

## FEMALE GENITAL MUTILATION AND GIRL-CHILD DILEMMA: THE NIGERIA EXPERIENCE

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**Abstract:** *Female genital mutilation may have been outlawed in Nigeria; it is still widely practiced in several Nigerian societies and cultures. The focus of this paper is to explore the practice of female genital mutilation in Nigeria on the girl-child. In other to achieve this, the paper was broadly classified as the good, bad, and ugly. The study revealed that, Nigeria has one of the highest numbers of female genital mutilation in the world and that the practice is more prevalent in the southern part of the country than what is obtainable in the northern parts of the country although to an extreme in certain areas in the north. It was also discovered in the study that, female genital mutilation is more prevalent in societies with high rates of illiteracy, ignorance, poverty and low status of women. The study concludes that, the place of culture in any society cannot be over-emphasized; therefore the significance of female genital mutilation as a cultural practice to societies and culture in Nigeria cannot be undermined. It also concludes that since female genital mutilation is deeply rooted and entrenched in many Nigerian societies, total abolition of female genital mutilation may not be feasible because of its cultural significance which is imperative for the survival of the society. Therefore, despite the health implications of female genital mutilation on girls and women, there is cultural justification for the practice and as such, the study recommends clinical procedure for female genital mutilation in Nigeria.*

**Key words:** *female genital mutilation; girl-child; patriarchal; culture; male dominance.*

### Introduction

Female Genital Mutilation (FGM) is the partial or total removal of the exterior female genital and/or any form damage done to the female genital organs as a result of cultural or other non-therapeutic intentions (World Health Organization, 1998). Although FGM has been outlawed Nigeria by the Nigerian government, Toppin (2015) and Richards (2015) FGM is still widely practiced among many societies and cultures in the country (Goldberg, 2015 & Nkwopara, 2015).

Despite decades of campaign against the practice of FGM and its attendant implications on the health of the girl-child in Nigeria by concerned authorities, this traditional practice is still legendary and deep rooted in many cultures in and around the country (Onuh, Igbarere, Umeora, Okogbeni, Ofoide & Agariki, 2006; World Health Organization, 2008; and United Nations Children Fund, 2011).

The reason being that, FGM is deeply entrenched and justified on social and cultural grounds among many cultures in the country (Nnorom, 2000). Often times, the origin of FGM and its significance to people is clouded in mystery, ambiguity, misunderstanding and usually distracted with justification such as, introduction of the girl child into womanhood, a way of securing their virginity, controlling girl-child promiscuity and protecting female modesty (Asaab, 1980 & Odoi, 2005). In some other quarters, when the girl-child is circumcised, it is believed that it is a sign that she is pure Erlich (1986) while those that are not circumcised are professed as soiled for marriage and as a result may not be able to control their sexual urge later in life which may in turn make them vulnerable to promiscuity or infidelity in marriage.

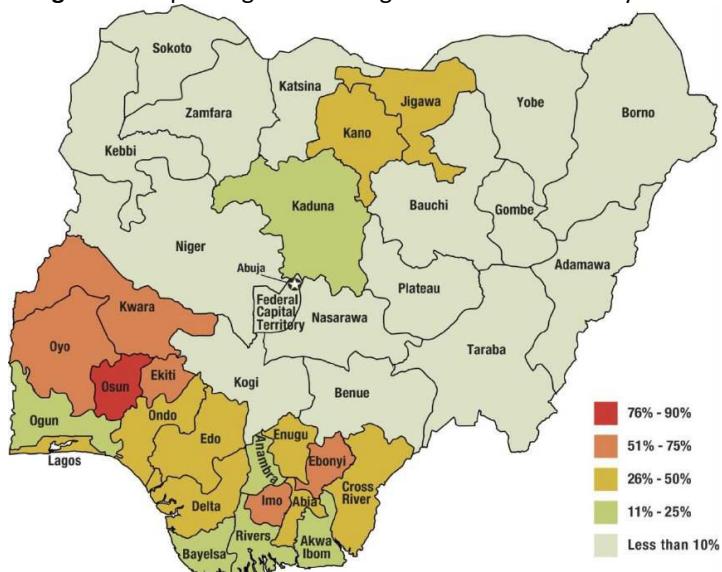
In Nigeria, FGM is broadly categorized into four major types (WHO, 1997). These include: Type I “clitoridectomy”, which involves the removal of the prepuce or the hood of the clitoris and all or part of the clitoris. Type II “Sunna” involving the removal of the clitoris along with partial or total excision of the labia minora. Type III is the most severe and is called “infibulations” involving the removal of the clitoris, the labia minora and adjacent medial part of the labia majora, stitching of the vaginal orifice, leaving an opening of the size of a pin head to allow for menstrual flow or urine while Type IV is unclassified, involving introcision and gishiri cuts, pricking, piercing, or incision of the clitoris and/or labia, scraping and/or cutting of the vagina (angrya cuts), stretching the clitoris and/or labia, cauterization, the introduction of corrosive substances and herbs in the vagina, and other forms.

