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Female Genital Mutilation in Nigeria; A Brief Sociological Review

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Abstract This paper is aimed at developing an insight into a preventable societal issue: the female genital mutilation (FGM), using sociological theories to explore its justifications. In Nigeria, FGM is historically predominant in her culture and traditions. In many cultures, it is perceived as a rites or initiation into womanhood as it includes a period of education and seclusion about responsibilities of a wife. The issue of Female genital mutilation in Nigeria is being tackled by the World Health Organization (WHO), UNICEF, the Economic Commission of Africa (FIGO) and many other organizations. The general public at all levels has been given an intensified education emphasizing on the undesirability and dangers of Female Genital Mutilation. Platform of Action adopted by the Beijing conference in 1995 called for FGM eradication by enforcing legislation against its perpetrators. However, in Nigeria there is no such law against FGM practice. This perhaps, remains one of the reasons why FGM control in the country is on slow declining progress.

Keywords: *female genital mutilation, sociology*

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1. Introduction

Female genital mutilation (FGM) has been subjected to a considerable argument as it is deeply rooted in religious, cultural and historical tradition. It is defined by the World Health Organization as a procedure that involves the total or partial removal of female external genitalia for religious, cultural or any other reasons [1]. It is mostly done on girls aged 0 to 15, though married women and adults can also be subjected FGM which varies with circumstances and traditions [1]. An approximation of 100 to 145 million women has been exposed to this practice globally and more than 2 million face this pain annually [2]. In Africa, Yoder and khan in 2007 estimated that about 91.5million girls are currently living with the implications of this issue [3].

1.1. Classifications of Female Genital Mutilation

FGM is classified into four types: type I (also called sunna or cliteridectomy). It involves the removal of all or part of the prepuce or/and clitoris.

Type II (known as excision). This entails the removal of all or part of the labia minora and clitoris without the removal of the labia majora.

The most severe type is the type III which is also called pharaonic or infibulation. It involves the complete or partial removal of the external genital and the narrowing of the vaginal orifice. The scar from the infibulation covers most of the introitus allowing a small hole for menstruation and urination. This type is very common in Sudan, Somalia, Niger, Nigeria, some parts of Egypt, Senegal, Mali, Kenya and Ethiopia [4,15].

The mildest of all the types is the type IV which is piercing, burning, cutting or pricking of the genitalia.

1.2. Female Genital Mutilation in Nigeria

With an increasing population in Nigeria of approximately 186 million of which female population is approx. 91.8 million, FGM practices also tend to increase with prevalence rate varying (north east 2.9%, north central 9.9%, north west 20.7%, south west 47.5%, south east 49.0%, south south 25.8%) [17].

Table 1. Prevalence of FGM in Nigeria

Background Characteristics	Circumcised women (%)	number of Women	number of circumcised women
Ages			
15-19	15.3	7,820	1197
20-24	21.7	6,757	1465
25-29	22.9	7,145	1635
30-34	27.4	5,467	1500
35-39	30.4	4,718	1435
40-44	33	3,620	1194
45-49	35.8	3,422	1226

Background Characteristics	Circumcised women (%)	number of Women	number of circumcised women
Religion			
Catholic	31.4	4,316	1355
other Christian	29.3	13,922	4081
Muslim	20.1	20,149	4015
Traditionalist	34.8	359	125
Ethnic group			
Ekoi	56.9	22	13
Fulani	13.2	2,585	338
Hausa	19.4	10,600	2074
Ibibio	12.8	841	108
Igala	0.5	371	2
Igbo	45.2	5,636	2546
Ijaw	11	751	82
Kanuri	2.6	680	18
Tiv	0.3	836	3
yoruba	54.5	5,482	2989
others	13.4	11,002	1470
Missing	14.8	64	9
Residence			
Urban	32.3	16,414	5309
rural	19.3	22,534	4343
Zone			
North Central	9.9	5,572	554
North East	2.9	5,760	167
North West	20.7	11,877	2463
South East	49	4,476	2195
South south	25.8	4,942	1275
south west	47.5	6,314	2998
State			
North central			
Fct abuja	6.1	315	19
Benue	8.4	1,240	104
kogi	1.7	704	12
kwara	53.3	596	318
nasarawa	9	594	53
niger	2.5	1,462	37
plateau	1.7	662	11
North East			
Adamawa	1	828	8
Bauchi	5.2	1,161	60
Borono	2.3	1,412	33
Gombe	2.9	550	16
Taraba	2.8	844	24
Yobe	2.6	971	26
North west			
Jigawa	39.4	1,353	534
Kaduna	25.1	2,136	536
Kano	40.9	3,189	1303
Kastina	0.1	1,525	1
Kebbi	2.6	1,244	32
Sokoto	3	1,098	33
Zamfara	1.7	1,332	23
South east			
Abia	31.9	518	165
Anambra	23.4	1,052	246
Ebonyi	74.2	1,122	833
Enugu	40.3	951	384
Imo	68	833	567
South south			
Akwa ibom	11	864	95
Baylsea	16.2	364	59
Cross river	32.2	703	227
Delta	40.3	993	400
Edo	41.6	742	308
Rivers	14.6	1,276	186

