

## **How Possible is it to Eliminate FGM? Uncovering Practice-Sustaining Barriers in South West Nigeria**

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### **Abstract**

Female genital mutilation (FGM) is a traditional cultural practice that is predominantly practiced in Africa. Nigeria accounts for 10% of the 200 million reported cases of FGM around the world. Studies have shown that FGM has no health benefits and poses harmful short- and long-term health complications (WHO 2020). The communities that continue the practice believe that they are protecting the purity and virtues of their girls and women from sexual promiscuous behavior leading to stigma and family shame. Based on the research and data that is currently available, the number of communities that still practice FGM in Nigeria is decreasing at a slow rate. The content of this paper will be useful for addressing gaps that are missing or overlooked by providing recommendations to reduce the amount of FGM practice. This paper will explore the myths about FGM, the reasoning behind why it is practiced, the barriers that sustain these myths and/or ways of reasoning, and recommendations for addressing these social barriers/ myths to spread more awareness about the harmful effects of the practice.

### **Introduction: What is FGM?**

FGM/C, also known as female genital mutilation/cutting or female circumcision, is the partial or total removal of the female genitalia. This procedure takes place for no medical reason and is mostly based on traditional cultural practices (Toubia 2018, 224-230). There are four different types of FGM. Type 1 is the total or partial removal of the clitoris, type 2 is the removal of the clitoris and the labia, type 3 is the narrowing of the vaginal opening by creating a seal (the clitoris may or not be removed), and type 4 is any other harm of the genital including scraping, burning, and piercing (WHO 2020). FGM is often performed by traditional cutters, which may be older men or (primarily) older women who have no medical training; moreover, FGM is usually performed in unsanitary places with no type of anesthesia or any aftercare provided (Agbede, Kio, and Adeyemo 2019, 615-620). The procedure is also performed with equipment that has not been sanitized, such as razors, scissors, blades, and knives (Oluyemi et al., 2019).

Every year, 3 million girls are at risk for FGM and cross-border FGM. FGM is performed on girls from infancy to adolescence, depending on the region in which it is practiced; however, on average, FGM is performed on girls from ages two to five. FGM is culturally-based and is not connected to any religious practice (WHO, 2020). According to 28 Too Many (2021), FGM is

mostly performed by traditional worshipers of deities. FGM is a significant issue of gender-based violence and human rights. Some NGOs, including Tostan, WHO, UN, UNICEF, and Save the Children are just a few of the many non-government organizations that are advocating against the practice and providing resources for those who are affected. Currently, UNICEF is working on its initiatives to end FGM globally by 2030 (UNICEF 2020).

## **FGM in Nigeria**

According to the WHO (2020), there are over 200 million girls and women around the world who are victims of FGM. FGM is concentrated in the West, East, Central, and North Africa, Middle East, Asia, and Southeast Asia. Nigeria accounts for a substantial amount, with 10% (20 million) of the 200 million victims of FGM (Health Survey 2013, 12-25). Located in West Africa, Nigeria is home to over 200 million people. In Nigeria, there are over 200 ethnic groups. The most practiced religion in Nigeria is Islam. However, the religious group that has the highest number of practitioners are traditional worshipers of deities, followed by members of Christianity. Nigeria has three major tribes: Yoruba, Hausa, and Igbo. Of these three tribes, the Yoruba people have the highest rate of FGM. Within the Yoruba tribe, Osun State has the highest rate of FGM performed, especially in Ifelodun and Ede North region. Currently, Nigeria is dealing with issues of corruption, poverty, bad governance, and terrorism. Gender-based violence issues prevail, such as domestic violence, the right for the female child to go to school, and child bride, yet FGM is not viewed as a problem or seen as important. Instead, FGM is considered cultural (Ilesanmi & Ibitoyosi 2018).

## **Common Reasons, Beliefs, and Myths behind FGM Practice**

FGM is practiced for several reasons. These include religious beliefs and practices, concerns around marriage, family honor and representation, traditions around rites of passage, and concerns regarding health and aesthetics. There are also several myths about the practice that pervade discussions about ending it (Adewale-Olaniru 2022).

## **Religion and Religious Beliefs**

A common myth about FGM is that it is a religious-based practice. Many people in Nigeria are under the assumption that it is predominantly performed amongst those of the Islamic faith (Brady et al. 2021, 1916-1922). However, research shows that FGM is predominantly performed among traditional worshipers of deities followed by members of Christianity, with little evidence to support that Islam has any connection to FGM/C. FGM is considered to be cultural-based and not religious-based (Dotimi 2016).

