the circumciser / practitioner, the cleanliness of the tools, the environment of the tools and circumcision processes, as well as the medical and physical condition of the girl/woman about to be circumcised. Traditionally FGM practitioners use varieties of local tools to circumcise the girl/woman which include: knives and razor blades. Unfortunately, these procedures interfere with the natural functions of the girl/woman bodies

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<sup>&</sup>lt;sup>54</sup> Kolawole, A.O.D. & Anke Van de Kwaak, "A Review of Determinants of Female Genital Mutilation in Nigeria ", Journal o Interview with Mrs Ovie, M. Oghenekevwe, Trader, 50 Years, Ethiope East Local Government Area of Delta State, 07/10/2016.

 $<sup>^{\</sup>rm 55}$  Myers, R. A., et al, Circumcision: Its Nature and Practice among some Ethnic groups in Southern Nigeria, Social Science Med, Vol, 21. No.5, 1985.

<sup>&</sup>lt;sup>56</sup> Interview with Mrs Elizabeth Etim Itam, Housewife / Farmer, 48 Years, Calabar South Local Government Area of Cross River State, 06/09/2016.

<sup>&</sup>lt;sup>57</sup> See Women Right to Education Program (WREP) 2006.

which are against her human right. According to WHO $^{58}$  those who had undergone FGM had a significantly higher risk of childbirth implications such as: cesarean section and postpartum haemorrhage, than those without FGM. The death rate of babies during and immediately after birth are higher for mother with FGM than those without. As the risk of both birth complications and neonatal death increased relative to the severity of type of FGM. Below are the consequences of immediate and long term FGM in Nigeria and other nations involved in the practice.

# Immediate (Short) Term Consequences of FGM

- 1. Severe pain(s)
- 2. Shock
- 3. Haemorrhage (i.e. excessive bleeding)
- 4. Sepsis
- 5. Difficulty in passing urine
- 6. Infection (i.e. HIV)
- 7. Psychological trauma
- 8. Death
- 9. Unintended labra fusion known obstetric complications/risks
- 10. Caesarean sections
- 11. Postpartum haemorrhage and extended maternal hospital staying
- 12. Infant resuscitation
- 13. Still birth or early neonatal death

# **Long Term Consequences of FGM**

- 1. Need for surgery
- 2. Urinary and menstrual problems
- 3. Painful sexual intercourse and poor quality of sexual life
- 4. Infertility
- 5. Chronic pain(s)
- 6. Infection such as cysts, abscesses and genital ulcers, chronic pelvic infections and urinary tract infections, etc
- 7. Keloid (i.e. excessive scar tissue)
- 8. Reproductive tract infections
- 9. Psychological consequence such as: fear of sexual intercourse, post traumatic stress disorder, anxiety and depression
- 10. Increase risk of cervical cancer
- 11. Death 59

## **Social Consequences**

The failure to conform to FGM cultural practice often results in harassment, exclusion from important community social and political events as well as discrimination by peers, amongst others in some societies and ethnic groups of

 $<sup>^{58}</sup>$  WHO, Study Group on Female Genital Mutilation and Obstetric Outcome,  $\,2006.$ 

<sup>&</sup>lt;sup>59</sup> WHO, A Systematic Review of the Health Complications of Female Genital Mutilation including Sequelae in Childbirth, Geneva: WHO, 2000.

Nigeria in 21st century. As argued by Myers60 and NDHS61 the decision to undergone FGM is taken by the female parents, grandmothers, guardian and members of the extended family, who claimed to act in her favour. In some cases, few female (girls/women) approved their consent to FGM practitioners to circumcise them. The social consequences of FGM transmit sometimes to physical and mental consequences which if not properly check can send the girl/woman to her early grave, as sometimes the restrictions imposed by communities and families for non-compliance with the practice is very cruel and unfriendly.

However, the female gender who have undergone female genital mutilation experience various forms and degrees of sexual defects, such as: lack of desire or pleasure for sex before and after marriage, injury or removal of clitoris particularly the clitoris tip and the concentrated nerve complex responsible for clitoral erection, pelvic muscular and for the transmission of sensory information to the central nervous system.

### **Psychological Consequences**

Female genital mutilation is performed in many Nigeria ethnic groups when the female gender is young and uninformed; this is often preceded in few instance, by acts of deceptions, intimidation and violence by trusted parents, guardians, relatives and friends. For many female (girls/women) FGM is a major experience of fear, submission, inhibition and suppression of feelings and thinking. This experience becomes a vivid landmark in their mental development, the memory of which persists through life.

