Towards the Abandonment of Female Genital Cutting in Communities in Abia State: Initiatives in Nigeria

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Abstract: *Background*: Despite World Health Organization (WHO), the United Nations Population Fund (UNFPA), and UNICEF call for abolition of female genital cutting or mutilation (FGC or FGM), studies have shown that over 130 million women have practiced FGM worldwide. In developing countries including Nigeria, 3 million girls are at risk each year. The question is, do community members regard FGC as a harmful practice as to encourage its abandonment? The aim of this paper is to institute planned and coordinated activities to discourage FGM practice in communities.

Materials and Methods: A round table discussion with 24 respondents between the ages of 21-64 years was conducted. Discussions which were free centered on reasons for performing FGM, its benefits, risk factors, better practices to influence its abandonment as well as reasons for continuing FGM practice. In-depth interview using both open and closed-ended questions was used to collect information. Data were analysed qualitatively and qualitatively.

Result: About 17(70.8%) of respondents perceived decrease in sexual promiscuouty as the main benefit of FGM. Majority of the respondents had poor knowledge of health problems of FGC. Only 9(37.5%) of the respondents identified Caesarean section as a health problem of FGM. Hardly could the respondents mention two health problems of FGM including blood transmitted diseases like HIV and AIDS. Economic benefits and chastity were the two motivating factors for continuing FGM practice.

Conclusion: Realizing the poor knowledge of health problems of FGM in communities, and the fact that government has no meaningful activity to enlighten individuals on the risks of FGM practice, health education as the best alternative to promote the eradication of FGM practice is necessary**.**

Keywords: Female genital mutilation, abandonment, counseling, Clitoridectomy, Infibulation.

INTRODUCTION

World bodies like World Health Organization (WHO), the United Nations Population Fund (UNFPA), and UNICEF, have called for abolition of female genital cutting or mutilation (FGC or FGM) arguing that it is an unsafe and unjustifiable traditional practice, a form of violence and violation of bodily integrity that results to morbidity and/or disability. FGM or FGC, which is the practice of cutting away parts of the external female genitalia, is commonly practiced in many developing countries including Nigeria. Female genital mutation (FGM) in developing countries including Nigeria has existed for centuries. Female genital mutilation (FGM) comprises all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons [1-6].

Female genital mutilation is classified into the following four major types:

- Clitoridectomy, partial or total removal of the clitoris (a small, sensitive and erectile part of the female genitals) and, in very rare cases, only the prepuce (the fold of skin surrounding the clitoris) is removed,
- Excision: partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora (the labia are “the lips” that surround the vagina),
- Infibulation: narrowing of the vaginal opening through the creation of a covering seal. The seal is formed by cutting and repositioning the inner or outer labia, with or without removal of the clitoris. .
- Other: this includes all harmful procedures to the female genitalia for non-medical purposes, such as pricking, piercing, incising, scraping and cauterizing the genital. The mildest form of FGM, clitoridectomy, which is the removal of all or part of the clitoris is the type commonly practiced in Nigeria and those who practice it usually call it female circumcision [7-9].

There have been several international responses to end female genital cutting or mutilation. In 1997, the World Health Organization (WHO) issued a joint statement with the United Nations Children’s Fund

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(UNICEF) and the United Nations Population Fund (UNFPA) against the practice of FGC or FGM terming the practice as inhuman. Also in February 2008 another statement with wider United Nations support was issued to prop up increased advocacy for the abandonment of FGM.

The 2008 statement highlighted evidences collected for the past decade of FGC practice that justify its eradication. The evidences clearly identified FGM as "unsafe and unjustifiable traditional practice, a form of violence and violation of bodily integrity with no health benefits but rather harms girls and women by damaging female genital tissues thereby interferes with the natural functions of girls' and women's bodies. From the human rights and legal problems associated with FGC practice, the statement showed FGC as a violation of health, security, physical integrity, and the right to life of girls and women when the procedure results in death. The statement further called for FGM abandonment by encouraging further research on strategies to discontinue FGM practice. This call motivated the researchers to carry out this study so as to contribute a quota towards effective abandonment of FGM practice in communities.

