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CURBING DEBILITATING GENDER ISSUES: THE DEBACLE OF GENDER MUTILATION (FGM) IN NIGERIA

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ABSTRACT

Introduction:

Commonly known as female circumcision or female cutting, Female Genital Mutilation (FGM) is a primitive and brutish practice which involves cutting off a part or all of the external genitalia of the female child. FGM is a crude surgery performed on the external genitalia of female children between the time of their birth and the age of puberty. Many times, it may be performed at the point of marriage rites. Although FGM is deemed culturally and religiously appropriate, it is undoubtedly, a harmful practice in predominantly patriarchal societies whose major reasons for FGM surround curbing the sexual desires of the female gender. FGM is mostly performed by elderly women or traditional midwives, but quite recently, health workers have taken over these surgical duties.[1]

Globally, the practise of FGM is more prevalent in certain areas than others. A United National Population Fund (UNFPA) report based on demographic and health surveys avers that in Nigeria, about 13% of performed FGMs are carried out by health workers.[2] Egypt has the highest mind-blowing prevalence of 38%. The statistics of FGM performance on women in Nigeria differs from state to state; but there is a concise estimation that the rate of occurrence of FGM with Nigerian women between the ages of 15 and 49 is 24.8%. Unarguably, the speculation that about Twenty Million Nigerian females have experienced FGM, which represents only ten percent of the what is experienced globally, cannot be overemphasized.[3] Zones in Nigeria with the highest FGM prevalence are South-East (49%) and South-West(42.5%). Osun State has the highest prevalence at 76.6%. North-East zone has the lowest prevalence (2.9%), while the State of Katsina has the lowest prevalence(0.1%).3

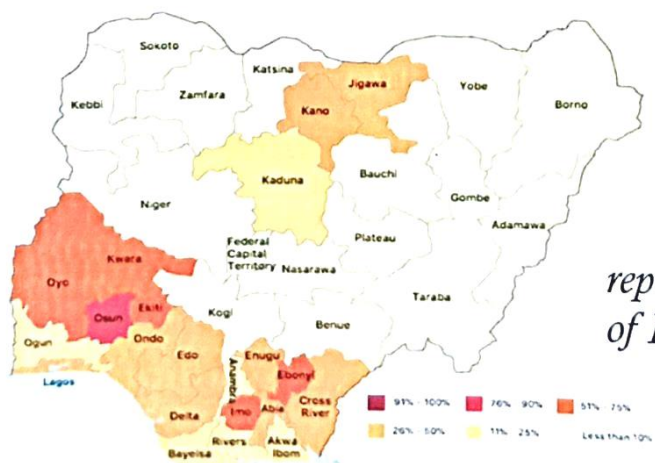

Figure 1 A regional representation of the practice of FGM in Nigeria

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The dangers of FGM like circumcision are numerous and life-threatening. Although many female children survive this crude procedure, many become infected or psychologically traumatized by the short-term pain, or the psychological ordeal which is mostly experienced in the long-term. Despite the constant evolution of the human race, FGM has continued unabated and also, practised by literate societies in the current century. Efforts are channelled towards the total elimination of this practice, which barely consummates little or no benefits to the female gender or her society.

Conceptualization of FGM:

At the backdrop of this, governments have enacted laws which conceive the practice of FGM as a high-risk issue.[4] Llamas defined FGM as all procedures involving partial or total removal of the external genitalia or other injuring to the female genital organs for non-medical reasons. On the other hand, Earp[5] opined a more holistic description which conceptualizes FGM as the most severe form of female genital cutting, such as clitoridectomy or infibulation (partial sewing up of the vaginal opening). Similarly, the United Nations conceptualizes that FGM comprises all procedures that involve altering or injuring the female genitalia for non-medical reasons and is recognized internationally as a violation of the human rights, the health and the integrity of girls and women.[6]

The subversion of Feminists and feminist activists in the mid-1970s based on the misapplication of the concept of circumcision to a situation which is completely harmful and risk to the participants, was consequential in the adoption of a new term 'mutilation'. This is equally perceived as "intentional harm" and "evil intent" by societies which practice FGM within the conviction that circumcision makes the practice indisputably acceptable.

