

A CRITIQUE OF THE RATIONALE ASSOCIATED WITH FEMALE GENITAL MUTILATION IN NIGERIA: A SOCIAL WORK PERSPECTIVE

Ejukwa Osam

Department of Social Work, University of Calabar, Nigeria

Email: ejuks@hotmail.com

Abstract

This research critiques the rationale associated with female genital mutilation (FGM) in Nigeria. This procedure has been practiced for the following reasons: to preserve the cultural heritage of ancestors, adhere to mythical hygiene of the clitoris, enable girls to have control over their bodies by not becoming promiscuous, and to bring honour to their families. Methodology: The study was a documentary analysis comprising medical journals, print and electronic media sources. The theoretical perspective relied on social norms and relativity theory. Findings: Depending on the severity of FGM, it resulted in bleeding and possibility of death, risks of infections from unsterilized instruments, impact on the reproductive health and urinary tract, post-traumatic stress disorder, pain during intercourse due to lack of wetness of the vaginal, difficulty in attaining orgasm, and frustrations by both partners. The Social Work perspective identified additional adverse findings. This included physical, emotional, psychosocial and spiritual consequences of FGM. Conclusion: Given the cultural inclinations and baseless myths meant to make females to be resistant to promiscuity, FGM will continue until serious enforcement is enhanced. Recommendations: The federal and state Ministry of Information should collaborate with Anti FGM advocates to intensify their campaigns and sensitisation against this barbaric practice. There should engage all tiers of governments with daily radio and television jingles. Adverts against FGM should be placed on bill boards. All traditional rulers should be on board during the sensitization phases in their towns and villages as town criers intensify their campaigns on the dangers of this harmful practice. All tiers of government should set up a task force to investigate and then arrest and prosecute violators of FGM laws with long term imprisonment as deterrent to future violators.

Keywords: Female genital mutilation, Clitoris, Sexual intercourse, Pain, bleeding, girls

1.0 Introduction

Female genital mutilation (FGM) can also be referred to as female genital cutting. In native parlance, it is known as female circumcision. This is the removal of the clitoris of females without anaesthesia. This painful practice is done with native instruments by traditional women with crude devices. A few educated

parents hired nurses for this purpose when children were just weeks old. FGM serves one purpose: to preserve the cultural traditions that have existed for centuries in a few Third World countries. The World Health Organization defines FGM as “a harmful traditional practice that involves the partial or total removal of external female

genitalia or other injuries to female genital organs for non-medical reasons” (WHO, 2023). There are four types of FGM: 1) Clitoridectomy: where the clitoris is partially or totally removed 2) Excision: where the clitoris and labia are partially or totally removed; 3) Infibulation: the narrowing of the vaginal seal through an opening. 4 “This includes all other harmful procedures to the female genitalia for non-medical purposes, e.g., pricking, piercing, incising, scraping and cauterizing the genital area” (WHO2023).

According to the Greek historian Agatharchides of Cnidus, female circumcision was first reported in the 2nd century when tribes in Western Arabia (present-day Egypt) were circumcising their daughters (Daniel, 2013). Since then it has

spread southwards to sub-Saharan Africa. Practiced for over twenty centuries-spanning historical epochs, the international community did not take note of the practice until a group of medical personnel reported its harmful effects to World Health Organization WHO officials in a conference hosted in Khartoum, Sudan in 1965. It was not until another medical conference against harmful traditional practices was held in 1979 that WHO officials issued a policy statement condemning the practice as very harmful to the reproductive rights and dignity of females (Althaus, 1997). Similar conferences were held elsewhere in different parts of Africa regarding the consequences of FGM but the practice continued.