Nigeria is a religious-based country, with the main religions being Islam and Christianity. Members of both religions pride themselves on their women remaining virtuous and pure. The idea of marriage is held sacred and holy. Based on the moral values attributed to women in marriage, it is preferred by religious faiths in Nigeria that women marry as virgins. Culturally, it is believed that the practice of FGM will protect the virginity of the woman until marriage and ensure that there is no infidelity in the marriage. FGM is not discouraged under the umbrella of cultural and traditional beliefs (Brady et al. 2021, 1916-1922). Because FGM is a cultural norm

and the strong beliefs behind the benefits of this practice align with the beliefs and teachings of faith-based religions, the practice of FGM is often not discussed in faith-based religious spaces.

### **Marriage, Family Honor, and Representation**

It is a common belief within Nigeria that, based on traditional customs, men prefer to marry women who are virgins and untouched. It is believed that those who undergo FGM remain virgins until marriage (Ali 2022). This belief is especially prevalent in rural areas where marriage provides economic relief to the wife's extended family members (parents and siblings) (Mackie 2000).

It is assumed that those who do not have their daughters undergo FGM risk their daughters becoming promiscuous. The belief is that no man can ever satisfy an uncircumcised woman. Therefore, having a daughter undergo FGM has been seen as a sign of good home training, values, and morals of purity and modesty (Akpambang 2020, 1). In contrast, having a daughter who is uncircumcised and unmarried brings a stigma of shame to the parents in the practicing communities. This stigmatization may affect the level of respect given to a family in the community, for the family risks being ostracized and labeled by the community.

In some practicing communities in Nigeria, FGM is performed to indicate to male suitors who are interested in marriage that the woman was raised properly and is not only pure (virgin) but modest and obedient. This is thought to be something that the parents should be honored and rewarded for (Obijiofor et al. 2020, 145-150). Therefore, during the wedding ceremony, the family may receive gifts such as animals, jewelry, clothing, produce, food, money, and in some instances, vehicles as a reward for doing a good job of raising their daughter. For families who are struggling financially, having an in-law gift them valuable items and relieve them of financial burdens is an incentive that leads to the practice of FGM (Amal 2022).

### **Rite of Passage and Promiscuity Perceptions**

It is also believed that FGM is seen as a rite of passage, just like a girl's first menstrual cycle. In some communities in Nigeria, FGM is seen as a sacred ceremony that is done when the girl begins her first menstrual cycle, indicating the girl's transition from childhood to womanhood (Johnson and Okon 2012, 132-137). In some practicing communities, mothers often look forward to their daughters undergoing the traditional practice in order to be celebrated (Obijiofor et al. 2020, 145-150). After the cutting ceremony, the families cook large meals for the community members to rejoice with them.

The practice of FGM is believed to reduce or eliminate any type of teenage pregnancy, unwanted pregnancy, or pregnancy out of wedlock (Mackie 2000, 254-280). It is believed that FGM will suppress the sexual appetite of the girl and thereby help her to resist the urge to have sex before marriage. In turn, this will preserve the girl and avoid any type of unwanted or early pregnancy (Ahanonu and Victor 2014, 684-687). Many in Nigeria believe that FGM will assist the mother in managing her anxiety about raising a daughter while avoiding any type of stigma or shame. Family members want to avoid any type of potential promiscuous behavior attributed to not undergoing FGM.

The major reason why FGM is practiced is to preserve the purity of girls. Family members believe that a woman will be promiscuous if she is uncircumcised. In Nigeria, many members of FGM-practicing communities want girls to remain virgins until marriage and to remain faithful within their marriage (Ellis 2019, 2-6). Promiscuous behavior includes sex before marriage; extramarital affairs; teen, early, or unwanted pregnancies; wearing revealing clothing; alcohol and recreational drug use; keeping company with the opposite sex; and being seen in adult entertainment environments such as clubs, lounges, and bars (Obiora et al. 2020, 4106-4113). Based on Nigerian strong traditional customs, girls, especially unwed women, are not supposed to be seen in these places by the community members as this insinuates that the parents are unable to properly install values, morals, and customs based on tradition and faith. This failure is thought to be a result of being uncircumcised.

