Introduction

Female genital mutilation (FGM) is defined by the World Health Organization (WHO) as all procedures which involve partial or total removal of the external female genitalia and/or injury to the female genital organs, whether for cultural or any other non-therapeutic reasons.[1] In Nigeria, subjection of girls and women to obscure traditional practices is legendary.[2] FGM is an unhealthy traditional practice 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.[3,4] The highest prevalence rates are found in Somalia and Djibouti where FGM is virtually universal.[5]

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 in the world. The objective of this review is to ascertain the current status of FGM in Nigeria. Pertinent literature on FGM retrieved from internet services [Google search on FGM in Nigeria, www.online Nigeria, PubMed of the national library of medicine www.medconsumer. Info/tropics/fgm.htm, Biomedcentral and African Journal Online (AJOL) (FGM)] and textbooks, journals, and selected references for proper understanding of the topic was included in this review. The national prevalence rate of FGM is 41% among adult women. Evidence abound that the prevalence of FGM is declining. The ongoing drive to eradicate FGM is tackled by World Health Organization, United Nations International Children Emergency Fund, Federation of International Obstetrics and Gynecology (FIGO), African Union, The economic commission for Africa, and many women organizations. 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 cutting, Female genital mutilation, Harmful traditional practice, Nigeria

Abstract

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 objective of this review is to ascertain the current status of FGM in Nigeria. Pertinent literature on FGM retrieved from internet services [Google search on FGM in Nigeria, www.online Nigeria, PubMed of the national library of medicine www.medconsumer. Info/tropics/fgm.htm, Biomedcentral and African Journal Online (AJOL) (FGM)] and textbooks, journals, and selected references for proper understanding of the topic was included in this review. The national prevalence rate of FGM is 41% among adult women. Evidence abound that the prevalence of FGM is declining. The ongoing drive to eradicate FGM is tackled by World Health Organization, United Nations International Children Emergency Fund, Federation of International Obstetrics and Gynecology (FIGO), African Union, The economic commission for Africa, and many women organizations. 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.

Materials and Methods

Pertinent literature on FGM was retrieved from internet...
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Origin and significance
FGM is a practice whose origin and significance is shrouded
in secrecy, uncertainty, and confusion.[3] 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.[5] The
ritual has been so widespread that it could not have risen from
a single origin.[1,3,6,7]

Types/variation of FGM in Nigeria
FGM practiced in Nigeria is classified into four types[3] 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 (infiltration)
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 (angrya cuts), stretching the clitoris and/or labia,
cauterization, the introduction of corrosive substances and
herbs in the vagina, and other forms.

In Nigeria, of the six largest ethnic groups, the Yoruba, Hausa,
Fulani, Ibo, Ijaw, and Kanuri, only the Fulani do not practice
any form.[9]

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.[3] 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.[6] Type I and Type II
are more widespread and less harmful compared to Type III
and Type IV. In Nigeria, there is greater prevalence of Type I
excision in the south, with extreme forms of FGM prevalent in
the North. Practice of FGM has no relationship with religion.
Muslims and Christians practice it, but it is more widely spread
in Christian predominated parts of Nigeria.[9]

FGM and women’s rights
FGM is recognized worldwide as a fundamental violation of
the human rights of girls and women. It reflects deep-rooted
inequality between the sexes and constitutes an extreme form
of discrimination against women. It involves violation of rights
of the children and violation of a person’s right to health,
security, and physical integrity, the right to be free from torture
and cruel, inhuman, or degrading treatment, and the right to life
when the procedure results in death. Furthermore, girls usually
undergo the practice without their informed consent, depriving
them of the opportunity to make independent decision about
their bodies.

