

The perspective of Women on Female Genital Mutilation in Osun State, South West Nigeria

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ABSTRACT

Female Genital Mutilation and Circumcision (FGM/C) is a long-standing practice that involves the removal of the external female genitalia or other non-medical damage to the female genital organs. Although, those women who have done the procedure mostly refer to it as 'cutting' or 'being cut'. FGM/C is practiced basically in Africa and also in other scattered cultures all over the world especially in Asia and the Middle East. The purpose of this paper is to determine how females in Osun State, particularly in Ilesha West, Ilesha east, Ede North and Ede South Local Government of Osun State, felt about female genital mutilation. A descriptive survey design was used in this investigation. The study was led by ten research questions. The study's participants were all females of different ages, religion, education and cultural background with a population of over 300 females, but we were able to get 250 research questions back. FGM/C was practiced for a variety of reasons, some of which are tradition, culture, ignorance and to avoid promiscuity. Although, while the vast majority of respondents had no idea why they were subjected to FGM/C, some women believe that FGM/C is beneficial in preventing them from engaging in fornication and adultery. This study reveals that FGM/C should be abolished through government policy, especially with the level of awareness and publicity on its adverse health consequences.

Keywords: Circumcision, Degrading treatment, Genital mutilation, Human rights, Physical integrity, Promiscuous.

I. INTRODUCTION

Female Genital Mutilation and Circumcision (FGM/C) refers to any procedure that involves the partial or entire removal of the external female genitalia, or any mutilation of the female genital organs for non-medical reasons.

FGM/C is mostly practiced in Africa, although it is also practiced in various cultures around the world, particularly in the Middle East and Asia (WHO, 2014).

In Nigeria, girls and women are subjected to obscene traditional customs. Knowing that FGM/C is an ill traditional practice that is inflicted on girls and women all over the world, which is widely recognized as a violation of human rights that is strongly based in cultural, traditional ideas and perspectives across decades and generations, is a difficult undertaking.

FGM/C is often seen as a grave violation of a female's human rights. It reflects long-standing gender inequality and is an extreme type of discrimination against women (Ewa Batyra et. al., 2020). It includes violations of children's rights, as well as violations of a person's right to health, security, and physical integrity, as well as the right to be free of torture and cruel, inhuman, or degrading treatment, and the right to life where the procedure may result in death.

II. LITERATURE REVIEW

Koukoui, S., et. al. (2017) says, Women who have undergone FGM/C and are raising 'uncut' daughters in their home country and in their immigration nation have overwhelmingly favorable experiences. There was a strong link between the moms' educational backgrounds and the belief that uncircumcised girls will be promiscuous. These attitudes about FGM/C demonstrate that educational activities aimed at ending the practice should continue at all levels of government (E.L. Ahanonu, & O. Victor (2014).

When Ibebuike, J.E., et. al. (2018) carry out research on mothers' perception in Imo State it was revealed that mothers believe social factors encourage FGM/C and that cultural beliefs support the practice. Over half of the respondents were aware of female genital mutilation on average. In

addition, there was a link between the mothers' educational backgrounds and the belief that uncircumcised girls will be promiscuous. The following recommendations were made based on the study's findings: Governments and policymakers should make the necessary adjustments and commit significant resources to ending FGM/C practices, and local communities should raise awareness about FGM/C by holding seminars, workshops, and training sessions on the risks of FGM/C and its health consequences; this will likely reduce the practice.

In Senegal, Burkina Faso, and Egypt, a study was undertaken on the transfer of female genital cutting (FGC) from mothers to daughters., the study reveals that the key feature associated to daughters' circumcision is the mother's personal experience, since circumcised moms are more likely to perpetrate the procedure on daughters, according to the most recent Demographic and Health Survey (DHS). Policies aimed at changing this social norm could thus create a virtuous circle, each child who is not circumcised is expected to have a risk-free third generation. In each country studied, factors connected to women's empowerment, such as more education, increased autonomy, and family affluence, as well as the social environment opposing FGC, discourage the practice and shield daughters from the risk of being circumcised (Patrizia Farina and Livia Elisa Ortensi (2014)).