### **Health, Hygiene, and Delivery Considerations**

It is believed by some in Nigeria that FGM is practiced in consideration of proper feminine hygiene. To keep that area of the genital sanitized, the “impurities” are removed (Umeh et al. 2021). It is often said that the practice of FGM will reduce the number of bad bacteria that can cause sexually transmitted infections (STIs) such as urinary tract infections; yeast infections; bacteria vaginosis (BV), which produces a sour or foul odor; and certain types of sexually transmitted diseases (STDs) because that area of the genitalia is unclean. It is believed that if the clitoris is still there, it is difficult to keep that area of the genitals sanitized. Therefore, during the marriage, it will be a shame to the husband that his wife has a foul odor during intimacy (Mackie 2000).

In some practicing communities, it is believed that when a woman is in labor and close to giving birth, the clitoris needs to be removed so that the child’s head does not interact with it (Oluyemi et al. 2019, 10). Stillbirths, Down syndrome, autism, and other birth defects are attributed to the mother’s clitoris; therefore, it is removed before or during childbirth.

### **Aesthetics**

In some practicing regions, it is believed that the woman’s genital area, specifically the clitoris, resembles a smaller version of the male penis, which, if not cut, will grow (Obiora et al. 2020, 4106-4113). Apart from this resemblance, it is also said that the clitoris is aesthetically unpleasing to the eye; therefore, it is removed for the woman to look more feminine (Ellis 2019).

There is another belief that FGM is comparable to male circumcision in that it is socially acceptable within society (Mackie 2000, 254-280). The myth is that there is no difference between male and female circumcision and that female circumcision actually has more moral and sentimental value compared due to retaining the virginity of the girl in male circumcision.

### **Myth: Only Practiced in Rural Areas**

It is believed by many in Nigeria that those who practice FGM reside in rural areas and not in urban cities. However, the research shows that location is not an indicator of the prevalence of FGM practice. Instead, FGM prevalence is related to the beliefs and strong cultural

ties the individual possesses (Johnson and Okon 2012, 132-137). For example, an individual with a strong cultural hold on the practice of FGM will continue to follow its traditions and customs even if they relocate to an urban city. Therefore, location does not necessarily play a role in where FGM is concentrated.

### **Myth: Only Practiced by Uneducated People**

It is also believed that uneducated people are the ones who practice FGM. However, research has shown that this is untrue and that education is not a deciding factor in who practices FGM (Umeh et al. 2021). Individuals who have professions in the medical, governmental, civil service, and educational systems still practice FGM if they are strongly connected to communities that share the same belief (Umeh et al., 2021).

### **What are the Barriers that Sustain the Practice of FGM in Nigeria?**

There has been a lot of discourse surrounding the harmful long-term and short-term effects of FGM; however, an exploration is needed of some of the barriers that sustain the practice of FGM within Nigeria. Some of the major contributing factors that sustain the practice include resistance to modernization as espoused by Western ideologies, leadership, commerce, cultural preservation, and social pressures.

### **Concerns about Modernization**

The cultural ideology of what it means to be a responsible woman or “good” wife in Nigeria entails keeping a woman’s sexual liberty hidden from society, only to be shared with her husband (Ellis 2019, 2-6). Yet Western countries, through the use of social media campaigns and exposure, have shown that girls and women should have a right to sexual liberation. Sexual liberation can be displayed in many different ways, from the clothing and make-up one wears to the environment, music, pictures, and celebrities that one idolizes, and even to the values and ideologies that one aligns with. Therefore, it is assumed that once someone’s aesthetics, language, or thinking aligns with Western teachings, they no longer follow or abide by the traditional values that are assigned to women in that community (Anyanwu et al., 2022). Therefore, FGM is used as a practice to control the sexual liberation of girls and women to preserve Nigerian cultural values in terms of womanhood. The fear of Western modernization influences is one barrier that sustains the practice of FGM.

### **Leadership**

The efforts by the leaders ruling Nigeria to stop the practice are weak because the lines between right and wrong under cultural tradition can be blurred. Nigeria is also a male-dominated country where men are seen as the “head” in positions of authority, power, and influence (Hodges 2001). Therefore, the idea of women remaining virgins until marriage and remaining faithful in the marriage is something that male leaders want. Thus, the notion of speaking up against the practice is not common because family members believe and benefit from the practice.

## **Commerce**

In many cases, the cutters who perform this ritual are older men or women who have been cutting for a very long time (Adinma 1999, 45-47). Many of the elderly cutters earn a living from this ritual; they do not have the knowledge or are too old to learn any other skilled trades like braiding hair, making handmade crafts, or tailoring. Therefore, even if they do not agree with the ideologies behind the practice, it continues because it is their only source of income (McCauley and Broek 2019, 2-3). The economic incentive attached to FGM is one of the many barriers that sustain the practice.