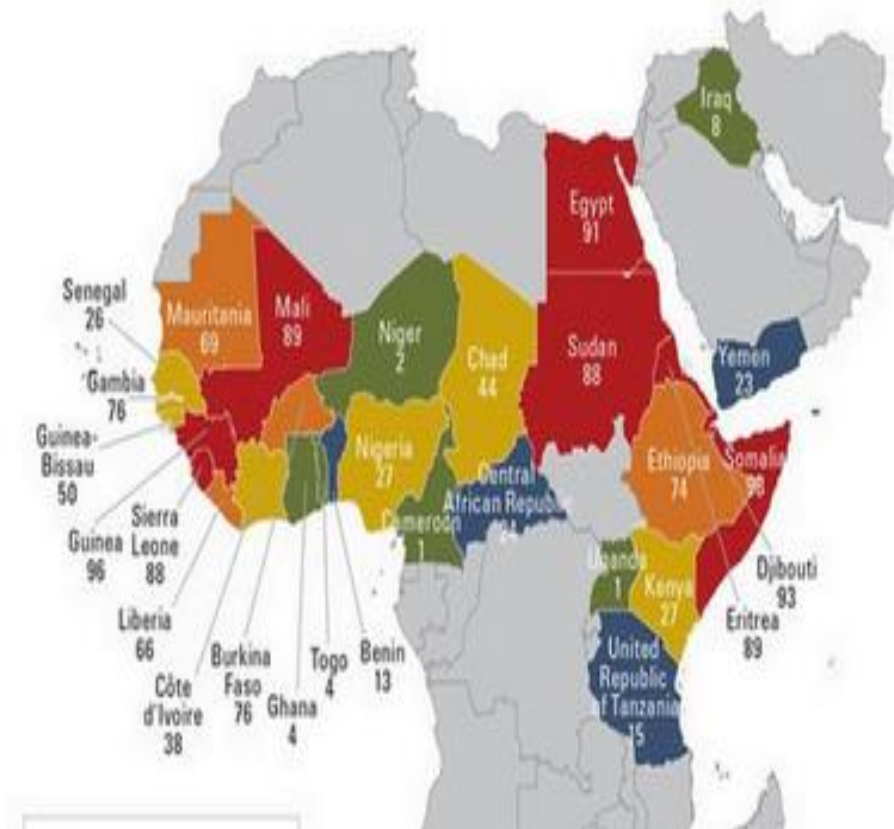


FIGURE 1

Source: Mark Leone Goldberg a map where FGM is prevalent

From the above map, FGM is practiced in at least 27 countries in Africa. These include Mali, Chad, Burkina Faso, Mauritania, Niger, Gambia, Senegal, Guinea, Ivory Coast, Sierra Leone, Somalia, Kenya, Eritrea, Ethiopia, Djibouti, Uganda, Tanzania, Egypt, Benin, Guinea Bissau, Cameroon, Ghana, Central African Republic, Ghana, Liberia, Mauritania and Nigeria.

These countries have perpetrated this barbaric cultural practice for centuries. Althaus (1997) gave a detailed history of resistance by Sudanese and Somali women who were bent on continuing FGM. They claimed it was cultural imperialism to have persuaded them to stop a practice that has persisted for centuries. The resistance was so fierce because of the myth that mutilation was a rite of passage to cleanse young females before marriage. The proponents asserted that uncut young girls were ritually unclean because the clitoris has the potential to lead them to promiscuity. Mutilation also brought honour to the family because girls would have control over their bodies. They warned that unless they were mutilated, they could face a curse from the gods (Shakirat et al, 2020). They falsely insinuated that it was a religious command for females to be circumcised just like boys. Its discontinuation has been resisted for decades as the unnecessary practice is so prevalent. Barrett et al (2020) conducted a comprehensive research study across EU countries on intervention to eradicate FGM among immigrant African communities. Workshops were held across the whole EU countries with a high population of African migrants. Several obstacles to ending the practice were identified: religion, culture, and lack of formal education.

The emphasis on its harmful nature has motivated many international health experts to visit African countries where FGM is common, to raise awareness of its dangers. Among females who were mutilated in Nigeria and those in the diaspora, narratives about past trauma and near-death experiences and the on-going effect on their relationships have been told and repeatedly corroborated by women harmed by this practice. A few survivors formed their own NGO known as Value Female Network in 2015, raised awareness, and also shared their experiences. They asserted that mutilations are still on-going; they urged government officials to toughen and enforce punitive laws to stop this practice (Unah, 2017).

Before 1990 when the practice was in vogue, modern women yielded to the influence of their illiterate mothers to mutilate innocent newly born babies and teenage girls who had no choice but to resist or to run away from being grabbed. Those literate women who initially resisted were deceived by their mothers to send their young children for Christmas holidays, only for them to be forcefully grabbed and mutilated (Communication with a retired Nurse Mrs. Ojonga 30 July 2023 Calabar, Nigeria). Rather than become a beacon of light to lead native people to modernity, some trained medical personnel, notably medical doctors, nurses, and other allied health professionals, were passive and not forceful in condemning FGM practices in their respective communities in Nigeria. Some experienced nurses were even recruited to cut newly born babies for a fee, thus indicating that they were in support of FGM.

Apart from its cultural relevance in the past centuries, FGM has no medical or

religious significance in this era of Human and Child Rights Acts. Its social significance faded over four decades ago due to formal education, enlightenment, and empowerment of women in Nigeria. Since it was socially and culturally accepted, one is shocked as to why educated women and community members couldn't organize demonstrations against traditional women who were custodians of this most harmful traditional practice. It is most embarrassing that such a harmful practice was celebrated as a rite of passage to adulthood among many African communities.

Among tribal groups in Cross Rivers State CRS of Nigeria, FGM happens before a young girl is deflowered. In Ofutop community in Ikom Local Government Area and Obudu Local Government Area of CRS Nigeria, young ladies willingly submitted themselves to be cut before being allowed to marry their husbands! Unlike the young children or teenagers who were forcefully grabbed and cut, these women insisted on being cut to gain social acceptance and avoid mocking by community members. In the past decades which culminated in 1980s; when FGM rites were still in vogue, brothers of un-mutilated girls were jeered and derided for living in the same household with sisters who did not undergo the process of FGM. In one case, two brothers devised a secret plan to mutilate their sister. They invited a traditional mutilator to mutilate their young sister an undergraduate student who was in the village during the Christmas holidays. She was forcefully grabbed and overpowered by her close relatives and mutilated against her will. She almost bled to death (Communication with Chief Jones Okuni town Ikom LGA CRS Nigeria Oct 1, 1983). In the former Ikom LGA comprising Okuni town, Ikom

town, Ajijinkpor Akparabong, Balep, Opu, and the entire Etung communities including Nde Nta Nselle, Abanyom and Bakurr communities in Ikom LGA and Ogoja LGA respectively Cross Rivers State of Nigeria, FGM was celebrated like a jamboree or a carnival of sort; with mutilated girls dancing round the villages and even carried at shoulder height by well-wishers and given different sorts of gifts for surviving the mutilation. Apart from assorted food and drinks, relatives and well-wishers donated dresses, money, and other gifts to the mutilated girls. Such celebration culminated with the title of MONINCHIM meaning a lady whose clitoris was mutilated. This attracted respect and opportunity for leadership positions in respective villages!

