

Female Genital Mutilation in Some Selected Communities in Borgu Local Government Area of Niger State, Nigeria

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Abstract

The paper gave a brief history of female genital mutilation (FGM) in Nigeria and worldwide. In Nigeria, due to its large population, has the highest absolute number of female genital mutilation (FGM) worldwide, accounting for about one-quarter of the estimated 115–130 million circumcised women in the world. The major literatures on FGM also defined Female genital mutilation in line with the World Health Organization (WHO) standards as all procedures which involve partial or total removal of the external genitalia and/ or injury to the female genital organs, whether for cultural or any other non-therapeutic reasons. In addition, the paper discusses the causes of FGM, types of FGM and consequences of FGM in Nigeria. However, there is no federal law banning FGM in Nigeria. There is need to eradicate FGM in Nigeria. Education of the general public at all levels with emphasis on the dangers and undesirability of FGM is paramount.

Keywords: Female, Genital, Mutilation/Circumcision, Harmful, Promiscuous, Traditional, Transmitted, Diseases.

Introduction

The origin of female circumcision practice is as old as history itself. In the ancient world, both male and female circumcisions were strong custom and practice, religiously and culturally. These are based on the belief that female circumcision in particular serves as a non-facilitator to sexual promiscuity apart from other assumptions that the wrath of the gods and other misfortunes shall befall females not circumcised in the society (Scaine, 1976 cited in Ali, 2003). Despite the religious and cultural evidences describing the origin of female circumcision and ignoring the African people's religious justifications for the practices, the rest of the world established its own reason to explain the practice of female circumcision. While others view FGM as a practice whose origin and significance is shrouded in secrecy, uncertainty, and confusion. The origin of FGM is fraught with controversy either as an initiation ceremony of young girls into womanhood or to ensure virginity and curb promiscuity, or to protect female modesty and chastity. The ritual has been so widespread that it could not have risen from a single origin.

In Nigeria, of the six largest ethnic groups, the Yoruba, Hausa, Fulani, Ibo, Ijaw, and Kanuri, only the Fulani do not practice any form. FGM varies from country to country, tribes, religion, and from one state and cultural setting to another and no continent in the world has been exempted (IAC 2016). In most parts of Nigeria, it is carried out at a very young age (minors) and there is no possibility of the individual's consent.

There are population-based data on FGM prevalence from all African countries in which the practice has been documented. Estimates suggest that:

- 100–140 million girls and women worldwide are living with the consequences of FGM;
- approximately 3.3 million girls are at risk of FGM each year; and
- in the 28 countries from which national prevalence data exist (27 in Africa and Yemen), more than 101 million girls aged 10 years and older are living with the effects of FGM.

FGM is known to be practiced in:

- 27 countries in Africa and Yemen, especially in the eastern, north-eastern and western regions;
- some countries in Asia and the Middle East;
- immigrants from these countries wherever they live, including in Australia, Canada, Europe, New Zealand and the USA; and
- a few population groups in Central and South America

In the 28 countries in Africa and the Middle East for which data are available, national prevalence among women aged 15 years and older ranges from 0.6% (Uganda, 2006) to 97.9% (Somalia, 2006). There are some regional patterns in FGM prevalence. According to Demographic Health Surveys done during 1989–2002, within north-eastern Africa (Egypt, Eritrea, Ethiopia and northern Sudan), prevalence was estimated at 80–97%, while in eastern Africa (Kenya and the United Republic of Tanzania) it was estimated to be 18–38%. However, prevalence can vary strikingly between different ethnic groups within a single country (WHO 2016). FGM has been documented in several countries outside Africa but national prevalence data are not available.

Objectives of the Study

The following objectives guided the study.

- i. To find out whether such practice is still in existence in Borgu Local Government Area of Niger State.
- ii. To find out the effect of female circumcision on sexual promiscuity in their social life.
- iii. To identify the health risk of the practice may create on the female and ways forward.

Review of Related literature

The literature reviewed here includes Empirical, Conceptual and Theoretical dimensions related to the study.