Recent report by [8] estimates that over 130 million women worldwide have had some form of FGM performed on them and that each year in African continent alone; 3 million girls are at risk for cutting their clitoris. Studies have shown that in Nigeria, FGM is performed for several reasons. In the social circles, it is done to check women's excessive sexual drives. In religious circles, especially Moslem religion, FGM is carried out as a form of cleansing women's genitalia. In Moslem religion, the clitoris is perceived as 'female penis' because of the shape which is termed synonymous with the shape of the penis. In this case, FGM is done to remove the clitoris so as to guarantee women's purity and greater chances of getting married [10-12].

Concerns for the health of women and young girls who are at risk of FGM procedure, led Nigerian law makers in 1996, to initiate legislation that will make FGM illegal in the communities. Subsequently, in 1997, a bill to ban FGM was introduced in the House of Representatives [11]. The question is, to what extents have the enactment of these bills encouraged abandonment of FGM? Evidence from [12, 13] showed that the political, social and moral views surrounding FGM in Nigeria have affected FGM abandonment to the extent that governments (federal, state, and local government) lacked the political will to end FGC thereby help to prolong its abandonment. In support of the views of Adeneye (1995) on the passive attitude of governments to end FGM, studies by [14-16] noted that most governments lacked the will to use available mass media like radio, television, and newspapers to create awareness and enforce FGC abandonment. These researchers were of the view that inability of governments to initiate programmes to eradicate FGM practice contributed to the difficulties researchers' encounter in the attempt to eliminate FGC practice.

In Nigeria, certain factors militate against FGM eradication. For instance, studies done by (13) observed that in western part of Nigeria, the general belief that circumcised females marry much easier than the uncircumcised females constituted limitation to FGM eradication. They argue that the belief of easy "marrying off" of circumcised daughters was an important economic consideration for most parents and also a major limiting factor to FGM eradication. According to the study, female genital mutilation is a deeply rooted traditional practice, which can only be abolished when the attitudes of the practitioners are positively changed. In support of these views, [10] argued that the gifts the families of circumcised girls receive as well as the likelihood of the circumcised girls being easily betrothed than others are the motivating factors that delayed FGC abandonment.

Researchers have enumerated the health problems associated with the practice of FGM. For instance, studies by [17-20] listed the physical complications of FGM as hemorrhage, risk of blood transmitted diseases including HIV and AIDS, interference with the drainage of urine and menstrual blood, chronic pelvic infections, dysmenorrhea, infertility, and others and called for its eradication.

More studies have estimated that 3 million girls are at risk for cutting each year [21-23]. The invasive nature of FGC or FGM, its health implications and the resultant unsanitary conditions under which FGM is carried out in developing countries including Nigeria motivated investigators [24-27] to call for its abandonment. In response to this call, this study examined the extent to which individuals in the communities are prepared to abandon female genital mutilation and also identified strategies needed to discourage FGM practice. The fact remains that FGM is a highly sensitive issue in rural areas of Nigeria, and activities to discourage its practice must be carefully planned so as to prevent negative outcomes like

violence, quarrelling and others. Therefore, the cooperation of the entire community was sought to create enabling environment that assisted the researchers to obtain useful information during the study. Also the use of health and community leaders helped to guarantee a more conducive environment for the study.

OBJECTIVES

To identify the strategies that would encourage FGM abandonment in communities.

To carry out FGM sensitization workshops for health workers, women leaders and others to enable them educate the communities on harmful effects of FGM.

To increase the knowledge of men and women on the health implications of FGC so as to enable them discontinue the practice.

MATERIALS AND METHODS

A round table discussion with 24 respondents comprising 4 opinion leaders, 4 Religious Leaders, 4 Traditional Birth Attendants (TBAs), 4 Nurses/ Midwives and 8 women leaders between the ages of 21-64 years was conducted. The discussions were free and they centered on reasons for performing FGM, benefits of FGM, risk factors and the probability of abandoning it. In-depth interview containing both open and closed-ended questions and group discussions were utilized for data collection. The interview and group discussions were conducted in local language and within the community environment by the researchers. The local language was chosen because all participants were fluent in the language. Written notes were taken by the researchers during both individual interviews and group discussions. In additions, the researchers made observations as the discussions were in progress. In this instance, the researchers noted the reactions of the discussants towards eradication of FGC. All the interviews and group discussions were transcribed from the local language to English language. The transcripts were read and re-read for familiarization by the researchers and all the related issues were grouped together for analysis. At the end of the discussion scissions, the need to carryout advocacy visits and sensitization seminar became obvious. The participants agreed to carryout advocacy visits to Community Gatekeepers on the need to encourage FGM abandonment as well as to sensitize their respective communities on the risks of FGM practice.