The act of mutilating the most sensitive aspect of a female's genitalia remains the most brutal and painful form of abuse against helpless girls and vulnerable minors. In spite of the adverse health consequences, a diaspora academic based in the United States proudly wrote an opinion piece on FGM and strongly defended its barbaric practice, describing its relevance to preserving the obsolete culture (Ojior, 2006). However, in a rejoinder Osam (2006) vehemently condemned the opinion piece and sought to know the benefits of FGM, but he never responded.

The remaining sections of this paper begin with the research problem, methodology, theoretical perspective, and significance of the study. The geographical spread of FGM as represented in maps. Afterward, a literature review, a critique of the rationale associated with FGM, then a Social Work perspective, and a detailed discussion that encapsulates a brief

contribution to knowledge. A conclusion and recommendations complete the paper.

2.0 Problem Statement

A major research problem is the lack of numerous publications from social workers on FGM. As a consequence, the perspectives of social workers are lacking, yet the Code of Ethics of Social Work condemns any form of abuse or barbaric actions that are harmful and antithetical to safety and the well-being of everyone. Although Sweileh (2016) compiled an annotated bibliography of over fifty publications on FGM, he did not critique the reasons associated with the procedure. This study intends to cover the lacuna from the perspective of the Social Work profession, and also contribute to research knowledge in the second section of the discussion.

3.0 Methodology

The main methodology was qualitative research with a focus on the documentary analysis method. Documentary research entails the study of existing data that can be derived from print and electronic media. In other words, it is systematic research that involves studying existing information recorded in media, texts, and physical items (Ahmad, 2010). In this method, documents “must be studied as socially situated products” (Scott, 1990: 34 in Ahmad, 2010). The documentary research method was used in investigating and categorizing physical sources, most commonly written documents, whether in the private or public domain (Payne & Payne 2004 cited in Ahmad, 2010). Other forms of secondary data used in this study included print and electronic documents such as newspaper reports,

journal articles, and research reports from anti-FGM organizations like WHO, UNICEF, UNESCO, and other local non-governmental organizations.

2.1 Theoretical perspective

The social norms theory as propounded by Berkowitz and Perkins (1980) suggests that FGM emanated from primitive stratified and patriarchal societies where certain myths were internalized and elevated to the standard of criteria for social acceptance, holding positions in the community, and cleansing in preparation for womanhood and marriage. The social norms theory can be applied in FGM if the whole community engages men to eliminate the condition of marrying solely mutilated women. The communities can stop this practice through enlightenment about its adverse effects. It will then be unnecessary for potential suitors of young women to require such a painful rite.

The second theory to consider is cultural relativism theory. It argues that no one culture is superior to another when considering ethics, morality, law, or politics. “It is a philosophical notion that all cultural beliefs are equally valid and that truth itself is relative, depending on the cultural environment. Cultural relativism holds that all religious, ethical, aesthetic, and political beliefs are completely relative to an individual within a society of a particular culture” (Afkhani, 2001, quoted in Daniel, 2013: 2). Against the backdrop of advocacy and sensitization regarding the adverse effects of FGM, this cultural relativity theory has been presented as a pushback to those activists who are opposed to FGM. These Afrocentric apologists insisted that no one should denigrate African cultural practices

because no culture is superior to any other culture.

4.0 The significance of the study

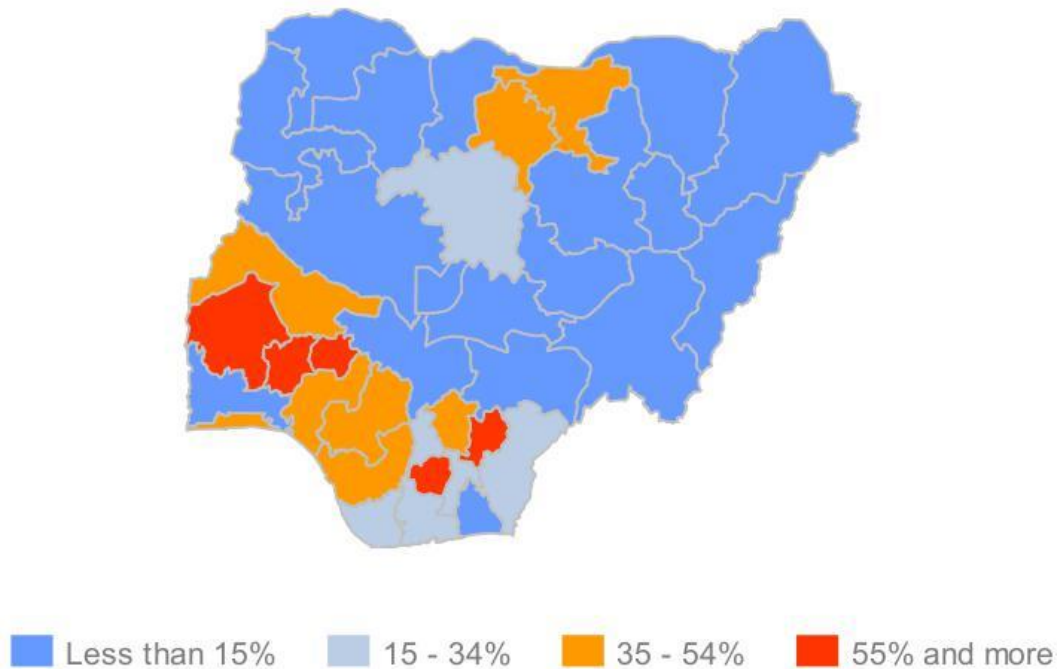
The most significant aspect of this research is to sustain awareness of on-going FGM practices. Given the adverse consequences and suffering that the process entails, it is relevant for respective governments and NGOs to accelerate awareness about the

irrelevance of mutilations. Once illiterate and educated people are aware of the false myths, the barbaric practice will decline or even end. Finally, this study intends to challenge anthropologists and human rights violators that it is a bad practice that denigrate Africans as inferior and barbaric lacking common sense to learn from the lessons of extreme pain of FGM which has been killing females.