What is Female Genital Mutilation (FGM)

Female genital mutilation (FGM) is defined by the World Health Organization (WHO) as all procedures which involve partial or total removal of the external genitalia and/ or injury to the female genital organs, whether for cultural or any other non-therapeutic reasons. In Nigeria, subjection of girls and women to obscure traditional practices inflicted on girls and women worldwide. FGM is widely recognized as a violation of human rights, which is deeply

rooted in cultural beliefs and perceptions over decades and generations with no easy task for change.

Though FGM is practiced in more than 28 countries in Africa and a few scattered communities worldwide, its burden is seen in Nigeria, Egypt, Mali, Eritrea, Sudan, Central African Republic, and northern part of Ghana where it has been an old traditional and cultural practice of various ethnic groups. The highest prevalence rates are found in Somalia and Djibouti where FGM is virtually universal. FGM is widely practiced in Nigeria and with its large population, Nigeria has the highest absolute number of cases of FGM in the world, accounting for about one-quarter of the estimated 115–130 million circumcised women worldwide. In Nigeria, FGM has the highest prevalence in the South-South (77%) (Among adult women), followed by the South-East (68%) and South West (65%), but practiced on a smaller scale in the North, paradoxically tending to in a more extreme form. Nigeria has an estimated population of 216,632,545 million people with the women population forming 52%. The national prevalence rate of FGM is 41% among adult women. Prevalence rates progressively decline in the young age groups and 37% of circumcised women do not want FGM to continue (Mpofu 2016).

Causes of Female Genital Mutilation (FGM)

Even though a major reason for virginal cutting is control of female sexuality, researchers in Kenya and Nigeria observed no association between virginal cutting and outcomes for sexual behavior and concluded that sexual chastity is insufficient to justify the practice. Numerous other reasons have been adduced for the sustenance of the practice such as social, income, cultures, treatment and prevent pregnancy.

They regarded FGM as a tribal traditional practice (our custom is a good tradition and has to be protected), as a superstitious belief practiced for preservation of chastity and purification, family honor, hygiene, esthetic reasons, protection of virginity and prevention of promiscuity, modification of socio sexual attitudes (countering failure of a woman to attain orgasm), increasing sexual pleasure of husband, enhancing fertility and increasing matrimonial opportunities. Other reasons are to prevent mother and child from dying during childbirth and for legal reasons (one cannot inherit property if not circumcised). In some parts of Nigeria, the cut edges of the external genitalia are smeared with secretions from a snail footpad with the belief that the snail being a slow animal would influence the circumcised girl to “go slow” with sexual activities in future. However, FGM is often routinely performed as an integral part of social conformity and in line with community identity.

Types of FGM in Nigeria

Depending on cultures, traditions, customs and religion, there is a wide range of procedures performed and it is not known what percentage of which is practiced where. In some areas what is now done is just a ceremony simulating FGM/C and not actual surgical procedures.

According to (WHO, 2014) FGM/C is defined 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.”

FGM practiced in Nigeria is classified into four types as follows.

- Clitoridectomy or Type I (the least severe form of the practice): It involves the removal of the prepuce or the hood of the clitoris and all or part of the clitoris. In Nigeria, this usually involves excision of only a part of the clitoris.
- Type II or “Sunna” is a more severe practice that involves the removal of the clitoris along with partial or total excision of the labia minora. Type I and Type II are more widespread but less harmful compared to Type III.
- Type III (infibulations) is the most severe form of FGM. It involves the removal of the clitoris, the labia minora and adjacent medial part of the labia majora and the stitching of the vaginal orifice, leaving an opening of the size of a pin head to allow for menstrual flow or urine.
- Type IV or other unclassified types recognized by include introcision and gishiri cuts, pricking, piercing, or incision of the clitoris and/or labia, scraping and/or cutting of the vagina (angry cuts), stretching the clitoris and/or labia, cauterization, the introduction of corrosive substances and herbs in the vagina, and other forms.
- The instruments used in performing FGM/C have included razor blades, unsterilized sharpened kitchen knives, scissors, glass, sharpened rocks and finger nails. The person who performs the procedure is often called the circumciser or cutter. In most cases, this is an older woman who does it in the house of the girl or woman, or in circumcision centers. In some communities, it is performed by males, usually barbers because of their skills in handling cutting tools.