Origin:

The practise of FMG has endured for many centuries especially in Africa, parts of Asia and the Middle East; and also, as an obligation in certain religious sects. Its origin is quite unclear, but traced by some scholars, to Ancient Egypt (where Sudan and Egypt are presently located) as many circumcised mummies were found in these locations beginning as early as the 5th century BC. However, another research traces the origin of FGM to West African regions from the Middle East through Arab traders during the Trans-Atlantic and Trans-Saharan slave trade.[7]This practice was also, implemented on female slaves in Ancient Rome, deterring recipients from coitus and subsequent pregnancy.

Unarguably, FGM is still practised even in today's modern societies, especially in Nigeria, for many reasons. The most common reason is conformation to social expectations regarding the decency of the girl child; desire to manipulate the female gender by the patriarchal society within which she lives, superstitions relating to sexual discourses, borrowed cultures; and also, carryover by immigrants into a new abode.

In Nigeria, many societies practised and still practise FGM especially in Southern states. The reasons are however, deeply patriarchal.

The main reason that is given for practising FGM in Nigeria is to preserve virginity or prevent extra-marital sex. This was cited by 11.2% of women and 17.3% of men who had heard of FGM in Nigeria, particularly amongst the oldest age-group. More sexual pleasure for the man' was also cited by men. Although FGM is not required by any religious script, overall, 15% of women and 23.6% of men believe it is required by their religion, particularly men (39.9%) and women (33.1%) practising traditionalist religions and men (30%) practising Islam.[3]

Usually, the practise is attributed to convoluted superstitions woven around cultural inclinations, and religious reasons especially specific Islamic and Christian sects. Regrettably, the practice of FGM as an Islamic injunction according to the Sunni Muslims has been challenged in many instances.[7]Rouzi in 2013 upheld that Muslim religious authorities agree that all types of mutilation, including FGM, are condemned. The principle of 'do no harm', endorsed by Islam, supersedes cultural practices, logically eliminating FGM from receiving any Islamic religious endorsement.

On the other hand, Judaism do not recognize FGM as a religious obligation by the Jewish religion.[6] According to the Hebrew bible, female circumcision was never allowed in Judaism. However, a Jewish minority group living in Ethiopia, (so-called Falashas or Beta Israel), practise ritual female genital surgery. Although Christianity emulates many of the worship traditions of Judaism, Christian authorities unanimously agree that FGM has no foundation in Christianity. Christians who practise FGM do not justify the practice using a Biblical injunction, but in consonance with the traditional objective of the practice.[1]

In Africa, WHO estimates that not less than 140 million women have experienced FGM, and no less than three million young girls are exposed to being victims. The Christian religion which leans on the Jewish religious practice advocates the circumcision of a male child. The practice of FGM in many instances lean mainly on superstition. While many societies entertain what superstitions that may seem laughable, others practice FGM as a part of a religious obligation or to conform to the society in which they subsist.[10]

Types of FGM

Llamas in 2017 identified four basic types of FGM:

FGM Type 1:Only Prepuce removal or prepuce removal plus partial or total removal of the clitoris, also, referred to as clitoridectomy.

FGM Type 2: Removal of the clitoris plus a portion of or all the labia minora, also referred to as excision.

FGM Type 3: Removal of a portion of or all the labia minora with the labia majora being sewn together, covering the urethra and vagina and leaving small opening for urination and menstruation. This is also referred to as infibulation.

FGM Type 4: All other harmful procedures to the female genitalia for non-medical purposes, including pricking, piercing, incising, scraping and cauterizing.

Other types include hymenectomy, cutting of the vagina and introduction of corrosive substances and herbs into the vagina to cause bleeding or to tighten or narrow the vagina.[11]

FGM is carried out using various types of unsterilized instruments which include special knives, scissors, scapels, and pieces of glass or razor blades. The procedures are usually carried out by an elderly woman in the village who has been specially designated for this task or by traditional attendants.

Assistants and /or family members hold down the girl to prevent her from struggling. Paste mixtures made of herbs, cow dung, hot ashes, barks and roots of trees or other mixtures are rubbed on the wound to stop the resultant bleeding. The practice of FGM is widespread in Nigeria and varies from one state and cultural setting to another. In some cultures it is carried out at infancy or childhood as a "rite of passage" to adulthood. In other, it is at first pregnancy and in few at death. In those cultures crying is prohibited until the corpse is mutilated and ceremonies performed.