4.1 The severity and spread of FGM



FGM Dashboard - Nigeria



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Source: Demographic and Health Surveys 2013

FIGURE 2

From the above map, it showed in 2013 states with red had the highest levels of mutilations. These are Lagos, Osun, Oyo, Ekiti states, Imo and Ebonyi states have similar levels of mutilations. The states in blue have the lowest levels of mutilations. It is shocking that Lagos state has 46% of mutilations (Correspondent Nigerian Tribune, 2018). Although there are laws against FGM in Nigeria (Nnamani, 2018), the problem has

been the enforcement of laws against violators of the ban. As of 2020, 20 million survivors were identified to have been mutilated in Nigeria (UNICEF 2022), Due to its adverse effects and harrowing experiences on all survivors; more people have been sensitized to stop this barbaric cultural practice in Nigeria

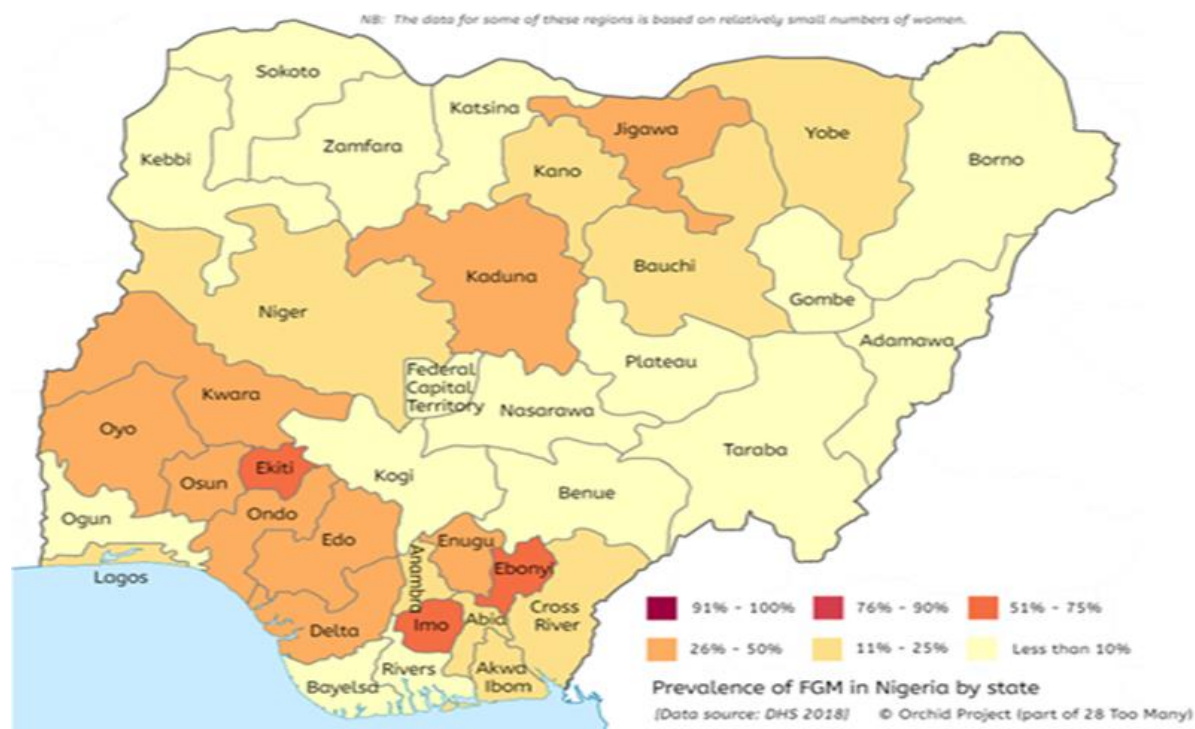


Figure 3

From the above chart FGM has declined across the entire states in Nigeria except for the red states of Ekiti Ebonyi and Imo states with the highest cases. If you compare this 2018 map with 2013 map in Figure 2, we realise the reported cases of FGM is higher than Figure 3 map. It means advocacy against FGM is gradually working as many communities have abandoned the practice. Sensitisation has to be intensified to further reduce FGM in all Nigerian states.

5.0 Literature review

5.1 Consequences of female genital mutilation FGM

5.1.1 The medical effect is for life

Female genital mutilation is harmful due to severe bleeding which has led to hospitalization and at times deaths of some victims (Esho et al, 2017; Althaus, 1997; Okeke, et al, 2012; Tambe, 2023). The

transmission of HIV and other infectious diseases may be rife because the instruments and blades are rarely sterilized. These tools are used to mutilate all females without consideration of possible infections. When the instruments are not sterilized, the women are exposed to long-term chronic infections such as Hepatitis B or C or HIV/AIDS (WHO, n. d.). Several studies have revealed the devastating impact of FGM on women's reproductive health (Sweileh 2015; Shakirat, et al. 2020). For example, labour may become more difficult because some aspects of the reproductive system may be compromised. In addition, the urinary tract may be damaged such that the need for surgery in a process known as infibulation becomes rife (Esho et al., 2017; Gould, 2010; Okeke et al, 2012). For most women, the fear, trauma, and pain associated with coitus can be very lasting (Althaus, 1997). There is also