Instruments/ Method Used for (FGM)

Unhygienic procedures are commoner among the traditional circumcisers with the report of repeated use of a single instrument in up to 30 girls. In some countries of Africa and Asia such as Egypt, Kenya, Sudan and Indonesia, health professionals often perform the procedures and so it is termed “medicalization” of FGM/C. Anesthesia is not used by traditional cutters but medical professionals may use local or general anesthetic agents. When the procedure is performed by traditional cutters and especially in types II and III, the girl or woman’s legs are usually bound together from the hip to the ankle so she remains immobile for approximately 40 days to allow for the formation of scar tissue.

Consequences of Female Genital Mutilation

Health consequences FGM have no health benefits. It involves removing and damaging healthy and normal female genital tissue, and interferes with the natural functions of girls’ and women’s bodies. Traditional excisioners use a variety of tools to perform FGM, including Razor Blades and Knives, and do not usually use anesthetic. An estimated 18% of all FGM is done by Health-care providers, who use surgical scissors and anesthetic. All forms

of FGM can cause immediate bleeding and pain and are associated with risk of infection; the risk of both immediate and long-term complications increases with the extent of the cutting.

Immediate and Long-Term Health Consequences of Female Genital Mutilation

Immediate health risks	Longer-term health risks
○ Severe pain ○ Shock ○ Haemorrhage (i.e. excessive bleeding) ○ Sepsis ○ Difficulty in passing urine ○ Infections ○ Death ○ Psychological consequences ○ Unintended labia fusion	○ Need for surgery ○ Urinary and menstrual problems ○ Painful sexual intercourse and poor quality of sexual life ○ Infertility ○ Chronic pain ○ Infections (e.g. cysts, abscesses and genital ulcers, chronic pelvic infections, urinary tract infections) ○ Keloids (i.e. excessive scar tissue) ○ Reproductive tract infections ○ Psychological consequences, such as fear of sexual intercourse, post-traumatic stress disorder, anxiety, depression ○ Increased risk of cervical cancer (although more research is needed)

Research into the health effects of FGM has progressed in recent years. AWHO-led study of more than 28 000 Pregnant Women in Six African Countries found that those who had undergone FGM had a significantly higher risk of childbirth complications, such as caesarean section and postpartum haemorrhage, than those without FGM. In addition, the death rate for babies during and immediately after birth was higher for mothers with FGM than those without. The risks of both birth complications and neonatal death increased relative to the severity of type of FGM. Sexual problems are also more common among women who have undergone FGM. They are 1.5 times more likely to experience pain during sexual intercourse, have significantly less sexual satisfaction and are twice as likely to report a lack of sexual desire.

Social Consequences

While there are few rigorous studies on the social impact of FGM, some research has identified the potential negative consequences for families, girls and women of refraining from FGM. The practice is performed in response to strong social conventions and supported by key social norms; thus, failure to conform often results in harassment and, exclusion from important communal events and support networks, as well as discrimination by peers. Unless there is a joint agreement within a larger group, individuals and families are likely to consider the social risks to be greater than the physical and mental health risks

to girls of FGM. Even legal restrictions against FGM may be seen as less important than the restrictions that can be imposed by the community for non-compliance with the practice.

Theoretical Framework

The conventional theory propounded by Mackie and John (1996) is use here to explain the changes in major social convention or traditions which takes place in the whole society called social convention. These rules are not written in laws or otherwise formalized. In social convention there is a great focus on social rules, it is argued that these rules are socially constructed, that these rules act upon every number of the society.

The theory simply offers an explanation for how certain harmful social practices are self-enforcing in the society. Like in these case of foot binding and female genital cutting (FGC) which are consider to be traditional practices but are harmful to the individual especially women.