FGM in Nigeria

Types I, II and III are found in different areas within the country. Nationwide, the commonest type of FGM is type II (41%). Type IV is common in the north as "GISHRI" cuts, and in the south as the introduction of herbs into the vagina. The NDHS in 2018 also indicated that 7.0% of circumcisions carried out on girls aged 0-14 and 8.6% of women aged 15-49 were carried out by medical professionals, while, majority of female circumcisions were carried out by traditional circumcisers.[12]

The reasons given to justify FGM

Custom and tradition, purification, family honor, hygiene, aesthetic reasons and protection of virginity and prevention of promiscuity were reasons given for the procedure. Others include increased sexual pleasure of husband, enhancing fertility, giving a sense of belonging to a group and increasing matrimonial opportunities.

Consequences of FGM (Immediate):

Severe pain, Injury to adjacent structures (such as urethra, vagina, perineum and rectum), heavy bleeding, shock, acute urinary retention, fracture or dislocation due to restraints, pelvic inflammatory disease, risk of contracting infections such as HIV, Hepatitis B and tetanus, failure to heal and death.

Long Term Consequences

Difficulty in passing urine, recurrent urinary tract infection, pelvic infections, infertility, scar tissue and keloid formation, loss of normal sexual function, infertility, genital cysts/abscesses, difficulty in menstruation, fistulae formation (VVF or RVF), painful intercourse, problem in child birth, fear, submission, inhibition and suppression of feelings, repeated pain during menstruation, constant feeling of betrayal , bitterness and anger, mental and psychosomatic disorders.

Medicalization of FGM

Female Genital Mutilation was traditionally the specialization of traditional healers, traditional birth attendants or members of the community known for the trade. There is however the phenomenon of "medicalization" which has introduced modern health practitioners and community health workers into the trade. The WHO has continually and unequivocally advised that FGM must not be institutionalized, nor should any form of FGM be performed by any health professional in any setting, including hospitals or in the home setting[10] A UNFPA report based on demographic and health surveys averred that in Nigeria, about 13% of performed FGMs are carried out by health workers.[2]

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Previously nearly all FGM acts were carried out by traditional circumcisers. Evidence from the National Demographic Health Survey[10] (NDHS) has shown that some parents go as far as engaging the services of health-workers to conduct FGM on their female children.

The World Health Organization and partners are harmonizing efforts by the Nigerian Government to put a stop to the medicalization of Female Genital Mutilation (FGM).[10]

Elimination of FGM

Global attention has been drawn to this appalling situation which bedevils the female gender. It is noteworthy that the changing patterns towards the elimination of FGM advance with more acquisition of knowledge in order to reduce the scourge of female gender injustice. At the backdrop of this, different governments have enacted laws which pronounce the practice of FGM a high-risk issue. In the US, the first case involving FGM was gallantly prosecuted. In 1994 Nigeria joined other members of the 47th World Health Assembly to resolve to eliminate FGM.[10] Steps taken so far to achieve this include: establishment of a multi-sectoral Technical Working Group on Harmful Traditional Practices (HTPs),surveys on HTPs, launching of a Regional Plan of Action, formulation of a National Policy and plan of action which was approved by the Federal Executive Council for the elimination of FGM in Nigeria. Other steps include, creating awareness among the policy/decision makers, the general public, health workers and those who carry out the practice on all its health and psychosocial consequences. Active involvement of political leaders, professionals, development workers, local communities and their leaders, and women's group/ organizations are equally important

Actions to eliminate FGM

The Violence Against Persons Prohibition Act (VAPP) was passed into law in the Nigerian terrain. The provisions of VAPP Act specifically include FGM/C, spousal violence, harmful widowhood practices and rape. The penalty for the violation of the VAPP act includes 2-4 years in prison, or option of fine between One Hundred Thousand to Two Hundred Thousand naira. Unfortunately, the federal law is not usually applicable to individual states; hence, only Abuja, Oyo and Ebonyi out of the 36 states in Nigeria and the Federal Capital Territory, are enforcing the VAPP Act. Also, the penalty for offenders does not seem enough to propitiate the offence.