Nigeria is said to have one of the highest incidences of FGM in the world representing about one-quarter of the estimated 115-130 million circumcised women all over the world (Okeke, Anyaeche & Ezeanyaku, 2012). With over 250 ethnic groups found in Nigeria, Ayatse (2013), comprising of six major ethnic groups namely: Yoruba, Hausa, Fulani, Ibo, Ijaw, and Kanuri, only the Fulani do not practice any form of FGM. (Senior Coordinator for International women's Issues, 2005). The rate of practice varies from one geopolitical zone, state and ethnic group to another with the highest prevalence reported from the Southern geopolitical zones of the country, among the Yoruba and Igbo ethnic groups. The Nigeria Demographic and Health Survey (2003) report has it that, FGM is mostly prevalent in the South-western part of the country with 56.9% followed by South-east with 40.8% South-south with 34.7%, north-central with 9.6%, north-east 1.3% and north-west 0.4%. It has also been revealed that FGM is more predominant in societies with high level of illiteracy, ignorance, poverty and places with low status of women in Nigeria (Otu, Ukwayi & Ushie, 2012).

But, ever since FGM was outlawed in by the Nigerian government in 2015, Ogbona (2016) there has been numerous agitations for the enforcement of the ban from various quarters (Ifijeh, 2015 & Joseph, 2015). However while a school of thought oppose the legalization of FGM claiming that it will complicate the elimination of the phenomenon in the Nigerian society, other school of thought supports clinical treatment because it is a practical strategy to approach health problems and aiding the goal in the recovery of whole community. Therefore, there seem to be a dilemma between the choice of legalizing clinical treatment of FGM or the criminalization of FGM as a whole (Obiora, 1997).

It is against this backdrop that this study is being conducted; the study therefore explores the good, the bad and the ugly aspects of FGM in Nigerian societies and cultures. The study intends to juxtapose the cultural significance of FGM *vis a vis* the health implication on the girl-child and the possible way forward.

**Figure 1:** Map of Nigeria showing Prevalence of FGM by state



Source: 28 too many 2016

## 1. Theoretical Foundation

In trying to explain FGM within the context of girl-child dilemma in Nigeria. This study employed the Social Dominance Theory (SDT). SDT is an intergroup theory that was first formulated in 1999 by Sidanius and Pratto (1999) which focused on the maintenance and stability of group-based social hierarchies in societies. The theory holds that human social groups are organized according to group-based social hierarchies such as age, sex and are culturally defined. These group-based inequalities are further sustained through specific institutional discrimination, aggregated individual discrimination, and behavioral asymmetry.

According to SDT, extensively shared cultural ideologies such as legitimizing myths offer the moral and intellectual rationalization for these intergroup behaviors. Males for example are more dominant than females, and possess more political power with most high-status positions held by males. In patriarchal societies where males tend to be more dominant than their female counterpart; SDT postulates that males will tend to have a higher social dominance orientation (SDO) and as such males will tend to function as hierarchy enforcers using discriminating acts that places them far above the female.