The discussants also initiated community mobilization approaches. These approaches enabled the discussants to share themselves into three groups. Each group containing 8 persons created awareness to their respective communities. The group also took note on the reasons why FGM practice is continued despite federal government bills on FGM eradication. The group further took care of all anticipated challenges in the community. Each group agreed to create awareness in their respective work areas. The religious leaders talked about risks of FGC during sermons and Bible teachings while the TBAs and other health workers gave health talks and counseling to their clients during antenatal, post-natal, child welfare clinics and admissions. The community leaders spoke on FGM risks and the need to minimize the risks during village meetings.

By so doing, the groups assisted the researchers to explore the frameworks for action on FGM abandonment programmes. Awareness of at least two effects of FGC and a good understanding of better practices to influence abandonment of FGC in communities were emphasized.

Group discussions were used because they had different dynamics and elicited more information from the discussants. It was considered appropriate to use group discussions because the discussions gave the researchers a close familiarity with the discussants and the researchers' intensive involvement with discussants helped to conceal the status of the researchers. Data were analysed qualitatively and quantitatively.

Ethical Consideration

The consents of the traditional rulers and religious leaders who are the Gatekeepers of the communities were sought. Thereafter, the University Ethical Committee approved the work. These approvals enabled the researchers to conduct the study.

RESULTS

The age, sex and education of the respondents were varied as contained in Table **1**.

The knowledge of the respondents on the benefits of FGM was explored. Table **2** contains their responses.

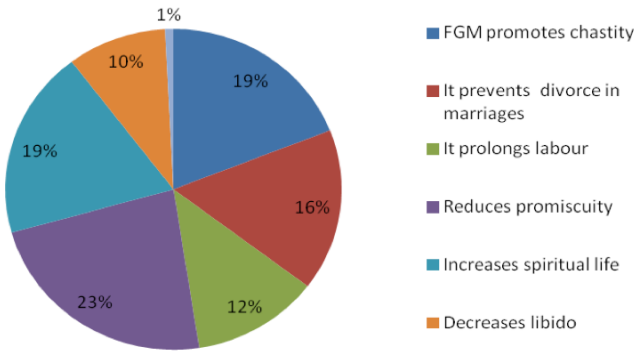
From the findings on Table **2**, there were two main benefits for FGC practice. About 17(70.8%) of the respondents had the view that FGC reduces sexual

Table 1: Respondents' Background Information

Age in years	Response category
<21	none
21-25	2 (8.3%)
26-30	1(4.2%)
31-35	5(20.8%)
36-40	2(8.3%)
41-45	3(12.5%)
46-50	2(8.3%)
51-55	2(8.3%)
56-60	4(16.7%)
61-64	3(12.5%)
sex	
male	10(42.7%)
female	14(58.3%)
Education	
Primary	6(25%)
secondary	5(20.8%)
Tertiary	13(54.2%)

Table 2: Knowledge of Respondents on Benefits of FGM

Respondents' knowledge on benefits of FGM	Response category
FGM promotes chastity	14(58.3%)
It prevents divorce in marriages	12(50%)
It shortens labour	9(37.5%)
Reduces promiscuity	17(70.8%)
Increases spiritual life	14(58.3%)
Decreases libido	7(29.2%)
Attracts financial resources	15(62.5%)