Because of the fear of early pregnancy and promiscuity among women, FGM/C is widespread. FGM/C is also practiced to maintain cleanliness and good health in women folk, FGM/C raises the social status of the family and promotes social morality and decency in women, FGM/C of women enhances better chances of marriage in girls, and circumcision of women increases male sexual pleasure. The grand mean has a mean value that is inside the agreement range. As a result, the respondents believe that social factors encourage FGM/C (Ibebuike, J.E., et. al. (2018)).

FGM is still practiced in some nations, according to Elliot Klein (2018), despite the existence of legislation prohibiting it. Over the last decade, little progress has been made toward ending FGM. This could be because Western countries struggle to comprehend the cultural and theological forces that lead to FGM in communities and ethnicity. Although activist movements are forming across Africa, using an intervention technique that takes into account the various cultural dynamics can improve outcomes by generating beneficial social changes. Engaging community and religious leaders by helping them

comprehend the need for change is critical to achieving cultural transformation. Specific efforts aimed at ending FGM must be developed, strengthened, and supported by communities.

FGM/C was linked to a variety of health issues among the women, however not all of them sought medical help. They felt trouble discussing such a delicate matter with their general practitioner (GP), were unaware that their problems may be alleviated, or believed that their GPs lacked expertise of FGM/C. Trust was limited by a lack of time during appointments and overall dissatisfaction with Dutch GP treatment. They would much rather the doctor be proactive and inquire about FGM/C (Kawous R., et. al. (2020)).

The development of the COVID-19 pandemic in 2020 is also projected to have a significant influence on attempts to achieve the Sustainable Development Goals (SDGs) of zero new cases of FGM/C by 2030. COVID-19 containment measures, such as movement limitations and social isolation, have had a direct impact on the execution of FGM/C therapies. School closures, local and national lockdowns, which cause girls to spend more time at home and create economic hardship, may exacerbate the situation (Orchid Project 2020). According to previous estimates, ramping up prevention programs might prevent 5.3 million additional cases between 2020 and 2030, (UNFPA 2020). However, due to COVID-19 and the reduction of FGM/C programs, reaching this milestone may be difficult (Matanda Dennis and Lwanga-Walgwe Esther (2022)).

WHO plans to release a training manual on person-centered communication (PCC) in 2022, a counseling technique that encourages health care practitioners to question their FGM/C-related attitudes and improve their communication skills in order to give effective FGM/C prevention counseling? (WHO 2022).

The specific objectives are: (WHO 2022)

- a. to investigate the causes of female genital mutilation;
- b. get the empirical based conclusions about the impact of the problems on long-term psychosocial consequences of FGM/C;
- c. to provide recommendations on how those with the problems of FGM/C can cope with embarrassing situation in the community; and
- d. determine the extent of awareness of FGM/C among females in Ilesha, Osun State.

III. METHODOLOGY

A cross-sectional study was undertaken at Ilesha West and East Local Government, Osun

State in March 2021. An interview questionnaire with 13 questions on FGM/C was developed and administered on 300 females. The questionnaire includes data pertaining to age at which FGM/C was done, educational level, marital status, what they know about the FGM/C and type of circumcision. In this paper, 300 females were sampled with variation in what they do for living, marital status, educational level and type of circumcision. There are different cultures, tribes and religion with different beliefs in Ilesha West, Ilesha East., Ede North and Ede South Local Government. Some believed in the FGM/C due to their culture

while some did not believe in it due to one reason or the other.

Semi-structured interview was used in our first meeting with the respondents, by explaining what the questionnaire is all about to them and also showing them the picture of various type of FGM/C that are in existence. Some people did not know if they did FGM/C or not but by seeing the picture as shown in Figure 1, they were able to know if they had done FGM/C and also knew the type. The questionnaire was distributed and collected within 12 days.

