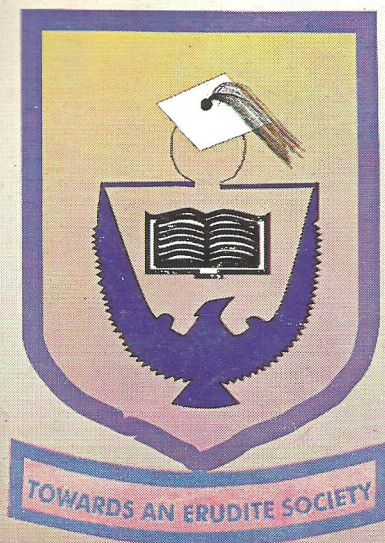


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FEMALE GENITAL MUTILATION: AN OVERVIEW.

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Abstract

Female genital mutilation (FGM) is a contentious and controversial issue. It has generated a lot of arguments in favour of and against it. Female genital mutilation is a harmful traditional practice against women. It should be stated categorically that female genital mutilation (FGM) is not the most lethal of the practices affecting women health, but is still the most humiliating accompanied by severe physical and mental torment for women. Though the practice has been abolished in the western world, it is still a source of terror for African women. In most communities in Africa, female genital mutilation is seen as rite of passage from childhood to adulthood and, hence, their resolve not to do away with the harmful practice. The present study, which is a general overview of female genital mutilation, is designed to sensitize the general public especially the female folks about the issues surrounding female circumcision.

Female Genital Mutilation: An Overview

Introduction:

Female Genital Mutilation, which was traditionally called "female circumcision" involves cutting away part of the female external genitalia or other injuries to the female genitals whether for cultural or any other non-therapeutic reason. (W.H.O., 1995 and Afonja, 1991).

Female genital mutilation (F.G.M) is mostly performed as a rite of passage from childhood to adulthood and is undertaken in most communities between the ages of four and fourteen (4 - 14 years). However, the age varies from one area to another. For example, in southern Nigeria, FGM is performed on babies in the first few months of life while in Uganda; it is performed on young adult women. It will be extremely difficult to summarize the cultural significance of the practice in few sentences because the culture in which it occurs is very diverse.

From literature, it was found that female genital mutilation (FGM) had been practiced all over the world. For example, in the

United Kingdom, the practice of clitoridectomy was thought of as a remedy for all types of diseases from epilepsy and hysteria to nymphomania and masturbation (WHO, 1986). Also, in ancient Egypt, Phoenicia and Ethiopia, the practice of FGM was prevalent long before 200 BC (Dareer, 1983). The main reason given at that time was to suppress female sexuality and attempting to ensure chastity and monogamous behaviour.

According to Olotu (2001), quoting Araoye, (1999) FGM was seen as a "a harmful traditional practice against women" female circumcision (FGM) is one traditional practice that has attracted much attention in the last decade. Although FGM is not the most lethal of the practices affecting women health, it is still the most humiliating accompanied by severe physical and mental torment for women (Olotu, 2001). FGM is regarded as an age-long practice that cut across nations, ethnic groups and socio-economic status. It is a practice widely done in Africa, in the South East Asian countries and in Latin America.

World Health Organization (WHO) and FGM

According to W.H.O. Chronicle (1986), F.G.M. is usually associated with poverty, ignorance and illiteracy. In recent times, W.H.O has shown considerable interest in FGM, and considerable effort is directed towards eradicating it. In addition WHO is organizing campaigns against FGM; W.H.O. is encouraging governments to promulgate laws and decrees against the practice. W.H.O. is also cooperating with bodies like UNICEF and many Non- Governmental Organizations (NGO's) in many countries of the world, to jointly fight the inhuman practice.

F.G.M. according to the Technical Working Group is a deeply rooted, traditional practice. However, it is a form of violence against girls and women that has serious physical and psychosocial consequences which adversely affect health. Furthermore, it is a reflection of discrimination against women and girls.