The issue of female genital cutting (FGC) sparks a natural intrigue, partly because it is a practice which seems strange and foreign (comparable to the enduring interest in the practice of witchcraft in some communities), (Mackie and John 1996). female genital cutting transcends both culture and religion. It seems likely that one common motive of female genital cutting [FGC] is to decrease the risk of female promiscuity since it reduces and may remove the woman's sexual pleasure for instance, in New Bussa, Burga L.G.A of Niger state, it is believed that female genital cutting (FGC) Will control the desire of their female children seeking extra marital affair during marriage.

Methodology

The study is mainly centered in Borgu Local Government Area of Niger State. The Local Government is one of the twenty-five Local Governments in the State. The local Government was originally one of the fourteenth Local government Councils of Kwara State resulting from the 1976 Local Government reformed. However, in 1991 Borgu Local Government was removed from Kwara State and merged with Niger State following the State creation and boundary adjustment by the then military head of state General Ibrahim Badamasi Babangida regime.

The estimated population of Borgu Local Government as per July 2021 is Two hundred and forty two thousand Eight hundred (242,800) people. The sample size for this research work is two hundred and fifty (250) drowned from the selected five communities of Dogon Gari, Kara Bonde, Monnai, Wawa and New Bussa. For the purpose of this research, fifty respondents were selected from the five communities for the study. The instrument use for this research work was questionnaire; for the purpose of end users of this studies {Policy makers, Government, NGOs, Primary Health care etc} complex data analyses may render the study inaccessible therefore, simple percentage was employed to present the data.

The Data.

Table 1: Opinion on existence of female genital mutilation in the communities.

Valid	Frequency	Percent	Cumulative percent
SA	125	50	50
A	90	36	86
D	30	12	98
SD	5	2	100
Total	250	100	

Source: Field Survey 2022.

The results on table 1 above shows that 86. % of respondents strongly agreed and agreed, indicating that female genital mutilation still exists in the communities, they are Dogon Gari, Kara Bonde, Monnai, Wawa and New Bussa. While 14. % of the respondents disagreed and strongly disagreed, this could represent the new entrants into the communities which are yet to be aware of the happenings in respect to female genital mutilation in such communities. However, the result above shows that respondents with strongly agreed are the majority and as such they see female genital mutilation still exists in the communities.

Table 2: Female circumcision reduces emotion and libido towards opposite sex

Valid	Frequency	Percent	Cumulative percent
SA	70	28	28
A	115	46	74
D	35	14	88
SD	30	12	100
Total	250	100	

Source: Field Survey 2022.

The result in table II above shows that 74% of the respondents strongly agreed and agreed that female circumcision reduces emotion and libido towards opposite sex in the communities of Dogon Gari, Kara Bonde, Monnai, Wawa and New Bussa while 26% of the respondents strongly disagreed and disagreed. Nevertheless, the result above designate that respondents with agreed opinion are the majority, this shows that female circumcision reduces emotion and libido towards opposite sex. This implied that female circumcision does have any positive effect on the life of the girl child in the afore mention communities.

Table 3: Femininity, Modesty and Value are cultural factors which gave rise to female circumcision

Valid	Frequency	Percent	Cumulative percent
SA	75	30	30
A	100	40	70

D	70	28	98
SD	5	2	100
Total	250	100	

Source: Field Survey 2022.

The result in table III above shows that 70% strongly agreed and agreed with the responses, indicating that femininity, modesty and values are cultural factors which gave rise to female circumcision in the communities of Dogon Gari, Kara Bonde, Monnai, Wawa and New Bussa while 30% strongly disagreed and disagreed with the statement. However, this shows that majority agreed that femininity, modesty and values are the cultural factors which gave rise to female circumcision in these communities.

Table 4: Opinion on chances of contracting STD/STI in the circumcision processes

Valid	Frequency	Percent	Cumulative percent
SA	60	24	24
A	85	34	58
D	40	16	74
SD	65	26	100
Total	250	100	

Source: Field Survey 2022.

The result in table IV above shows that 58% strongly agreed and agreed that there is the chances of contracting STD/STI in the process of circumcision, this is as a result of the crude method and materials used which are unsterilized and unhygienic which exposed the victims to these health hazard, while 42% strongly disagreed and disagreed. This indicates that majority agreed that circumcision can transmit STD/STI diseases during the process. This result to many health challenges ranging from severe infections such as cysts, Infertility, chronic pelvic infections, genital ulcers, reproductive tract infections and increase risk of cervical cancer. etc.