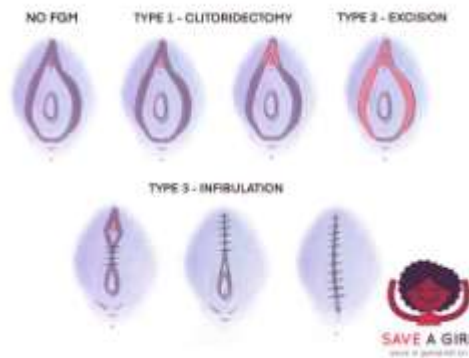


Figure 1: Picture of Different Types of Circumcision

IV. RESULTS AND DISCUSSION

One of the women we spoke with in Ilesha West Local Government Area (LGA) expressed what appears to be the general consensus among these women.

“I sometimes find coping with FGM/C difficulty and found it hard to talk to my mother about

the health difficulties and the pain I was experiencing”.

Figure 2 shows that a greater percentage (43.5) were enlightened about FGM/C before it was done for them. Similarly, the vast majority of the respondents (53.7%) were circumcised at a young age, resulting in a prevalence rate of 53.7 percent. as shown in Figure 3.

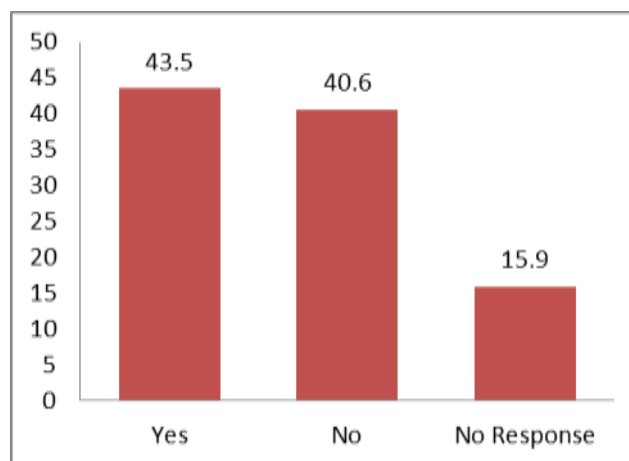


Figure 2. Enlightened Chart

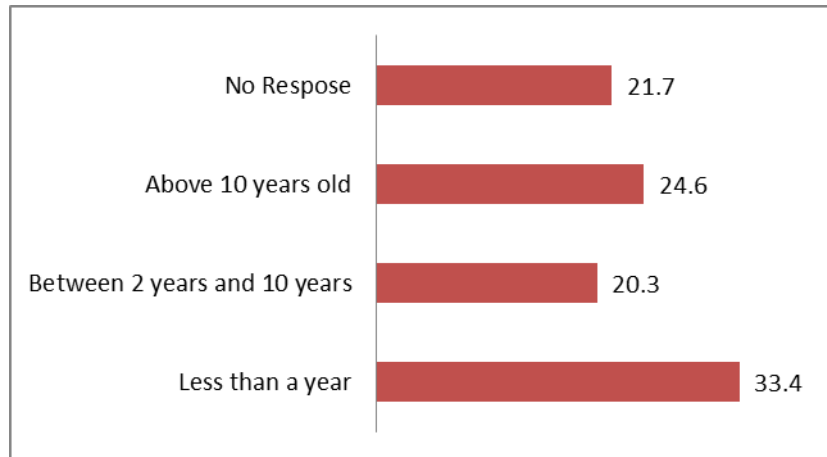


Figure 3 Age category Chart

The majority of those polled have no idea why they were subjected to FGM/C. As illustrated in Figure 4, tradition, culture, and ignorance were all important factors in the practice of FGM/C. Another motive for FGM/continuation C's was to lessen sexual desire. The major reasons provided for favoring FGM/C were tradition and culture. Then there were those who said it would lessen sexual desires. Increased female hygiene and safe delivery are among other reasons claimed for

favoring FGM/C. Despite the fact that many of the respondents were unaware of the rationale, they nevertheless supported the practice of FGM/C. The procedure was opposed by a larger number of people because it could lead to difficult labour and delivery. Other factors include hemorrhage, religion, barbarism (incivility), decreased sexual satisfaction, culture and tradition, HIV/AIDS infection, and so on.