pain while copulating. All the studies show that disinterest in coitus and loss of pleasure remain for life. “Immediate complications of FGM can include severe pain, excessive bleeding (haemorrhage) genital tissue swelling fever infections e.g., tetanus urinary problems wound healing problems injury to surrounding genital tissues shock, and even untimely deaths” (WHO n. d.). Other long-term complications have been listed by several medical experts too numerous to cite. FGM constitutes a serious problem with ramifications for the reproductive health and coital pleasure of all survivors. The problem is so severe that its impact on all women can be generalized to pain. Most women cannot initiate or easily yield to their husband’s frequent sexual demands because the clitoris has been excised; the drive for frequent sexual intercourse is difficult save for the purpose of procreating children. Consequently, it has adversely impacted their respective husbands who experience inadequate sexual encounters. Some radio programmes have discussed the problems of FGM in marriages. Some disgruntled participants complained about their frustrations and inadequacies with their spouses and urged the practice to end (CRBC IKOM Nigeria September 2013). These assertions were confirmed by Escho, et al (2017) and more recently by O’Neil and Pallitto (2021). Another group of Somali men shared similar complaints about a lack of sexual satisfaction with their mutilated wives. After sexual encounters with girlfriends who were not mutilated, they confessed great enjoyment (O’Neill & Pallitto, 2021).

5.1.2 Diminishing interest in coitus

One reason for FGM is the notion that the removal of a clitoris deters the sexual

promiscuity of females. For centuries, that has been the core reason for the barbaric practice. Research conducted in Kenya by Esho, et al. 2017; Barrett et al., (2021) was the first known research to focus on the sexual experience of uncut women who were later cut after marriage. Similar studies were replicated by another researcher and the entire literature now contains the results of interviews from three categories of women: not mutilated before marriage, mutilated after marriage, and not mutilated at all, married (Barrett et al, 2020). Subjects affirmed that mutilation greatly reduced their desire for sexual intercourse, initiating sex, or even having an interest in it. Those mutilated young ladies who had multiple sex partners did so due to youthful exuberance or for financial inducements. Those who became sex workers in Lagos, Nigeria did so to gain an income, not because they enjoyed sex. In fact, they all complained about the difficulty in attaining orgasms in the course of their engagements with clients (Correspondent, 2018).

5.1.3 Threat to family stability

Although the procedure of FGM is shrouded in secrecy, decades of investigations and informal interviews with different women in villages in Ikom LGA, Cross River State, Nigeria, have not altered my opposition to why this form of harmful practice that is the most painful has persisted for many centuries. The responses that were gathered were the same as in the literature. They asserted that FGM enforces the power of women to resist sexual advances and to desist from flirting with men. In addition, the overarching aim of FGM was to preserve the honour of females and empower them to control their bodies by not being promiscuous. Unknown to the supporters of

FGM, it curbs sexual cravings for every male including their husbands. Victims cannot adjust daily to the sexual demands of their husbands, a trend that led to anger and frustration among many men (Peltzer & Pengpid, 2014). All the studies reported disinterest in coitus due to FGM, but Esho et al. (2017) and O'Neill and Pallitto (2021) were especially detailed in their reports. The latter pioneered research on the psychosocial problems of FGM survivors and reported on how Somali women evaded sexual intercourse with their spouses. Their excision was so severe that they devised diverse disguises and lies to evade sexual encounters with their husbands. Some Somali women pretended to be sick, while others slept in the children's room as a cover-up. They reported that their refusal to yield to frequent sexual demands was due to medical factors related to FGM, not conflict with their husband. With such excuses, some men eventually realized it was a ploy to deny them sex.

Unknown to advocates of FGM, the pattern of resisting sexual advances from their husbands caused serious family problems that devastated some marriages and required other couples to seek counselling to sustain their marriages (Kakai, 2023). This self-control of their bodies against illicit sex became a badge of honour that suited the purpose of FGM. This has made some men in monogamous relationships consider non-FGM ladies for coital pleasure or divorce their spouses.

5.1.4 Sexual frustration due to sexual deprivation

As repeatedly asserted above, a major disadvantage faced by survivors of FGM is the loss of interest and diminished pleasure in coitus (Ibizugbe, 2023; Onwuzu, 2020;

Nyairo, 2013). It can be very difficult and frustrating for men to get their partners interested in coital action. Since men have higher sex drives, they tend to demand sex more often (Abdelshahid & Campbell, 2015, cited in Esho et al, 2017). Becoming aroused takes longer for FGM survivors; most women lose interest in frequent copulation due to pain and other physiological factors associated with FGM (Onwuzu, 2020; Esho et al, 2017; O'Neil & Pallitto, 2021). Unlike uncut women, they rarely initiate sex or have cravens for coital acts. Their sexual function is greatly reduced when compared to uncut women in different samples (Nzinga et al, 2021; Nyairo, 2013).

5.1.5 Difficult orgasms

Closely related to the above citations, FGM curbs high sexual desires of women. It also reduces excitement during coitus as it inhibits the ability to attain quick and multiple orgasms (Nyairo, 2013; Onwuzu, 2020). In informal discussions regarding sexual satisfaction, the females complained more strongly than males and seemed frustrated in their narratives. They all said that their husbands and boyfriends attained orgasms before them, which left them angry and frustrated. This lack of easy orgasm is a serious setback to the sexual well-being of married and unmarried females (Correspondent, 2018; Ibizugbe, 2023. Although Catania et al, (2007) reported high levels of orgasms among a sample of 137 FGM women only 8.57% of defibrillated women had orgasms always. In the sample, no woman attained 90% of orgasm across different types of FGM. Nyairo, (2013) detailed her PhD dissertation on the experiences and sexual impact of FGM among Kenyan women. She asserted how

some of them faked orgasms to stop intercourse with their husbands due to pain. There were too many gory details of the adverse effects of FGM among the refugee community of Somalis which is emotionally troubling.