Table 5: Female Genital Mutilation causes a lot of damage to the circumcised Teenager

Valid	Frequency	Percent	Cumulative percent
SA	85	34	34
A	115	46	80
D	35	14	94
SD	15	6	100
Total	250	100	

Source: Field Survey 2022.

The result in table V above shows that 80% of the respondents strongly agreed and agreed that female genital mutilation can cause a lot of damage to the circumcised teenagers in these communities of Dogon Gari, Kara Bonde, Monnai, Wawa and New Bussa. Majority teenagers are subjected to health-related issue which made most of them barren, some with VFF issues and diseases which made their married life difficult. While 20% strongly disagreed and disagreed. However, this shows that majority of the respondents strongly agreed that FGM is dangerous to the health wellbeing of girl child in such communities.

Discussions

It is true that tradition and culture are important aspects of any society in helping to mold the views and behavioral patterns of the society; some traditions and cultural beliefs and practices like FGM are harmful and must be abolished. A multidisciplinary approach is needed to tackle this deep-rooted legendary practice of FGM. There is a need for legislation in Nigeria with health education and female emancipation in the society. The process of social change in the community with a collective, coordinated agreement to abandon the practice "community-led action" is therefore essential. With improvement in education and social status of women and increased awareness of complications of FGM, most women who underwent FGM disapprove of the practice and only very few are prepared to subject their daughters to such harmful procedures. The more educated, more informed, and more active socially and economically a woman is, the more she is able to appreciate and understand the hazards of harmful practices like FGM and sees it as unnecessary procedure and refuses to accept such harmful practice and refuses to subject her daughter to such an operation.

The results of the findings indicate the practice is still on-going in such communities and need to be stop.

Conclusions

It is important to note that despite the increased international and national attention, the prevalence of FGM overall in the communities under is still very high has revealed on table one. The prevalence depends on the level of education and the geographic location. At the grassroots, efforts should be taken to join in the crusade to say "NO" to FGM anywhere it is practiced among our people. It is crude, dangerous, wicked and unhealthy. FGM is not required by any religion and there is no scientific evidence that women who have been mutilated are more faithful or better wives than those who have not undergone the procedure. It is very clear that there is no single benefit derived from FGM.

- The studies revealed that 86% of the respondents agreed that female genital mutilation still exist in the communities of Dogon Gari, Kara Bonde, Monnai, Wawa and New Bussa.
- The studies also revealed that 74% of the respondents agreed that female circumcision reduces emotion and libido towards opposite sex which implies it continuous practice is negatively affecting several family live styles.

- The studies revealed that 70% of the respondents agreed that femininity, modesty and values are cultural factors which promote the practice of female genital circumcision.
- The studies revealed that 58% of the respondents agreed that there are chances of contracting STD/STI in the process of circumcision because of the unhealthiness of environment and the instruments repeatedly used.
- In addition, the studies revealed that 80% of the respondents agreed that female genital mutilation can cause a lot of damage to the circumcised teenagers.

Recommendations

- The government should set up machinery through which the public will be well informed on the dangers of FGM and to stop/eradicate the practice.
- The Hospitals counseling units should always organize outreach counseling programmes in prone communities against the practice.
- The school as an institution for imparting or inculcating knowledge should open more counseling units so as to provide more enlightenment on the dangers of female circumcision to the young ones.
- Seminars and workshops should be organized by the Ministry of health to create awareness to people on the disadvantages or consequences of female circumcision in those communities and the society at large.
- Join the crusade to say "NO" to save the future generations of women from any form of mutilations.
- Health workers are to enquire about the practice in their locality and give clear information and education to other people on the health effects of FGM.
- Work with other people to stop the practice in your area. Contact health or other influential authorities in your area to notify them about the problem.
- Discuss with your lawmakers or local representatives on making laws against FGM.
- Finally, support families and communities in their efforts to abandon the practice and to improve care for those who have undergone it.

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