W.H.O. is committed to the abolition of all forms of FGM. It affirms the need for the effective protection and promotion of the human rights of girls and women, including their rights to bodily integrity and to the highest attainable standard of physical, mental and social well-being.

W.H.O has come out to vehemently condemn the medicalization of FGM, that is, the involvement of health professionals

in any form of FGM in any setting, including hospitals or other health establishments.

History and Female Genital Mutilation

According to Onadeko and Adekunle (1985), female circumcision is a cultural practice that dates back to the ancient era of the pharaohs. It was reported that at a point in history, female circumcision was practiced in all continents of the world but that the practice was more prevalent among certain communities namely: Phoenicians, Hittites, Ethiopians, Arabians, Syrians, Malaysians, Indonesians, and Africans. Onadeko and Adekunle (1985), quoting W.H.O, reported that no single continent was exempted from the custom, but that female circumcision has long been abandoned in many countries except in African countries.

Controversy continues over the use of the term "female circumcision" and 'female genital mutilation' to describe the procedures employed.' Female circumcision' appeared in the reports of explorers and missionaries in Africa as early as the late nineteenth century and continued to be used until the 1980's. The term 'FGM' was used in the 80's mostly by western writers and it was endorsed by the inter-African committee on Traditional Practices Affecting the health of women and children (IAC) during its regional meeting in 1989 (unpublished report).

In the recent times, female circumcision has come to generate a lot of controversy and negative reaction. What was seen as a passage into womanhood is now seen or referred to in many African societies as a form of torture and abuse on female human rights.

Attitudes of Nigerians Towards Female Genital Mutilation

According to Olotu (2001), attitude governs our beliefs, feelings and ideas. Faleti (1994) and Adeoye (1994) sees nothing wrong with FGM. According to the duo, circumcision is necessary because it makes a woman chaste and sexually less promiscuous. They went further to say that FGM makes a woman beautiful down there and that it makes a woman more fertile. Olajubu (1994) supported the practice because it is cultural.

Olotu (2001) carried out a research study on attitudes of school-going adolescents towards FGM in Ondo State. 461 out of the 500 respondents confessed they were circumcised and also, majority of her subject sees nothing wrong with female circumcision.

Types of Female Genital Mutilation

Female genital mutilation (FGM) is usually performed by traditional practitioners, generally elderly women in the community specially designated for this tasks, or traditional birth attendants. In some countries, health professionals- trained midwives and physicians are increasingly performing FGM. In Egypt, for example, preliminary results from the 1995 Demographic and Health Survey indicate that the proportion of women who reported having been 'Circumcised' by a doctor was 13%. In contrast, among the most recently 'Circumcised', 46% had been 'Circumcised' by a doctor.

There are four major types of female circumcision. They are: clitoridectomy, excision, infibulation and unclassified (Dareer 1983, Onadeko and Adekunle, 1985).

Further, the joint statement on female genital mutilation (FGM) issued in April 1997 by W.H.O, UNICEF and UNFPA classified the different types of FGM as follows:

- Type I:** Excision of the prepuce, with partial or total excision of the Labia minora.
- Type II:** Excision of the clitoris with partial or total excision of the Labia minora.
- Type III:** Excision of part or all of the external genitalia and stitching /narrowing of the vaginal opening (infibulation).
- Type IV:** Unclassified which may include pricking, piercing or incising of the clitoris and/or Labia, stretching of the clitoris and/ or Labia; scraping of tissue surrounding the vaginal orifice or cutting of the vagina; introduction of corrosive substances or herbs into the vagina to cause bleeding or for the purposes of tightening or narrowing it etc.

Health Consequences of Female Genital Mutilation

There are many immediate and long-term health related complications arising from the practice of FGM. Olotu (2001) quoting Thomas (1994) listed some of the immediate health complications as different types of infection, hemorrhage, shock, septicaemia (blood poisoning), tetanus, retention of urine due to occlusion, trauma to adjacent tissues and vesico/recto vaginal fistula (VVF). Mahran (1984) indicated that acute urinary retention may occur 48 hours after operation. Mahran posited that this may result from fear, reactionary oedema and early infection.