The revised National Policy on the elimination of FGM (2020 – 2024) mapped out roles for health workers, health regulatory bodies, professional health associations and other stakeholders to prevent FGM in Nigeria. Wide sensitization and awareness creation, capacity building of health workers as well as setting up of surveillance systems to detect such practices amongst medical personnel are included in the role. The Violence Against Persons Prohibition (VAPP) law has prescribed sanctions against persons implicated in FGM and its medicalization.

The United Nations

The elimination of FGM has become a global obsession in the past few years. The United Nations Secretary-General, Antonio Guerres stated and I quote:

> *"Together, we can eliminate female genital mutilation by 2030. Doing so will have a positive ripple effect on the health, education and economic advancement of girls and women."*

The UN General Assembly in 2012[2] designated **February 6**th as the International Day of Zero Tolerance for Female Genital Mutilation. Private and governmental institutions are encouraged to sponsor women in formal education or acquired skill in order to cause enlightenment and financial independence. This is believed to empower the women whose children undergo these gruesome practices. To achieve this, mass enlightenment must be employed. Information must be released in the rural areas in the language that are spoken. Corporate institutions should establish funds through which these women and their female children can be empowered with maximum supervision

WHO

Currently, WHO Nigeria is working with Government and professional associations of health workers (eg MNAN, FIDA, NMA etc) to stop medicalization of FGM. National guidelines and clinical handbooks have also been adapted in line with WHO recommendations to build the capacity of health workers to treat complications associated with FGM

2030 Agenda for Sustainable Development

In 2015, world leaders overwhelmingly backed the elimination of female genital mutilation as one of the targets in the 2030 Agenda for Sustainable Development. This is an achievable goal, and we must act now to translate that political commitment into action. At the national level, we need new policies and legislation protecting the rights of girls and women to live free from violence and discrimination.

Governments in countries where female genital mutilation is prevalent should also develop national action plans to end the practice. To be effective, their plans must include budget lines dedicated to comprehensive sexual and reproductive health, education, social welfare and legal services. At the regional level, we need institutions and economic communities to work together, preventing the movement of girls and women across borders when the purpose is to get them into countries with less restrictive female genital mutilation laws. Locally, we need religious leaders to strike down myths that female genital mutilation has a basis in religion. Because societal pressures often drive the practice, individuals and families need more information about the benefits of abandoning it. Public pledges to abandon female genital mutilation – particularly pledges by entire communities – are an effective model of collective commitment. But public pledges must be paired with comprehensive strategies for challenging the social norms, practices and behaviors that condone female genital mutilation. Testimonials by survivors also help to build understanding of the practice's grim reality and long-lasting impact on women's lives. Advocacy campaigns and social media can amplify the message that ending female genital mutilation saves and improves lives.

The Nigerian Context

The recent Multiple Indicator Cluster Survey (MICS 2016 -2017) shows some decline in the incidence of FGM in Nigeria. About 18.4% of women aged 15-49 years now undergo FGM; a decrease from 27% in 2011. UNICEF and partners' interventions to ensure the elimination of FGM by 2030 has resulted in a break in the barrier against discussing FGM publicly. Religious leaders, community stakeholders and young people now speak out against this practice. Subsequently, more than 309 communities publicly declared abandonment of the practice.Millions of girls and women are still faced with the scourge of genital mutilation every year in Nigeria.There is, therefore, an urgent need for decision makers and political leaders to take concrete action towards ending the harmful practice of FGM in Nigeria

How can FGM be eliminated totally:

It was assumed that after the VAPP Act, FGM would have been history, but it never happened. This is because of the patriarchal setting under which Nigeria, like most African countries operate. However, a recent research outlines pragmatic approaches to ending FGM in Nigeria, and globally too.

Many traditions have outstayed their welcome and should be done away with. This modernization will only be possible if the older generation is also educated on the way things are run in today's world. Many private and public organizations must prioritize programs aimed at informing the societies in the rural areas on the risks involved in the practise of FGM.

Unfortunately, not many are aware that no religion requires such gratification; and this should be communicated promptly to practitioners of FGM. In Nigeria, Islamic and Christian leaders have unanimously disassociated the holy books from the practise of FGM, and this should be spread to the faithful. From the family unit, a child should no longer be put down as a result of her sexuality rather, should be encouraged and educated on her right to take charge of what happens or is done to her body.