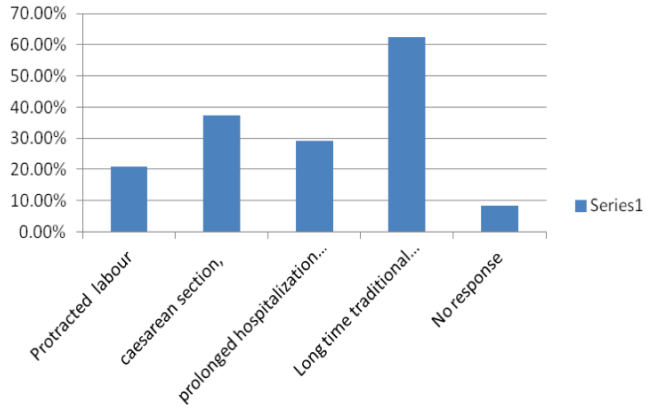


promiscuity, while 15(62.5%) saw FGM as capable of attracting financial resources. These two factors economic gains and decreased sexual promiscuity were identified as the motivating factors for FGM practice in the communities.

Respondents' knowledge on the health problems of FGM was explored. Table **3** shows the respondents' responses.

Table 3: Respondents Knowledge on the Health Problems of FGM

Respondents' knowledge on health problems of FGM	Response category
Protracted labour	5(20.8%)
caesarean section,	9(37.5%)
prolonged hospitalization after birth	7(29.2%)
traditional practice with no known effect	15(62.5%)
No response	2(8.3%)



Finding noted low awareness on the health problems of FGM among the respondents. Hardly could a good number of the respondents mention up to two health problems of FGM. The common health problems respondents mentioned were 9(37.5%) caesarean section, and 7(29.2%) prolonged hospitalization after birth. None of the respondents mentioned blood transmitted infections like HIV.

From the observations made by the researchers during the group discussions, it was noted that some respondents were surprised to learn that what they called a common local female circumcision, which is also carried out on males, should become a concern to the extent of reclassifying it as female genital mutilation (FGM). In the words of two respondents, "why are people worried about common circumcision which we regularly give to our daughters. Do they want us to stop circumcision which we have been doing for years and risk our girls to practice prostitution? We shall not

stomach this. There has been no problem since we have been doing this on our girls." In the views of one respondent, "those who have knowledge about the harmful effects of FGM find it difficult to share their knowledge with others for fear of being accused of encouraging adolescents' promiscuous sex life".

Further observations made by the researchers showed that some respondents frowned at the idea of not supporting female circumcision. They argued that if their female children are not circumcised, the chances of high premarital sex and pregnancy will be there. Study noted that some individuals admitted that they are still practicing FGC irrespective of the Federal Government's bill discouraging FGM. The reasons for practicing FGM were sought from the respondents. Table **4** contains the respondents' reasons.

Table 4: Respondents and Reasons for FGM practice

Reasons for performing FGM	Frequency of response
Religion supports FGM	8(33.3%)
Generates a lot of resources	9(37%)
Culture encourages it	5(20.8%)
Ensures successful married life	6(25 %)
Enhances early betrothal	7(29.2%)
Serves as a means of livelihood	4(16.7%)

Findings in this Table showed that, 8(33.3%) of the respondents practised female genital circumcision (FGC) because religion supports it, while 9(37%) of others did it because of the resources it generates. In the words of two respondents, "during marriage ceremonies, the families of prospective husbands will bring large amounts of foodstuffs, various clothing materials, assorted dresses, wines, domestic utensils and animals, as well as bride price to the parents of the girls that are being married. In exchange, the parents of the girls in question will cook different types of food and serve those present at the marriage ceremony. Also the items brought by the families of the prospective husbands including the bride price are usually shared in proportions among individuals in the community. By so doing, members of the community would gain financially and materially from the ceremony". Using the words of one respondent, "it is not advisable to marry uncircumcised girls because of the problem to satisfy their sexual desires. Most of them end up as harlots and no reasonable man will venture to marry such girls. It is undesirable to note that reports got during the study showed that Nigerian government is not proactive in supporting activities that discourage FGM. The government has no known radio and/or television broadcast programmes capable of educating people on the need to discontinue FGM". At this juncture, the respondents were asked to state how they view FGM. Table **5** contains the respondents' views about FGM.