The pain, shock and the use of physical force by those performing the act are mentioned as reasons why many girls/women describe female genital mutilation as a traumatic event.62 Psychologically, many girls/women have difficulties recalling and describing the experience by their tension and tears which reflect the magnitude of emotional pain(s) they silently endure at all times. Although several girls/women (female gender) may receive family support immediately following the procedure of FGM. These FGM procedures create feelings of anger, bitterness, hatred and betrayal as victims of FGM are subjected to pain(s) by the circumcisers / practitioners. The resulting loss of confidence and trust in family, guidance, and friends can affect the girls/women-parent relationships and has consequences for future intimate relationships with adults and their own children. For many female (girls / women), the mental experience of genital mutilation and its aftermath are very akin to those of rape victims. The experience of FGM is commonly associated with psychosomatic and mental problems, systems and disorders which affect a wide range of brain functions.<sup>63</sup> These were manifested in sleeplessness,

<sup>60</sup> Myers, R. A., et al, Circumcision: Its Nature and Practice among some Ethnic groups in Southern Nigeria, Social Science Med, Vol. 21. No.5, 1985

<sup>61</sup> NDHS, National Population Commission Federal Republic of Nigeria and ORC Macro Calverton, Maryland, USA, Nigeria Standard DHS Final report, 2003.

<sup>62</sup> Behrendt, A., "The Practice of Excision in Moyamba and Bombali Districts of Sierra Leone: Perception, Attitudes and Practice", Dakar: Plan West Africa Regional Office, 2005. 63 See Whitethorn, M., Female Genital Mutilation, 2002.

nightmares, lack of appetite or weight loss or excessive weight gain, post-traumatic stress, panic attack, mood instability and difficulties in concentration and learning. However, some studies have shown an increased likelihood of fear of sexual intercourse, post-traumatic stress disorder, anxiety, depression and memory loss.

### **Conclusion and Recommendations**

The study examined the persistent practice of female genital mutilation, determinant factors, and consequences of female genital mutilation in the 21st century Nigeria, using eight ethnic groups as a case. FGM is a manifestation of gender inequality in Nigeria and African culture. This practice is supported by both male and female gender with higher percentage mostly in rural areas of Nigeria in the 21st century. FGM is one of the most serious forms of violence and violation of human rights of the female gender by their parents, guidance's, relatives and mutilators, circumcisers and practitioners in Nigeria, as it has done irreparable harm than good to its victims. Sadly, FGM is inimical in nature and its consequences are deleterious, which many times leads to death, severe bleeding, pain(s), psychological trauma, infertility and infections, amongst others to it victims in Nigeria, despite its minimal benefits as argued by practitioners of FGM.

The following recommendations will nip in the bud of FGM in  $21^{st}$  century Nigeria.

- 1) The Federal and State governments of Nigeria should exhibit great political will in tackling and establishing state and federal laws, if there is none with severe penalties for practitioners of FGM irrespective of ethnic groups, religious or political affiliation in the nation.
- 2) Nigeria government at the local, state and federal levels should show great political will with a sincere intention to eradicate FGM in the nation.
- 3) The Nigerian media should play pivotal role in the eradication of FGM in Nigeria.
- 4) Traditional rulers, chiefs, elders, women and youths in the rural and urban areas of the country should play active and supportive roles in the eradication of FGM in Nigeria by preaching against it and leading the war for it eradication in their societies.
- 5) FGM cultural practice in Nigeria needs to be review and abated by all the ethnic groups of the nations where it is still be practices despite its cultural root in their societies.
- 6) NGO, ministry of education, ministry of health and health practitioners should constantly educate the populace through, books, seminars and conferences on the dangers and consequences of FGM to the female gender in Nigeria.
- 7) FGM should be part of civil education curriculum to educate children (both male and female) from kindergarten to high schools the dangers and consequences of FGM to the female gender.
- 8) Nigeria hospitals should have rehabilitation and healing centers for victims of FGM in the nation.

9) Parents, relatives, and female gender mutilators/circumcisers, amongst others should respect the fundamental human right of the (girl/woman) female gender.

# **Bibliography**

Anuforo, P. O, et al., Comparative Study of meanings, Beliefs and Practices of Female Circumcision among three Nigerian Tribes in the United State and Nigeria, Transcult Nursing, 15, (2), 2004.

Behrendt, A. "The Practice of Excision in Moyamba and Bombali Districts of Sierra Leone: Perception, Attitudes and Practice", Dakar: Plan West Africa Regional Office, 2005.

Caldwell, J. C, et al., Male and Female Circumcision in Africa from a Regional to a Specific Nigerian Examination, *Social Sciences Medicine*, 44, (8), 1997.

Da Vita Maria Gabriella, UNICEF cited by Kelly, G., Female Genital Circumcision/Cutting, 2006.

Draege, T. L. Thesis: The Role of Men in the Maintenance and Change of Female Genital Cutting in Eritrea:, University of Bergen, Norway, 2007.

Eluwa, G.I.C., et al. *A History of Nigeria for Schools and Colleges*, Ibadan: African-Fep Publishers Limited, 2005.

Hajjil, A., Global Strategy on Female Genital Mutilation, Sweden: Save the Children, 2001.

Interview with Hajia Salamatu Haruna, Housewife, 50 Years, Chikun Local Government Area of Kaduna State, 17/02/2017.

Interview with Hajia Zainah Mohammed, Housewife/Farmer, 53 Years, Gbako Local Government Area of Niger State, 05/02/2017.

Interview with Madam Akpos Mudiakevwe, Housewife / Traditionalist, 64 Years, Ethiope East Local Government of Delta State, 07/10/2016.