Resting on the aforementioned assumptions of SDT, this study postulates that girl-child in Nigeria faces FGM dilemma as a result of the patriarchal nature of the Nigerian society in which intergroup relationship between male and female is determined and male dominance is culturally entrenched. The right of the girl-child is hypothesized to be subjugated with FGM which is justified within cultural and legitimizing myths in order to favor the male-folk at the expense of the girl-child. It is therefore presumed that with FGM, the girl-child is marginalized, discriminated upon and reduced to an inferior commodity in order for the society to conserve and sustain the long existing and traditional patriarchal status quo between men and women in Nigeria.

SDT was criticized for arguing against the evolutionary origin of the social dominance, questioning the origins of social conflict, the significance and role of the Social Dominance Orientation (SDO) paradigm, falsifying behavioral asymmetry, impressing a substitute to understanding attitudes to power, shared self-interest and a reductionism as well as philosophical idealism of SDT (Wilson & Liu, 2010).

## **2. The Good: Socio-Cultural Justification**

In many Nigerian societies and cultures, FGM is practiced for a number of cultural reasons and these reasons transcends several generations. One of the factors that inspire families to circumcise their daughters in Nigeria is the family's concern about the girl-child inability to marry if she is not circumcised. This is because, many cultures in the country hold the belief that when the girl-child is circumcised, it is a sign that the girl-child is pure (Erlich, 1986). Therefore, girls that are not circumcised are perceived as filthy for marriage as such it is alleged that such may not have control over their sexual cravings after maturity and may be susceptible to promiscuity or being unfaithful in marriage (La Barbera, 2010).

Also, Verzin (1975) has equally argued further that, FGM is practiced in many cultures in Nigeria in order to safeguard family honor by sustaining virginity in girls until they get married thereby curbing infidelity in the society and averting the shame that will come to such family where the girl come from. This is because; virginity is highly respected in many societies and cultures in Nigeria as a vital perquisite for marriage and vastly associated to female honor. Therefore it becomes a taboo in some cultures if this requisite is not met at marriage as such girl-child may be seen as an outcast and sometimes ostracized from such communities if found

guilty. In addition to this, Ahmadi (2013) has also contended that, uncircumcised women have lower fertility powers when equaled to circumcise women and are not able to control their sexual urge. Therefore, FGM particularly infibulations is presumed to reduce a woman's sexual craving and reduce enticements to have extramarital sex thereby helping to preserve a girl's virginity (AID, 2013).

Consequently, in some other societies and cultures in Nigeria, FGM is often widely believed to be necessary before a girl-child can considered being a complete woman thereby welcoming them to their future roles in life and marriage. According to Amnesty International Documents (2013), FGM is a sign of initiation into adulthood in many societies and also defines who fit in to a community. The report further states that, a girl cannot be considered an adult in some societies where FGM is widely practiced unless she has undertaken FGM. In some societies the female genital are usually regarded as unattractive and dirty; therefore, un-mutilated women are usually regarded as impure and are not allowed to handle food and water and that the removal of the clitoris and labia is thought to enhance the girl's femininity synonymous with docility and obedience (AID, 2013). Thus, FGM in such societies are perceived as a sign of maturity that is often marked with ceremonies initiating the girl-child into womanhood and intimate them with their duties as future women in the society (Joseph, 2003). In many cases, these ceremonies are highly valued and are usually accompanied with dancing, singing and cooking special dishes as a part of their culture.

### **3. The Bad: Health Implications**

FGM has a number of health implications on the girl-child with attendant effects on their health and future. In some cases when a girl's clitoris and labia are cut away, they are usually done with crude unsterile instrument in unsafe environments without any form of anesthetics by traditional practitioners who do not have broad knowledge of human anatomy (UNICEF, 2013). Health complications such as excessive bleeding from genitals, urine retention, genital tissue swelling, severe pain and problems with healing of wounds are usually evident in such situation (El Dareer, 1983; Institute National de la Stastique, 2005). In addition to the immediate health complications aforementioned, findings from previous study have also suggested that a significant relationship exist between FGM and reproductive health problems in women in many cases (Otu, Ukwai and Ushie (2012). Furthermore, FGM can be considered medically harmful to the girl-child by causing complications such as infertility in marriage, sexually transmitted infections and a further avenue invasion of other diseases into the body such HIV/AIDs (Gruenbaum 1982, Gordon 1991, Inhorn and Buss 1991 and Larson 2002).