## **Cultural Preservation and Social Pressure**

Nigeria is rich in culture, with over 200 different ethnic tribes and languages. Many behavior traits, such as morals and values, are attached to cultural customs. Many would argue that traditional values and customs trump religious beliefs because they existed before religion was introduced and enforced. According to Oluyemi et al. (2019), Nigeria still has traditional monarchs that govern certain kingdoms. In many instances, politicians consult with monarchs during elections and on decisions concerning their community. Much reverence is still given to monarchs (kings and queens) as they are seen as highly respected and influential, playing major roles within their communities. Cultural and traditional representation plays a huge role in how Nigeria is governed. FGM is seen as a cultural-based practice that has been practiced for centuries; the belief behind this practice perpetuates its continuation (McCauley and Broek 2019, 2-3). It is believed that FGM holds a sentimental cultural value that shapes society for the better, and based on this ideology, the practice is sustained.

Cultural social norms play a vital role in the ability to sustain the practice of FGM. The fear of being labeled, ostracized, and stigmatized from the community is bigger than the thought of the long- and short-term harms attributed to the practice (Anyanwu et al., 2022). According to research, many people surveyed or interviewed only continued the practice not because they agreed with the custom but because it is a cultural norm, expected and accepted (Dotimi 2016). Many victims, if they had the choice, would not participate in the practice. The influence of society plays a large role in the continuation of the practice. FGM is still practiced in certain communities because of social norm pressures from family and community members.

## **Recommendations**

This section will share recommendations for addressing the myths, the reasoning behind these myths, and the social barriers that uphold them. The recommendations were developed through the findings in my research, allowing me to explore the gaps missing.

## **Advocacy and Community Involvement**

Research has shown that active community involvement can impact social change. Promoting agency, such as storytelling, can have a positive effect (28TooMany.org). It is both a kind of therapy that can be used to help the victim and also an educational tool that can be used to help spread awareness of the harmful effects of the practice. Talking to cutters or participants

about the harmful effects and consequences with statistics and images is not enough. Having victims come out and share their different stories will hold more power and impact. For example, to dispel the myth that FGM victims remain virgins, someone in the sex work industry could come and share her story as an FGM victim (Ilesanmi & Ibitoyosi 2018)

Also, someone who is not an FGM victim could explain how their morals and values, not cutting, kept them chaste until marriage. More light needs to be shed on these stories so that people can feel the passion and hurt. Listeners such as parents and community leaders need to internalize those feelings to question the practice and take a deeper look at why it is practiced. Parents need to realize they are not protecting their daughters; they are oppressing them. More advocacy work is needed from the people who hold influence in the communities, such as religious leaders, traditional monarchs, politicians, and people of influence within these communities. Collaborating with established Nigerian NGOs combating FGM, such as Value Female Network organization and Sure Smile Women and Children Advocacy Initiative Foundation, will increase awareness about the harmful effects of FGM.

### **Update Health Policies**

According to many health professionals in Nigeria, especially gynecologists, obstetricians, and traditional birth attendants, when it is apparent that a girl or woman has been a victim of FGM, there is no policy in place to deal with the case. There is simply a note made on the file with no follow-up or intervention (Obianwu et al., 2018). This needs to be changed to ensure the individual does not continue the same cycle with her daughter. Health professionals should undergo training on how to deal with cases of FGM and provide resources to assist with the situation. For example, nurses should inform their patients of the harmful effects of FGM during prenatal care regardless of the gender of the child. Even if the patient is giving birth to a male child, she could be equipped with the knowledge of the harmful effects of FGM to relate this information to other women who have daughters or who will give birth to daughters (Obianwu et al. 2018). Acknowledging that there is an issue and spreading awareness is the first step to advocating against FGM.

### **Conclusion**

Despite decades of work to eliminate it, the practices around FGM continue. However, this research has highlighted important beliefs, practices, and myths that sustain it. Recommendations to overcome these practice-sustaining barriers include actively involving communities with advocacy, awareness-raising, and storytelling. In addition, there are many elements of current healthcare policies that could be updated in support of efforts to raise awareness among key members of communities. Although it is an ongoing struggle, there is much that can still be done to overcome these practice-sustaining barriers.

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