Interview with Mama Dirikumo Ruth, Housewife / Traditionalist, 65 Years, Sagbama Local Government Area of Bayelsa State, 02/07/2016.

Interview with Mama Ekang Akpan, Housewife / Traditionalist, 64 Years, Calabar South Local Government Area of Cross River State, 05/09/2016.

Interview with Mama Obiora Ngozi, Housewife/ Farmer, 54 Years, Ihiala Local Government Area of Anambra State, 04/04/2017.

Interview with Mama Tarvaan Ochie, Housewife/Farmer, 51 Years, Katsina-Ala Local Government Area of Benue State, 09/08/2016.

Interview with Mama Uduak Rose Johnson, Housewife, 72 Years, Calabar South Local Government Area of Cross River State, 05/09/2016.

Interview with Mama Yetunde Bose, Housewife, 62 Years, Boluwaduro Local Government of Area of Osun State, 04/12/2016.

Interview with Mr & Mrs Daniel Taarv Tur, Farmers, 62 & 53 years, Katsina-Ala Local Government Area of Benue State, 08/08/2016.

Interview with Mr & Mrs Ebinimi Izon-owei Douye, Farmer / Housewife, 56 & 51 Years, Kolokuma/Opokuma Local Government of Bayelsa State, 02/07/2016.

Interview with Mrs Ovie, M. Oghenekevwe, Trader, 50 Years, Ethiope East Local Government Area of Delta State, 07/10/2016.

Interview with Mrs Rose Ngali, Civil Servant, 54 Years, Katsina-Ala Local Government Area of Benue State, 08/08/2016.

Kouba, L. J. et al. "Female Circumcision in Africa: An Overview", *African Studies Review*, 28, (1), 1985.

Menken, J. R. M et al., Reproductive Health in M. H. Menson, et al., (eds.). International Public Health: Diseases Programs System and Policies, USA: Jones and Barkett Publishers.

Myers, R. A., et al, Circumcision: Its Nature and Practice among some Ethnic groups in Southern Nigeria, *Social Science Med*, Vol, 21. No.5, 1985 NDHS, National Population Commission Federal Republic of Nigeria and ORC Macro Calverton, Maryland, USA, Nigeria Standard DHS Final report, 2003.

NDHS, National Population Commission: Federal Republic of Nigeria, 2003.

Nkwo, P. O., Onah, H. E., Decrease in Female Genital Mutilation among Nigerian Ibo Girls, *International Journal of Gynaocologists*, Vol. 21, (5), 2001.

Okafor, L.M. *History for Secondary Schools: Book 1 & 2 Nigeria*, Onitsha: Jet Publisher Nigeria Limited, 1989.

Otite, O. Ethnic Pluralism and Ethnicity in Nigeria with Comparative Materials, Ibadan: Shanson, C.I. Limited, 1990.

Rahman, A. & Tuobia, N. Female Genital Mutilation: A Guide to Laws and Policies Worldwide, UK: London Zeb Books, 2000.

See Ahmadu, M., Female Genita Mutilation, 2007.

See Budiharsana, H, Female Genital Mutilation and its Effects, 2004.

See Tahzib, M., Female Genital Circumcision and its Procedures, 1983.

See Udo in Groundwork of Nigeria History, edited by Obaro Ikime, 1980.

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See Whitethorn, M., Female Genital Mutilation, 2002.

See Women Right to Education Program (WREP) 2006.

Slander, T. E., et al, The Impact of Female Genital Cutting on First Delivery in South-West Nigeria, *Studies Family Planning*, 33, (2), 2002.

Toubia, N.F. & Sharief, E. H., "Female Genital Mutilation: Have We Made Progress", *International Journal of Gynecology and Obstetrics*, Vol.4, No. (2), 2003.

UNICEF, "Female Genital Mutilation/ Female Genital Cutting: A Statistical Report", New York, 2005.

Walker, A. & Parmer, P. Warrior Marks: Female Genital Mutilation and Sexual Blinding of Woman, USA: Harvest Books, 1996.

WHO Female Genital Mutilation, http://www.who.reproductive-health accessed on the 3<sup>rd</sup> February, 2020.

WHO, "Eliminating Female Genital Mutilation: An Interagency Statement of OHCHR, UNAIDS, UNDP, UNECA, UNESCO, UNFPA, UNHCR, UNICEF, UNIFEM", WHO: Geneva, 2008.

WHO, A Systematic Review of the Health Complications of Female Genital Mutilation including Sequelae in Childbirth, Geneva, 2000.

WHO, Study Group on Female Genital Mutilation and Obstetric Outcome, 2006. WHO, UNICEF & UNFPA. "Female Genital Mutilation: A Joint WHO/UNICEF/UNFPA Statement", Geneva: World Health Organization, 1999.

Yoder, P. S., et al., Female Genital Cutting in the Demographic and Health Survey: A Critical and Comparative Analysis, Calverton: Micro International Inc, 2004.

Yoder, P.S., et al., "Female Genital Mutilation/ Cutting in Africa Countries: Estimates of Numbers from National Surveys", *Journal of Social Science and Medicine*, 2012.