Subsequently, further study conducted by Okonofua et al. (2012) has also shown that, abdominal pain, discharge and genital ulcers were more frequent associated to circumcised women. According to Klouman et al. (2005) bacterial vaginosis and herpes virus (HSV2) were also more frequent among circumcised

women while studies on labour and delivery problems have also found significant relationships between circumcised women and perineal tears (Larsen and Okonofua 2002), foetal distress (Vangen 2002) and general difficulties (Jones et al 1999). This therefore means that the health implication of FGM on the health of the girl-child cannot be overemphasized. Many of which will not only affect the girl-child well-being and wellness but may also lead to morbidity of the girl-child's body and even death if not properly and timely handled.

#### **4. The Ugly: Psycho-Social Implications**

The psycho-social implications of FGM on the girl-child cannot be undermined. FGM has been viewed as a form of violence against women and is widely recognized as violation of human right (Adebimpe, 1986 & Okeke, Anyaeche and Ezenyeaku, 2012). In addition, it has been discovered that FGM affect the mental and emotional well-being of the girl-child as a result of the fact that, in most cases, when FGM is being carried out on the girl-child, it usually result to long-term consequences such as pelvic infection leading to sterility with difficulty in urinating and a high risk of obstructed labor which affects them psychologically (Otu, Ukwaiyi & Ushie, 2012). Furthermore, it has also been discovered that circumcised girls are usually more likely to suffer adverse consequences for sexual enjoyment thereby leading to psychological problems for them later in life (El Defrawi et al 2001). In addition, according to a UNICEF (2005) report, FGM is usually painful for the girl-child also is usually carried out at a very tender age when without the girl's consent, thus allowing the girl-child to experience excruciating pains that they do not have the capacity to handle because of their age and time. FGM is therefore dehumanizing to the girl-child constituting an extreme form of violation, intimidation and discrimination thereby severely deteriorating girls' current and future quality of life by lowering their self-dignity and self-esteem (Oduro et al, 2006; Larsen, 2002; and Ibekwe et al (2012).

#### **Conclusion**

This study has been able to explore the good, the bad and the ugly aspects of FGM in the Nigerian society and cultures. The study found that Nigeria account for one of the highest number of FGM incidences in the world as a result of Nigeria's large population in which women almost equate men in number. The study also discovered that the practice of FGM is more prevalent in the Southern part of the country with greater practice in societies with high rates of illiteracy, ignorance, poverty and low status of women. The study noted that the place of culture in any society cannot be over-emphasized; therefore the significance of FGM as a cultural practice to the societies that practice them should not be undermined. Despite the health implications and psychological impacts of FGM on the girl-child and, there is cultural justification for FGM especially if the societies that practice them must

maintain order. This can be viewed from socialization perspective, where an individual is internalized with values, norms and customs necessary for the individual to interact within his/her own society. Therefore if the value of the society is that the girl-child should maintain virginity and purity until marriage, FGM can be used to enforce this value.

This study therefore concludes that since FGM is deeply rooted and entrenched in the Nigerian societies and cultures because of its cultural significance which is imperative for the survival of the society, total eradication of FGM may not be in view as an agent of order in the society.

## **Recommendations**

In the light of the above and in order to guide against health complications that may arise as a result of this, this study recommends mass enlightenment programmes on adequate information on FGM especially in the rural areas where FGM is mostly practiced educating local practitioners of FGM on safer means of carrying out FGM. This will help to avoid inflicting unnecessary pain on the girl-child and also to save the girl-child from psychological trauma that may arise as well as other health implications that may affect the future of the girl-child. Above all, the study recommends the choice of legalization of clinical treatment for FGM in Nigeria.

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