Reasons to justify FGM
The respondents gave reasons for FGM. 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,[10]
family honor, hygiene, esthetic reasons, protection of virginity
and prevention of promiscuity, modification of sociosexual
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).[11] 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.[11] However, FGM is often routinely
performed as an integral part of social conformity and in line
with community identity.[3]

Health consequences of FGM
An estimated 100–140 million girls and women worldwide are
currently living with the consequences of FGM.[13] In Africa,
about 3 million girls are at risk for FGM annually.[13] Despite
the increased international and little national attention, the
prevalence of FGM overall has declined very little.[14] The
procedure has no health benefits for girls and women. Adverse
consequences of FGM are shock from pain and hemorrhage,[10]
infection, acute urinary retention following such trauma,
damage to the urethra or anus in the struggle of the victim
during the procedure making the extent of the operation dictated
in many cases by chance,[9] chronic pelvic infection, acquired
gynatresia resulting in hematocolpos, vulval adhesions,
dysmenorrhea, retention cysts, and sexual difficulties with
anorgasmia. Other complications are implantation dermoid
cysts and keloids,[12] and sexual dysfunction.[6,10]

Obstetric complications include perineal lacerations and
inevitable need for episiotomy in infiltrated paturiens. Others
are debridement with bleeding, injury to urethra and bladder,[10]
injury to rectum, and purperial sepsis. Prolonged labor, delayed
2nd stage and obstructed labor leading to fistulae formation,
and increased perinatal morbidity and mortality have been
associated with FGM.[10] The mental and psychological agony
attached with FGM is deemed the most serious complication because the problem does not manifest outwardly for help to be offered. The young girl is in constant fear of the procedure and after the ritual she dreads sex because of anticipated pain and dreads childbirth because of complications caused by FGM. Such girls may not complain but end up becoming frigid and withdrawn resulting in marital disharmony.[13]

Current situation of FGM in Nigeria

FGM is widespread in Nigeria. Some sociocultural determinants have been identified as supporting this avoidable practice. FGM is still deeply entrenched in the Nigerian society where critical decision makers are grandmothers, mothers, women, opinion leaders, men and age groups.[15] FGM is an extreme example of discrimination based on sex. Often used as a way to control women’s sexuality, the practice is closely associated with girls’ marriageability.[16] Mothers chose to subject their daughters to the practice to protect them from being ostracized, beaten, shunned, or disgraced.[14,17] FGM was traditionally the specialization of traditional leaders’ 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.[15] The WHO is strongly against this medicalization and has advised that neither FGM must be institutionalized nor should any form of FGM be performed by any health professional in any setting, including hospitals or in the home setting.[15]

Efforts to eliminate FGM in Nigeria

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.[18] 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.[13] 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.

In 1994, Nigeria joined other members of the 47th World Health Assembly to resolve to eliminate FGM. Steps taken so far to achieve this include establishment of a multisectorial technical working group on harmful traditional practices (HTPs), conduct of various studies and national surveys on HTPs, launching of a regional plan of action, and formulation of a national policy and plan of action, which was approved by the Federal Executive Council for the elimination of FGM in Nigeria.

In Nigeria, FGM is being tackled by WHO, United Nations International Children Emergency Fund (UNICEF), Federation of International Obstetrics and Gynecology (FIGO), African Union, the Economic Commission for Africa (ECA), and many women organizations. Intensification of education of the general public at all levels has been done with emphasis on the dangers and undesirability of FGM. In 1995, Platform of Action adopted by the Beijing conference called for the eradication of FGM through the enactment and enforcement of legislation against its perpetrator.[19] However, there is no federal law prohibiting the practice of FGM in Nigeria. This is the main reason for the slow progress on declining the prevalence of FGM. Despite the increased international and little national attention, the prevalence of FGM overall has declined very little.[14] The prevalence depends on the level of education and the geographic location.[20]

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.[15] It is very clear that there is no single benefit derived from FGM.

- Join the crusade to say “NO” to save the future generations of women.
- Enquire about the practice in your 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 law makers or local representatives on making laws against FGM.

Support families and communities in their efforts to abandon the practice and to improve care for those who have undergone FGM.[15]

Conclusion

There is need for abolition of this unhealthy practice. A multidisciplinary approach involving legislation, health care professional organizations, empowerment of the women in the society, and education of the general public at all levels with emphasis on dangers and undesirability of FGM is paramount.

References


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