5.2 Female genital mutilation: A Social Work perspective

Studies on the role of FGM in Social Work practice are not numerous. A few publications in the European Union and North American countries, where Social Work has a strong presence, could not find publications that discuss the impacts of FGM and how it relates to Social Work practice. Although Berg (1997) gave us her perspective on FGM and Social Work implications in Canada, it is not a contemporary publication. According to the Code of Ethics of Social Work (1996), social workers anywhere in the world ought to be proactive in helping those harmed by barbaric practices. That was why Social workers were tasked with visiting immigrant communities to sensitize them about the dangers of FGM and urged them to report to the police where there is suspicion of FGM (British Association of Social Workers, 2015). This is in keeping with the Code of Ethics of Social Work, which instructs social workers to advocate for the vulnerable, weak, and poor who are experiencing social and cultural violations of their human rights (Workers (2008). The traumatic process of FGM is harmful to the dignity and rights of females due to the possibility of death. Apart from advocacy and education on the harm of FGM, social workers should seek to find out where FGM practices are occurring and report to law enforcement agencies for speedy arrests and prosecution of violators. Social workers advocate for social justice and

clamour for the healthy growth of children, safe from harm and any injury, in addition to the eradication of harmful cultural practices under any guise of cultural, religious, or social requirement. As the engineers of social change, it is our responsibility to advocate for changes that prevent violations of the human rights and dignity of our clients and the general public. The Social Work profession views FGM as harmful in the following forms.

5.2.1 Physical harm

Physical harm is the most significant detrimental impact of the barbaric practice of FGM. Physically, it impacts the human body because there is no anaesthesia to overcome the pain. There is extreme, unending pain for months. Some unlucky victims have bled to death. Although most women survive, they face the trauma of pain during the long recovery. There are other consequences of FGM: pain during copulation, disinterest and inability to enjoy coitus or attain easy orgasms, fear about initiating coitus, and general disinterest in sex unless for procreation (O'Neill & Pallitto, 2021; Nyairo 2013; Nzinga et al, 2021). Investigations have identified FGM as the leading cause of sexual complications (Berg et al., 2010, cited in O'Neill & Pallitto, 2018). The process of childbirth impacts females physically because of the long process of labour. FGN survivors have more complications in delivery, especially when labour is delayed. The most unfortunate ones have died from complications of labour. According to researchers from the University of Birmingham United Kingdom

It said a 50 per cent increase in the number of girls undergoing FGM increases their five-year mortality rate and that it leads to an estimated 44,320 excess deaths per year

across countries where the practice takes place. (Tambe, 2023).

These statistics of over 44,000 deaths are official deaths. However, those deaths in remote areas are often not reported to respective authorities for fear of arrest and prosecution. There may exceed the number that was officially stated to be additional thousands.

5.2.2 Emotional trauma and memories

The forcible grabbing of young girls and unwilling adult females for the purpose of mutilating them; leaves everlasting trauma in the minds of survivors and fear when they recall their experiences. Anything harmful and inappropriate that impacts the dignity and worth of the human body results in an adverse outcome that impacts internal emotion. The emotions related to FGM include pain that leads to sorrow, loss of pleasure, unhappiness, sadness, and realistic dread of sharp objects such as sharp knives and razor blades (O'Neil & Pallitto, 2021). While the clitoris may heal after some months, the emotional trauma may linger for life. It is even worse because of its adverse implications for coital enjoyment and pain, even for sex workers (Tambe, 2018).

5.2.3 Psychological impact of FGM

Studies have shown the consequences of FGM including post-traumatic stress disorder PTSD (Abdollahzadeh et al, 2023; Knipscheer et al, 2015; Wulfes et al, 2022). This is directly associated with the trauma during the grabbing and mutilation process. In rural communities, vulnerable young girls were forcefully grabbed by strong men and forcefully mutilated in secret. It is a barbaric process that keeps recurring in painful memories for many women. They

unfortunately carry this pain over into their marriages, where it diminishes their sex lives as copulation is only for procreation and not for pleasure.

5.2.4 Psychosocial impact of FGM

O'Neill and Pallitto (2021) were the first to research the psychosocial impact of FGM. Amongst the respective diaspora communities in Europe and North America, stigma and negative views impacted the psychosocial well-being of females. The researchers identified a correlation between social norms and the self-esteem of uncut females in diaspora community settings. Those who were uncut were perceived as loose, lacking morals, unclean, and not marriageable; hence they could potentially deviate from social norms regarding good conduct. For those who were stigmatized and alienated, this impacted their self-esteem. In contrast, FGM survivors who were interviewed by immigration officers or were physically examined in hospitals felt stigmatized due to negative comments and derogatory perceptions of being labelled as victims, which attracted empathy as sexually handicapped or incomplete. Some officers berated their countries of origin where FGM is prevalent. They considered their home countries primitive and barbaric. This ultimately adversely impacted their psychosocial well-being and even their self-esteem (O'Neill & Pallitto (2021).