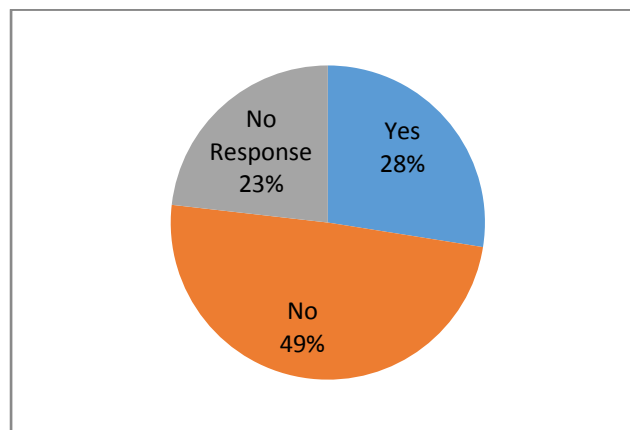


Figure 4: Why FGM/C is Done

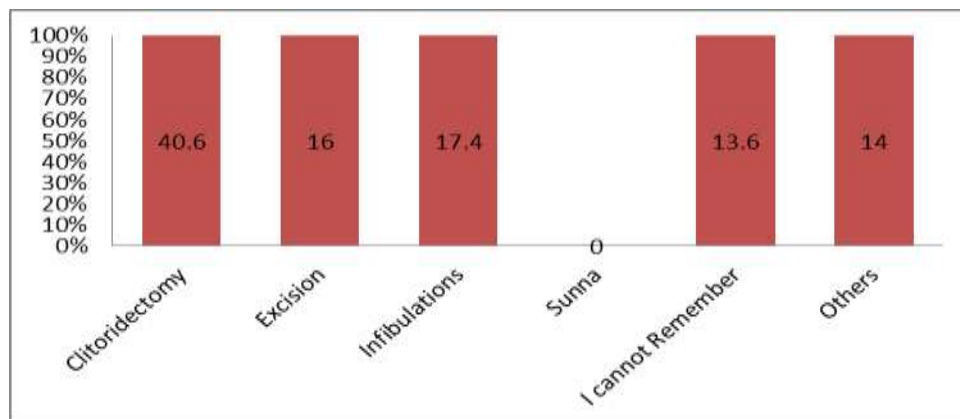


Figure 5: Population study

Type I (Clitoridectomy, 40.6 percent) was identified to be the most common and prevalent type of FGM/C among the women in the six geographical areas during the interview and the administration of the question. only 16.0% of the respondent undergo TYPE II (Excision), 17.4% of TYPE III (Infibulation). During the analysis of the questionnaire, it was discovered that TYPE IV (Sunna) is the least common among our respondents with just Nil of the study population as shown in Figure 5.

The level at which the respondents were enlightened on or before the FGM/C procedure was done to them ranges from 43.5% to 40.6%. It was noted in Federal Polytechnic Ede in Ede North LGA that FGM/C seems to be a norm and only few percent of the victims accounted that they went through shame, embarrassment or isolation, hence 47.8% of the respondent were not stigmatized in this research, while 31.9% were stigmatized which took a lot of time before they regained social balance among peers as shown in Figure 6.