Background Characteristics	Circumcised women (%)	number of Women	number of circumcised women
South West			
Ekiti	72.3	326	236
Lagos	34.8	1,964	6844
ogun	11.2	883	99
ondo	45	808	363
osun	76.6	765	588
oyo	65.6	1,588	1030
Education			
No Education	17.2	14,729	2540
Primary	30.7	6,734	2088
Secondary	28.8	13,927	4010
Tertiary	29.1	3,558	1035
Income			
Lowest income	16.5	7,132	1175
second quartile	20.3	7,428	1509
middle	23.5	7,488	1759
fourth quartile	30.6	7,992	2447
Highest	31	8,910	2762
Total	24	38,948	9652

Note: Table 1 is based on the % distribution of women aged 15-49 who has been circumcised according some background characteristics (in Nigeria 2013)
Retrieved from Nigeria Demographic and Health Survey, 2013.

In Nigeria it is mostly used as a way to control the sexuality of women which is closely related with marriageability of girls [3]. Asekun and Amusa [5] in their study show that mothers prefer to subject their girl children to the practice to protect them from being beaten, disgraced, ostracized or shunned. This avoidable practice has gone deep rooted as the decision makers are mothers, grandmothers, men, opinion leaders and age groups.

2. The Health Implications of Female Genital Mutilation

The victims of female genital mutilation experiences different health implications and they tend to be similar in all societies that practice FGM, though the implications differs because it depends on the procedure used and the type of FGM [4] The World Health Organization in 2000 identified the immediate health consequences, they include: hemorrhage, severe pain, injury to the adjacent tissues, urine retention, shock, and ulceration of the genital region [6]. Due to the use of the same tools in multiple operations, there can be a tendency of transmission of infectious disease such as Immuno-deficiency Virus (HIV) from one patient to another [4].

Some of the long term health implication of this health issue include: urinary incontinence which is caused by the damage to the urethra, abscesses and cyst, painful sexual intercourse (dyspareunia), keloid scar formation, childbirth difficulties and sexual dysfunction [7]. On psychological and psychosexual health, these girls/women that pass through this process may have a long lasting memory of what they had gone through. This on a long term may lead to depression, anxiety and they may have a feeling of incompleteness [8].

This practice still goes unabated even when these health implications are made known to the custodians of culture and practitioners. The supposedly victims of this health issue are also willing to undergo this severe pain rather than facing humiliation, shame and antagonism in their several communities. Similarly, the victims comply with the traditions and customs even when they don't know why is being carried out [7]. The question is: what could be the reason for this undisputable compromise? The next section would explore this question using sociological theories to justify the reasons behind this practice.

3. Sociological Theories and FGM

3.1. Feminist and Patriarchial Perspective

The feminist and patriarchial theory stipulated that female genital mutilation is the misuse of women's sexuality and body in some form, though each theory differs in their interpretations [9]. In 1971, Firestone argued that men sees women role only as child rearing and reproduction because they are biologically capable, therefore, they depend on men for livelihood and protection. Anti-FGM activists and Feminist scholars such as Koso-Thomas, Hosken, Weil-Curiel to name a few explains FGM as an oppression and assault on the sexuality of women and have a disastrous effect on their health. They further relate FGM with a patriarchal desire and their need to be in control of the women's sexuality and body in order to maintain their fidelity and chastity. Pickup in 2001 argued that FGM act as a material bargain that women make with patriarchy to get an economic support. For instance, a mother may decide to genitally mutilate her daughter so as to get her married in future [10,16]. FGM thought to reinforce and reflect the moral and social order in which are forced, brainwashed and obliged into being faithful and pure. The critic of the feminist analysis is that women themselves inflict this practice, however, from the above explanation; women carrying out the men's desire show that men are the hidden and real perpetuators [10,16].

3.2. Religious Perspective

Different religion practice FGM even though they are not necessarily required by these religions as there is no justification from the "Holy book" [4]. Hegar-Boyle et al, in 2001 did a study on FGM in three different African countries and they found that in Egypt, about 95% of the population are Muslim and that religious leaders uses their power to perpetuate women to undergo this practice without opposition or discussion [11]. This shows gender inequality and the oppression women face in most African countries. Most women accept to the practice as they believe it is a religious tradition. This has continued to put these women in a submissive position because religion plays a pivotal role in their belief [4].