5.2.5 Spiritual Impact

Ukhun (2002, cited in O'Neill and Pallitto, 2021) and others have referenced the use of religion to perpetrate FGM. Some countries have used religious teaching to perpetrate FGM; however, nowhere does the Bible or Koran command such a practice (Nyairo, 2023). It is inappropriate to use religion

falsely; survivors of FGM may blame or even curse Almighty God for commanding such a painful practice. Spirituality is a relevant aspect of Social Work practice (Hardy, n.d.). This sub-title links belief system and how humans relate to God, the creator of the universe. Since the Almighty created humans whole and complete, it is reprehensive to mutilate or excise any part of the human body because of cultural traditions or unfounded myths about the clitoris. In his wisdom, God gave females a clitoris as a natural attribute for sexual pleasure to make up for their extreme pain during labour and childbirth.

5.2.6 Dissatisfied men may resort to intimate partner battery

Some men's inability to gain sexual fulfilment with mutilated wives may lead to loss of affection and adultery. In the event of tension and petty rifts, it may degenerate into intimate partner battery (Peltzer & Pengpit, 2014). The wider risk of dissatisfaction may lead to illicit sexual encounters that could impregnate young uncut ladies. Another dimension is that one partner may divorce and end the relationship, with serious consequences for young children, who may be devastated due to not seeing their parents together. In the two scenarios, social workers may be involved in resolving matters due to their training as professional counsellors.

5.3 A critique of the rationale associated with female genital mutilation

Without any justifiable reason, this barbaric practice has been on-going for about twenty centuries. Due to unfounded myths and falsehoods, elderly women allowed such a cruel practice to persist in at least 27 countries in Africa. The following are the falsehoods behind FGM.

5.3.1 To preserve the culture of their ancestors

Culture is how people conduct and organize their way of livelihoods. However, if such culture is barbaric and harmful, it is preferable to end cultural practices and embrace modernity in line with science, technology, and current developments. Although FGM is a cultural requirement in some countries, the culture of FGM is irrelevant in the 21st century. There seems to be no credible benefit for female victims. Ancestors cannot be guardians of retrogressive cultures, and no gods shall punish anyone for ending a useless cultural practice. The risks of bleeding to death are significant; so far 44, 320 000 deaths have been recorded each year due to FGM in Africa (Tambe, 2023). Just like WHO, UNICEF UNESCO, and NGO, Shekirat, et al. (2020) argued that with adversities of FGM, women are victims hence it is an unnecessary procedure that ought to be eradicated.

For survivors, recovery is painfully long as there is a loss of interest in sex and a lack of enjoyment due to pain. There are other complications regarding the reproductive health of females, in addition to mental disorders and post-traumatic stress disorder PTSD (Wulfes et al, 2022). There is no identifiable purpose for continuing its practice.

5.3.2 Social norms

One of the reasons given for the continuation of FGM in diaspora countries was social acceptance in view of social norms. For the sake of upholding social and cultural norms and avoidance of stigma, girls are mutilated. In Ikom LGA Cross Rivers State of Nigeria where FGM was in vogue, native women were given titles of MONINCHIM; meaning

a mutilated female, such were highly respected and entrusted with leadership positions of authority in villages in Ikom LGA of Cross Rivers State. However, due to enlightenment that involves government agencies, formal Western education, and mass campaigns by international organizations, it has been proven that FGM is harmful and not necessary. As a consequence, this practice has been abandoned by many communities in CRS and other states in Nigeria.

5.3.3 Self-control of the body

Almost all the communities and countries where FGM is practiced gave one major reason: the need for self-control in females' sex lives. There is this phobia of teenage pregnancies as a result of the promiscuity of their daughters or taking to prostitution (BBC. 2018). Apparently, FGM is believed to curb illicit sexual relationships so that women are empowered to resist promiscuity and exert control over their bodies. Apparently, being cut is a symbol of honour in their marital homes because they are expected to be submissive to their husbands without cheating on them. However, circumstances in the marital homes can alter any permanence of faithfulness in a marriage. There can be monetary inducements for married ladies to have sexual relationships outside the home. Depending on the idiosyncrasies of the lady, the status of FGM survivor does not preclude lust or the ability for women to have extramarital affairs for pecuniary gain. In many communities in Nigeria, survivors of FGM have had children from different men. Some even dated younger or older men. Others divorced and remarried. The fact that FGM lowers the desire for sex, it does not give multiple

orgasms and diminishes pleasure does not mean that there are no female sex workers. In many countries including Nigeria, some survivors of FGM were found to be prostitutes due to the need to earn incomes (Correspondence, 2018).

5.3.4 Unfounded myths

Among the African countries with the highest population of survivors of FGM, there exist myths regarding the clitoris. Some claim that the clitoris will interfere with the delivery of babies, others asserted that it is wrong for females to have what looks like a small penis, while others claim they are cursed for not cutting the clitoris off; still others claim it is a tradition that predates modernity and so ought to be preserved (Ahmadu & Shweder, 2009). Contrary to over 2,000 publications against FGM and its dangerous effects on females, a survivor and an Anthropologist Fumbai Ahmadu wrongly argued that the procedure is not FGM, but circumcision which is not harmful. She rejected all the assertions and research findings against the harmful effects of FGM. A few others wrongly supported mutilations so that gods would not punish them (Shakirat et al., 2020).