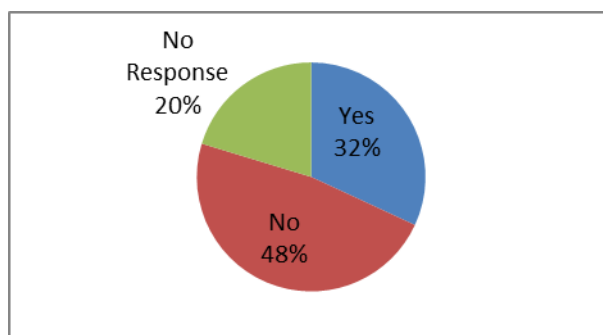


Figure 6 Stigmatized chart

The age at which the female respondents were circumcised varies from one person to another. Averagely, the respondents were circumcised while they were infant i.e. less than a year old (33.4%). Only few of them were circumcised between 2 to 10 years old (20.3%) and quite number of respondents (30.8%) did it when they were fully grown up (10 years of age and above). Therefore, it can be established that circumcision was done for a larger part of our study population at a very tender age without their knowledge, and this accounts for the reason why

most females were not aware that FGM/C was done for them as shown in Figure 3.

Each respondent was shown pictures of the 3 main types of FGM/C in order to enable them identify the type done for them (53.6%) and also to confirm if they were really circumcised or not while (46.4%) accounted that they were not circumcised as shown in Figure 7. However, few of the uncircumcised respondents wished they had done it and might do it in future because some of this women believe it won't make them promiscuous

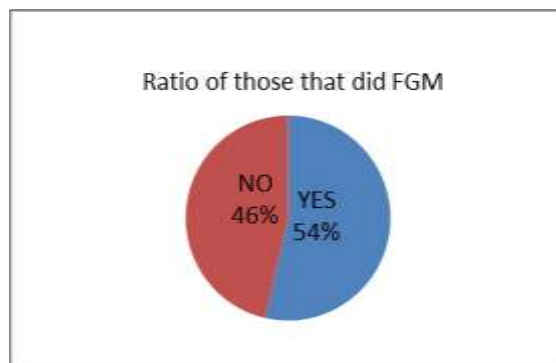


Figure 7. Circumcised and uncircumcised chart

A significant number of females in our sample stated that they had no psychological complaints; there could be a variety of explanations for the relatively high percentage of respondents who stated that they had no complaints. According to the qualitative research, a lot of respondents were only recently made aware of their circumcision. Any complaints they might have, they believed, could not be linked to the fact that they had been circumcised.

Despite the fact that more than half of the respondents (56.8%) believe that FGM/C is harmful, 44.2% percent believe that uncircumcised girls will become promiscuous. FGM/C is regarded to promote a woman's devotion to her husband by over a third of respondents (30.5 percent). Women who have had FGM/C are not at danger of gynecological issues, according to about a quarter of respondents (26.3 percent).

V. CONCLUSION

Women empowerment is very important. Women with a higher level of education are less likely to endorse and perpetuate the practice of FGM/C. Similarly, women believe that societal factors encourage FGM/C and that cultural beliefs support the practice. Over half of the respondents were aware of FGM/C. In addition, there was a link between the mothers' educational backgrounds and the belief that uncircumcised girls will be promiscuous. The same effect is shown when it comes to the female's age at marriage. The study finds that, other things being equal, the extraordinarily vulnerable situation of females who marry young is connected to a higher circumcision risk for their daughters. A sample of data from our research was used to show that FGM/C was associated with psychosocial and relational problems for a significant number of women sampled (pain felt after the cutting and constant pain felt when the event is remembered); under these circumstances, this problem may develop into

a psycho patient or cause them to act irrationally at times. Health care workers should be aware of cues that could indicate chronic issues, and their (intercultural) communication skills should be improved in regard to this issue. Furthermore, some women believe that FGM/C is beneficial in preventing them from engaging in adultery, but the majority of women in our study believe that FGM/C should be abolished, especially with this level of awareness and publicity.

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