The above justifies Karl Marx's view on religion being an "opiate for the people." It is used by the **bourgeoisies** to oppress the **proletariats**. For Marx, religion is irrational as it is used as an excuse for society to function the way it functions [12]. In this context, the oppressed victims of FGM are the proletariats while those religious leaders are the bourgeoisie. Therefore, religion can be seen to be used here to inflict pain on these women.

3.3. Functionalist Theory

Durkheim in 1938 propounded social facts which he said is created by the society and they exert pressure on individual to take social actions. He further stipulated that for one to understand social fact, it is imperative to understand the function on which it depends on that he called "social order". This social order for him helps to maintain solidarity in a society, thus a functional society [7].

Female genital mutilation is embedded in traditions and culture of the communities on where it is being practiced. This practice is understood as a social fact and must not be stopped because of its alleged usefulness in the society. These functions include: maintaining virginity and chastity among the women before marriage, sexual desire mitigation among the females, reduction of infidelity in marriage, among others [4].

4. Recommendations on Curbing the Issue of Genital Female Mutilation in Nigeria

4.1. Creation of a Healthy Public Policy

Firstly, the Nigerian Government should identify that FGM is a violation on the right of women. Law should be enforced to bring those people perpetrating these acts to justice. Most of these acts are done in local and state level; therefore the law should be known in these levels and translated to local languages so those people would be able to understand.

4.2. Respect for Culture

FGM acts a traditional rite in some community where it is practiced; that is why its eradication may be seen as an infringement on their customary right. To avoid this, the Government can encourage the milder form of this practice by provision of trained personnel to carry out the procedure. This will help reduce mutilation on the victims. These will give a sense of containment on the participants and the members of the society [1].

4.3. Use of Media

Media can be used to create awareness on the dangers and health implications of this act. Drama, cinemas, magazines, newspapers can be used to impact knowledge to the people using real life situations to make the implications a reality to the practitioners and victims alike.

4.4. Education and Campaigns

This strategy is very essential as it will equip those involve in this practice to know the health implications of FGM. For the victims of FGM, education will help them argue convincingly when they are faced with such problems. It will also empower them to know when their right is being violated [7]. The more educated and informed a woman is, the more she is to understand and appreciate the hazardous effect of harmful practices like FGM and sees it as unnecessary and will refuse their daughters to perform such operation.

4.5. Partnership

The Ministry of Health, non-governmental organizations and other stakeholders can collaborate and go to those areas and villages where FGM is being practiced to educate them on the dangers of FGM. They can also raise awareness in those areas by the use of campaign such as "stop FGM campaign" to create awareness [1]. The community members should also be mobilized to join in the campaigns. This will help them to change behaviors that are detrimental to their health.

4.6. Empowerment

One of the key in the reduction of FGM practice is the empowerment of women as FGM is a clear indicator of gender inequality [13]. This can be done by fostering programs that will empower women economic development which can change the way women are viewed as the dependent member in a household. Furthermore, provision of employment and development of skills can also empower them so that they would be able to make healthy decision (for instance saying "NO" to FGM on themselves and their children) without interferences of the male counterpart [2].

4.7. What Has Been Done in Africa

Advocacy-USAIDS have worked with different religious leaders and communities to advocate for the healthier and safer treatment girls and women who have undergone FGM. A Tostan project, an advocacy project in West Africa has incorporated FGM education as part of school curriculum [2].

Policy- In 2006, the Government of Ethiopia passed a law against FGM [2].

Partnership-- in Kenya, religious leaders and medical doctors collaborate to clarify the beliefs about FGM and also making recommendations on woman health based on science evidence [2].

Education, campaign and empowerment--- In Mali, the ministry of health and USAID worked together to educate the community members on the health implications of this practice. Berg & Denison, 2012 stipulated that the program had an effect as those that intended to perform FGM on their daughters reduced from 81% to 33% [14].

5. Conclusion

Female genital mutilation is a multiple dimensional approach that should not be glossed over by the biomedical model. It is deeply rooted in religion, culture and tradition. Therefore, for this practice to be reduced in Nigeria, both in states, local and federal level, the Government should enforces laws that will deter the perpetrators of this practice from doing so. Before this is done, alternative jobs should be provided for them because most of them make a living from performing this practice. Campaigns that are meaningful such as the use of drama should also be used to create awareness on the health implication of female genital mutilation especially in the rural areas.

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