IJSCIA

International Journal of Scientific Advances
ISSN: 2708-7972
Volume: 4 | Issue: 2 | Mar – Apr 2023 Available Online: www.ijscia.com
DOI: 10.51542/ijscia.v4i2.9

The Practice of Female Genital Mutilation in Africa And the Challenges Facing Its Eradication: Nigeria As A Case Study

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ABSTRACT

Female genital mutilation (FGM) has continued to thrive across several countries of the world, remaining a rampant practice despite humanitarian and public health efforts to abolish it. FGM is currently estimated to affect over 200 million females globally, with Nigeria having the highest absolute numbers of cases of FGM in Africa. This review highlights the prevalence of FGM in Nigeria and across Africa, using the latest data available through PubMed and other electronic database with the aid of Google search engine. It aims to discuss the impacts of the humanitarian efforts and national policies toward the abolition of FGM in Nigeria over the years as well as the challenges facing the abandonment of this practice. Studies have shown a decline in the prevalence of FGM over the years, however it still continues to thrive and pose significant public health challenge in Nigeria and across Africa, violating fundamental human rights of women and the girl-child. Socio-cultural belief has been found to contribute significantly to the continuity of this harmful practice. Ensuring the implementation of essential government policies, inter-sectorial collaborations and the continuous sensitization of the general public are vital to the elimination of FGM in Nigeria and across Africa.

Keywords: female genital mutilation; circumcision; female genital cutting; Nigeria

INTRODUCTION

According to the World Health Organization, Female Genital Mutilation (FGM) is defined as a traditional harmful practice involving the partial or complete removal of the female external genitalia or other injuries to female genital organs for non-medical reasons[1]. It may also be referred to as female genital cutting or female circumcision [1].

It is currently estimated that over 200 million females are victims of female genital mutilation worldwide [1]. FGM is a global practice cutting across over 30 countries in Africa, Asia, and the Middle East. It is more prevalent in developing countries such as Nigeria, Egypt, Guinea, and Mali, despite most of these countries having outlawed the practice [2]. In 2015, FGM was officially banned in Nigeria [3]. Before then, humanitarian efforts by NGOs, including the World Health Organization (WHO) and the United Nations International Children's Emergency Fund (UNICEF), were continuously made through community sensitization and health education and awareness in order to combat the plague of FGM at the community level.

Despite these efforts, FGM still remains rampant in Nigeria. The practice of FGM is highly embedded in African culture with over 100 million children having undergone FGM in Africa, with an estimated 3 million girls affected annually. Although the origin of FGM remains unclear, it is an ancient practice believed to have originated from traditional birth attendants, and local circumcisers with no medical knowledge or skills, using unsterilized instruments such as razor blades and scissors [2].

The classification of FGM is made depending on the anatomy of the excised genitalia [4]. They range from **Type I** which involves partial or total removal of the clitoris and/or the prepuce, **Type II** which involves the partial or total removal of the clitoris and the labia, **Type III** also known as infibulation which involves the narrowing of the vaginal orifice with a covering seal, formed by cutting and re-positioning the labia and **Type IV** which involves all other harmful procedures to the female genitalia for non-medical purposes, for example, pricking, piercing, incising, scraping, or cauterization of the female genitalia.

This review aims to discuss the impact and challenges of humanitarian efforts and national policies over the years toward the abolition of FGM in Nigeria using the prevalence data from recent literatures. Furthermore, this review aims to re-highlight valuable means geared towards the abandonment of FGM in Nigeria and across Africa.

MISCONCEPTIONS AND RISK FACTORS FOR FEMALE GENITAL MUTILATION

There have been several misconceptions and ideologies ascribed to the practice of FGM, notable of which are the need to maintain virginity and prevent promiscuity among women, the integration of girls into womanhood, protecting against barrenness, as well as preserving cultural values[5]; to some people, FGM is seen as a thing of pride that should be passed down as tradition through generations. Some communities believe that FGM prevents infant death as they believe that a baby will not survive if its head touches the mother's clitoris [5]. It is also believed to increase male sexual pleasure [5].

In some parts of the country, 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 [3]. If a girl is cut, she is believed to be less promiscuous and more suitable for marriage. A woman who has been cut is presumed more likely to remain faithful to her husband [5].

All these are misconceptions and false beliefs held on to by individuals, which has contributed to the continuity of this harmful practice. Other risk factors may include; ethnicity, family history of female genital mutilation, ignorance and illiteracy, as well as strong family socio cultural beliefs on FGM [5].

COMPLICATIONS OF FEMALE GENITAL MUTILATION

FGM is a matter of public health importance. It is a cultural practice that has no health benefits but rather confers serious health and social complications on its victims and should be eradicated. It is done by unskilled traditional birth attendants, and local circumcisers with no medical knowledge or skills, using unsterilized instruments such as razor blades and scissors, hence implicated in the transmission of infections such as HIV/AIDS, Hepatitis B, and other blood-borne pathogens [2,12]. FGM has been noted to be associated with complications in childbirth, and an increased risk of maternal and neonatal deaths [12, 13]. A study has shown that 1 in 500 victims die from FGM [14, 15]. Some victims of this practice suffer death as a result of blood loss and severe infections. Other adverse obstetric outcomes of FGM include prolonged duration of labour, perineal lacerations, increase risk for episiotomies, postpartum hemorrhage, and caesarean deliveries [16, 17, 18].

Victims of FGM have also been found to go through anxiety and panic disorders, as well as depression, and sometimes attempted suicide as a result of post-traumatic experience, especially in women who were circumcised at an older age, whenever they remember their circumcision experience [14, 15].