Table 5: Respondents and their Views About FGM

Respondents' view on FGM	Frequency of response
normal practice on the girl child	19(79.2%)
Practice that ensures chastity	21(87.5%)
A practice that guarantees easier betrothal of females	16(66.7%)
practice that encourages decent religious life	10(41.7%)
Practice that protects the integrity of women	7(29.2%)
lucrative job for health care practitioners	11(45.8%)
A practice that generates money	17(70.8%)
Do not know	4(16.7%)

From this Table, the respondents viewed FGM from different perspectives. A good number of the respondents 21(87.5%) viewed FGM as a practice that ensures chastity. About 19(79.2%) viewed it as a normal practice on the girl child while others 17(70.8%) viewed it as a practice that generates money. In this study, some of the respondents admitted that a good number of the couples in the communities are still practicing female circumcision despite the fact that some non-governmental organizations (NGOs) have also intervened by advising that FGM should be stopped based on its health problems on females especially the risk of blood transmitted diseases including HIV infection.

DISCUSSION

The findings that individuals in the communities viewed female genital mutilation from different perspectives showed that FGM is perceived more on the positive side than on the negative. The growing preference for FGM as a better control for promiscuous sex life combined with its lucrative financial generating opportunities resulted in the poor knowledge of the health problems of FGM. Also the fact that FGC practice is still being performed by both Traditional Childbirth Attendants and nurses as a source of raising money for the sustenance of the family shows how deep rooted this practice is in the communities. The

fact that the Traditional Birth Attendants (TBAs), and nurses who are the main health care providers in the communities, are still carry out FGM practice for personal benefits, irrespective of the bill Nigerian law makers made in 1996 making FGM illegal in the communities and subsequently, another one in 1997, banning FGM in the society, indicates the difficulties researchers seeking FGC abandonment encounter in the communities. It also indicates some gaps in the knowledge the health workers have on the risks of FGM. Further, one can deduce the likelihood that such health workers have poor knowledge of the risks of FGM practice probably as a result of lack or inadequate training on the consequences of FGM practice.

Associating FGM with cultural ideals that checks promiscuity and guarantees easier betrothal further confirms how deeply embedded FGM practice is and suggests the need for a sustained intervention to discourage the practice. These findings agree with that of [10, 20] in which those who practiced FGM justified their actions by linking FGM with increased premarital virginity, marital fidelity, proper sexual behaviour, reduced incidence of premarital sexual acts, and libido.

Two strong motivating factors reduction in sexual promiscuity and economic benefits of FGM were identified as the factors that influenced continued FGM practice among the study group. This finding agrees with that of [13, 23, 24] that the financial gains FGM practice attracts and the spiritual support for FGM make it difficult to abandon the practice in the communities. Economically, FGM serves as means of livelihood for those who perform it. On the religious part, FGM supports the Bible injunction which abhors committing fornication and adultery. The belief is that circumcision, which is usually carried out on the 8th day of the child's birth could successfully check fornication and adultery.

Also the fact that the Nigerian government made little or no effort to use the media (television, radio, newspaper or magazine) to enlighten individuals in the communities on the need to abandon FGM practice further illustrates the difficulty those who advocate for its eradication face. As such, it is assumed that education aimed at changing the attitudes of community members could be the best hope for eradicating FGM practice. Moreover, the fact that during the research some individuals believed that FGM practice has been long-term tradition which they have been doing for their girl child without adverse effects further emphasizes the need for education. The education program to be adopted should relate the health implications of FGM with the purported cultural and religious benefits of FGM. Using education as a long-term process to reduce FGM practice will produce a lasting result as emphasized by [14, 26].

The fact that the respondents valued circumcising their girls so as to remain chaste till the time of marriage more important than protecting them from the health implications of circumcision indicate that some challenges exist in the abandonment of FGM. In the face of these challenges, the health condition of females may be compromised especially for those who are interested in the amount of finances FGM generates. Therefore, education should be seen as the best alternative to assist the governments (federal, state or local government) and interested individuals in instituting programmes capable of promoting the eradication of FGM practice**.**

LIMITATION

The discussants were not given the opportunity of verifying the transcriptions in the local language before they were translated into English. Their exclusion was a major limitation because of their likelihood of accessing the challenges encountered in communities during the study. Also the limited sample of health and community leaders studied could not afford the researchers the opportunity of generalizing the finding on the entire population. The researchers depended on the information provided by the discussants.

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