Without any reservation, the subject of FGM should be discussed publicly as the mystery within which it is enshrouded has enabled the practise of FGM to thrive. Everything must be put in place to ensure that the female gender is in control of her fate, and how much she permits others to alter it.

Concerted Efforts in Eliminating FGM:

FGM is already recognized as life threatening due to the untold consequences that may be associated with its performance. These include loss of blood, risk of blood-borne infection, possible bladder malfunctioning, nagging pain, complications especially shortly before pregnancy, incontinence, inability to menstruate or urinate, trauma and aversion towards sex.

The elimination of FGM has become a global obsession in the past few years. The United Nations Secretary-General Antonio Guerres declared that together, we can eliminate female genital mutilation by 2030. Doing so will have a positive ripple effect on the health, education and economic advancement of girls and women. To buttress the position of the UN as pronounced by Guterres, the UN General Assembly in 2012 designated February 6th as the International Day of Zero Tolerance to Female Genital Mutilation. Like most other efforts, the objective was to encourage the elimination of the primitive practice of FGM.

However, global attention has been drawn to this appalling situation which bedevils the female gender, while feminists decry the needless existence of this practice. It is noteworthy that the changing patterns towards the elimination of FGM advance with more acquisition of knowledge in order to debilitate the scourge of female gender injustice.

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At the backdrop of this, different governments have enacted laws which pronounce the practice of FGM a high-risk issue. In the US, the first case involving FGM was gallantly prosecuted. Widely practiced by mostly Africans, FGM has been associated with Asia and the Middle East whose culture recommends female circumcision.

The onset of the Covid-19 pandemic becomes another cause for worry in the face of the practice of FGM. The pandemic may result in more casualties among the girls who undergo FGM due to the high contagious rate of the coronavirus. Apart from launching movements and campaigns against this practice, an all inclusive approach should also be initiated and implemented.

Primarily, FGM is practised mostly in areas dominated by men; and this is where most crimes against women, are based. It will be noted that FGM is a kind of violence against the female gender which without reservation, violates the human rights under the Universal Declaration of Human Rights, the Convention on the Elimination of all Forms of Discrimination against Women, and the Convention on the Rights of the Child.[13] To mitigate the ordeal of young female children who are raised in societies where FGM is culturally or/and religiously deemed necessary, the enforcement of the law is primarily recommended. More lawyers who accept that FGM is a form of violence are encouraged to provide pro-bono services to victims or ready victims, as the case may be. The good news is that with sufficient evidence, the perpetrators are liable to jail terms if found guilty by a competent court of law.

Training programs provide opportunities to reach and interface with the target audience on crucial issues. The practice of FGM can only be justified by ignorance, and a knowledge transfer regarding the real life dangers of this practice will educate the practising communities. Again, conscientization of the public is another way to eliminate FGM in Nigeria because FGM is many times, a cultural or religious obligation.

Because FGM is regarded as a scourge that sweeps through Africa, many collaborations have been facilitated by the campaigners against FGM. One of such collaborations is the production of a moving called 'Bleeding Flower' in Ibadan, South-West Nigeria. Citing the producer of the movie, Ekene Odigwe who also campaigns against FGM. The film is a joint effort by 149 young people from different African countries who participated in the programme.

Right now, education remains the major key we can use to unlock issues surrounding FGM.[15]

Conclusion

It is no gainsaying that many bodies and private concerns have dedicated efforts towards ending the FGM Global attention has been drawn to this appalling situation which bedevils the female gender, while feminists decry the needless existence of this practice. It is noteworthy that the changing patterns towards the elimination of FGM advances with more acquisition of knowledge in order to debilitate the scourge of female gender injustice.[18]

The fight against FGM is ongoing, with the partnership between the UN and the UNFPA victory is assured. It is estimated that more than 2.8 million people participated in public declarations of FGM elimination, and the number of communities establishing surveillance structures to track girls doubled and protected 213,774 girls from undergoing the practice.[6] The signing of a federal law banning FGM by President Goodluck Jonathan in May 2015 launched the journey of the Nigerian female gender to absolute freedom from FGM, received with gratitude. This must be sustained through constant effort by enlightened Nigerians who are already aware of the dangers of FGM.

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