The development of keloid scar tissue over the area that has been cut leaves disfiguring scars and can be a source of anxiety and shame to victims. Entrapped nerves become painful, causing pain, especially during sexual intercourse. In addition, the anatomical distortions created by FGM can lead to difficulties carrying out gynecological examinations, cytology testing, post-abortion evacuation of the uterus, and intrauterine device (IUD) placement and tampon usage, especially in the type III FGM [18].

PREVALENCE OF FEMALE GENITAL MUTILATION IN NIGERIA

Female genital mutilation continues to pose significant health and epidemiological challenges in Africa, especially in Nigeria, with continual misconceptions among those who practice it [4].

There is an estimated 200 million girl-child who have undergone female genital mutilation across the world, with the highest prevalence in Africa, the Middle East, and Asia [6]. In Somalia, 98% of women between the ages 15 – 49 years have undergone FGM, followed by Guinea (96%) and Egypt with 91% [7]. FGM is also prevalent in Sudan, Central African Republic, Mali, and Ghana. In East African countries such as Somalia, Ethiopia and Sudan, infibulation which is the most severe form of FGM is mostly practiced, compared to West African countries [6].

Nigeria is currently believed to account for a quarter of all circumcised women globally [4]. Nigeria is noted to be the most populous country in Africa with approximately 200 million people [8] and over 250 ethnic groups. Recent studies put the national prevalence of FGM in Nigeria to be about 20% among women aged; 15-49 years [4,8], a decline from a prevalence rate of 25% in 2014[2,9]. Given the vast population of Nigeria in comparison to other African countries, Nigeria has the highest number of absolute cases of FGM in Africa accounting for one-quarter of the estimated 200 million cases of FGM world-wide [4], with the practice of FGM cutting across all socio-cultural and geopolitical zones.

Studies have shown no significant variability in the practice of FGM with different religious groups, as the practice is believed not to have any religious bases[4,21], however, the Yoruba ethnic group of Nigeria has shown the highest knowledge and practice of FGM[8], as this practice is most prevalent among the Yoruba women in south-west Nigeria (55%) followed by the Igbo women in the South East region (45%) [8]. Osun; a south-western state in Nigeria has shown the highest prevalence with 77%, while Katsina, a northern state has the least prevalence of 0.13%[8], however, the more severe forms of FGM such as "angurya", "gishir cut" have been found to be more associated with the northern part of Nigeria[2, 9]. The practice of infibulation; a severe form of FGM, has been found to have the highest prevalence in the northern states of Nasarawa (22%) and Kaduna (21%) [2].

APPROACH TO ABANDONMENT OF FEMALE GENITAL MUTILATION AND ITS CHALLENGES

FGM is a practice that violates human-right principles, norms, and standards, including the principles of equality and non-gender discrimination [19]. It violates the fundamental human rights of women and causes harm to their body integrity. In 1994, Nigeria alongside other members of the World Health Assembly had made the resolution to eradicate FGM [20]. In May 2015, the Violence against Persons Prohibition Act (VAPP act) came into existence as the first federal law to criminalize the practice of FGM in Nigeria [3], aimed at eradicating gender-based violence both in private and public sectors by criminalizing the act and punishing the perpetrators. Although there has been a decline in the rate of FGM over the years, it still constitutes a significant public health challenge, as only 13 of the 36 states of the federation have enacted legislations prohibiting this act [3], hence there is need for strict enforcement of these laws to ensure adherence. Also, the federal Government should encourage inter-sectorial collaborations among Government agencies such as the Ministry of Women Affairs, the Ministry of Justice, and the Ministry of Health to strengthen campaigns against FGM.

In a cohort study carried out on the socio-cultural dynamics involved in the eradication of FGM, it was discovered that, there has been no significant change in the perception of the discontinuation of this harmful practice, as FGM is believed to be protected by culture. Cultural belief has played a sacrosanct role in the continuity of FGM in Nigeria and Africa as a whole. Based on the theory of cultural relativism which states that no culture is superior to another and hence all culture must be respected, preserved and be independent of external factors; this has led to the continuity of this harmful cultural practice. Cultural relativism is highly practiced in Africa, allowing cultural practices even harmful ones such as FGM to be continually passed down from one generation to another. It is important that there is continuous and sustained sensitization of policy makers, religious and cultural leaders, as well as the general public on the complications and harmful effects associated with FGM through health awareness campaigns and not to be seen as an enforcement of foreign culture but rather the eradication of a harmful cultural practice.

A review released in 2019 by UNICEF on FGM supports the idea that inter-sectoral regional-level commitments need to increase even further. From religious houses to economic institutions, to cultural leadership, there is a need for more involvement in voicing out disdain for this harmful practice. At the state and national levels, policies need to be backed up by budget allocation in the fight against FGM. The budget allocated to health education and rehabilitation for victims of FGM would show leadership interest and further aid the cause [22].

Public pledges particularly pledge made by entire communities to abandon FGM are considered an effective model of collective commitment. Such pledges however have to be followed up by strategies to challenge social norms, cultural beliefs, and practices that condone FGM. Testimonials from survivors could help highlight the long-term effect of FGM. Public advocacy and social media have roles to play in amplifying the message of the need to end FGM to save and improve lives [22].

CONCLUSION

Female genital mutilation continues to pose significant public health challenge especially in developing countries like Nigeria. Cultural belief has played a sacrosanct role in the continuity of this practice. Ensuring the implementation of essential laws and policies, inter-sectoral collaboration of government agencies and the continuous sensitization of the general public are vital to the elimination of FGM in Nigeria and across Africa.

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