According to W.H.O (1998) some of the long-term complications of excision of the prepuce and excision of the clitoris

with partial or total excision of the Labia minor (type I & II) includes the following:

Failure to heal: that is, movement during walking may prevent the wound edges from healing. A weeping wound oozing pus or a chronic infected ulcer may result, which will require proper dressing and expert handling.

Abscess formation: an abscess can form where the infection is buried under the wound edges or when an embedded stitch fails to be absorbed.

Dermoid cyst: this is the most common long-term complication of all types of FGM. It results from the embedding of skin tissue in the scar. The gland, which normally lubricates the skin, will continue to secrete under the scar and form a cyst or sac full of cheesy material. The reported size of dermoid cysts ranges from that of a small pea to that of a grape fruit or football. It is worth noting that it is not a serious threat to physical health, but they can be extremely distressing.

Keloids; this is an excessive growth of scar tissue. It has been proved that there is a genetic susceptibility to keloids in many of the ethnic groups that practice FGM. Vulval keloids in particular are disfiguring and psychologically distressing. Treatment is often unsuccessful since surgical removal frequently provokes further growth.

Araoye and Duze (1999) identified excessive bleeding, maternal death and sexual displeasure as some of the complications of FGM. Female circumcision is also believed to be one of the agents of spreading HIV/AIDs because the operation is usually carried out using crude and unsterilized instruments (Njelesani, 1987) and Thomas, (1994).

According to W.H.O (1998) Female genital mutilation may increase an individual's risk of acquiring blood borne pathogens such as the human immunodeficiency virus (HIV) or the hepatitis B virus. For now, there is no evidence that it is a major contributor to the spread of the acquired immunodeficiency syndrome (AIDs), hepatitis B or other blood borne diseases. However, a recent study in Kenya reported that group operations, using the same unclean cutting instruments, with consequent risk of transmission, are still common.

Also, repeated cutting and stitching during labour, higher incidence of wounds and abrasions during sexual intercourse, and the possibility of anal intercourse when vaginal penetration is impossible or difficult may increase the risk of transmission of HIV, hepatitis B or other blood borne diseases. Although these are all

valid hypotheses, there is no published evidence of any such increase.

Enlightenment Campaigns: A way to Deal with Female Genital Mutilation

According to Olotu (2001) government (i.e. Federal, State and Local) Non-Governmental Organization (NGO), counsellors, social workers etc. need to organize enlightenment campaigns against the practice of female Religious leaders are advised to use every available opportunity to explain the ills of female genital mutilation (FGM) to their adherents. Educational programmes should be intensified for traditional birth attendant with emphasis on the bad effects of the practice so as to enlist their support towards the planned abolition of the practice.

Summary and Conclusion

This write up has rightly dealt with the issue of female genital mutilation (FGM). It was observed that FGM is a cruel and radical operation. It has been observed that FGM is a traditional practice that can have serious health consequences and is of great concern to the World Health Organization (W.H.O).

According to Turmen (1998).... In addition to causing pain and suffering, it is a violation of internationally accepted human right. It was further noted that FGM is usually associated with poverty, ignorance and illiteracy.

The history of female genital mutilation was briefly traced and the four major types were highlighted. The attitude of Nigerians towards F.G.M. was also a point of discussion and the ills of female circumcision were enumerated especially as contained in the W.H.O. chronicle. The need for effective enlightenment campaign and counselling were also discussed.

In conclusion, females circumcision has come a long way. It is high time the practice is totally abolished. To do this, all hands must be on deck. Government cannot do it alone hence, the need for NGO's, parents, teachers, counsellors, social workers, medical experts, religious leaders, corporate organizations etc. to come together for the sake of humanity and fight a common cause.

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