All these myths are fabrications and lies. This point is closely related to the preceding one. Tribal groups in some parts of Africa hitherto required FGM as a criterion for marriage. They erroneously believed that without FGM, young men seeking wives would be punished by traditional African gods so as not to have children. As a consequence, many men from East and West Africa required their fiancés to be mutilated. However, as people have become educated, the rite of passage has significantly shifted to one sole reason: FGM was aimed at stopping young girls from sexual promiscuity. That is

why in spite of being the most educated and enlightened people in Nigeria, the entire Yoruba-speaking states of western Nigeria have the highest levels of FGM with 46% in Lagos State followed by Ebonyi and Imo states. (Correspondence, 2018)

6.0 Discussion

From the evidence deduced in the entire presentation, it is obvious that FGM is the most harmful cultural practice and serves no purpose. The fact that such a barbaric practice has been on-going for centuries is defended by some anthropologists and atavistic African tribes in this 21st-century era is something that makes no sense. After reading many hundreds of publications including the largest bibliography of FGM (Sweilah, 2016), there is no advantage of FGM; rather it is tales of pain sorrow suffering, and statistics of deaths (Tambe, 2018). Two theoretical perspectives were considered, the first is the social norms theory, which describes the expected behaviours that are normal and socially accepted behaviour for communities and cultures. The practice of FGM among many African communities is rooted in this theory. The preparation and expectations of women to be ready for marriage drive this barbaric practice. The demand from men that in order for women to be married, they must be ritually cleansed by undergoing genital mutilation is one of the reasons FGM is still rife. The reasoning is that if the whole men decide to drop the requirement of FGM as a condition of marriage, this practice can be brought to an end. There is a need for social workers and other allied health workers to do persistent and continuous enlightenment of the affected communities so that the myths associated with the clitoris can be dispelled and proven unfounded.

The second theory of relativism analysed by Daniel (2013) elaborately criticized Western countries for denigrating FGM in Africa. Once again her criticism of the Caucasians cannot stand the test of truth and relevance. The fact that no one has been able to pinpoint one relevant purpose of FGM should mean the end of the debate. It is a disgrace for any community to have such a culture that forces females and innocent girls into physiological harm and expects to be respected. Daniel's (2013) paper seems to support the veneration of cultural values due to the relativist dictum that asserts that all cultures are relative to their social environment. She then contradicted herself by agreeing with Western health advocates for the elimination of FGM due to its harmful effects.

Given the overwhelming evidence against FGM, along with personal informal investigations spanning over four decades, the following thoughts can be assumed to be contributions to research knowledge.

Human nature and life are dynamic, just as science and technology are. There is nothing that is static; this includes culture. From the first century, the world has been evolving. Cultural beliefs and activities of the Dark Ages changed in the Middle Ages, then again with the Enlightenment or the Industrial Revolution. The 20th century brought modernization, and the post-industrial era which continuous to the 21st century where science and technology have advanced beyond our imagination. Today, most people have progressed past the era of primitive values. Sadly, ancestral practices are still superimposed on educated people by elderly relatives. The initial argument in favour of the continuity of FGM was the preservation of the cultural values of their

ancestors and to conform to social norms so as to avoid stigma and be integrated into their obsolete traditions. Apparently, cutting off the clitoris became their core objective to cleanse it so as to restore feminine attributes of unmarried virgins who potentially are honoured by not disgracing their respective families. These objectives have suddenly replaced contemporary motives for the continuation of FGM in Nigeria and a few other countries where the practice is highly prevalent. It is to curb the possibility of females becoming promiscuous or working as prostitutes. Such an argument is antithetical to modernity and a direct contravention of the human rights of females and vulnerable girl child.

Through informal discussions among some survivors of FGM, who were mutilated when they were babies, many were not told by their parents of their mutilated status during their developmental phases of growth. They discovered upon growing up that their clitorises were cut off. Some inquired and moved on without any remedy. This lack of information is inappropriate.

It is observed that cultural traditions superseded medical consequences even as annually over 44,000 victims have lost their lives through bleeding or due to infections from unsterilized instruments in Africa (Tambe, 2023). WHO cited in Tambe, (2023) reported that the cost of treatment after FGM procedure was \$1.4 billion as of 2018. In spite of the dangers of FGM, traditional practices were more important than the risks of death. It is highly disconcerting that nothing was learned from their painful mutilations and near-death experiences, so they continued in the traditions and passed down from previous generations. It is

puzzling that even at the risk of bleeding to death; sustaining social norms, seeking acceptability, fulfilling the requirement of marriages, and seeking social inclusion among tribal groups were more pivotal and relevant than the risk of death from this barbaric practice.

From time immemorial, it has been shown that Western education may not be a panacea to stop a harmful cultural practice from continuing. If that were not the case, communities near the citadels of learning notably universities and polytechnics in many African countries where FGM is practiced would have stopped the mutilation of girls. Apparently, cultural norms have more influence over modernity and educational attainments. Apparently, their silence or indifference has contributed to its sustenance over the years; if that were not the case, why should educated men and women including some trained medical personnel and high-level civil servants (including academics) release their children to such a harmful and barbaric procedure? Trained nurses were hired to mutilate female babies without any reservations!

Critically vital, there was no exemption from FGM even for sickle cell patients and those at risk of heart disease or other debilitating medical conditions! Finally, FGM survivors are turned off from regular coitus due to the severity of the mutilations and associated complications including dry vaginal and pain during sexual intercourse. Apparently procreation of children seems the motivation for sexual intercourse.

7.0 Conclusion

As earlier asserted in spite of religious values and modern norms of life such as education and technological development, some native communities are still insensitive to the cry of female victims who are virtually helpless to do anything regarding the on-going mutilations across at least 27 African countries identified in this study and diaspora communities as well. Since our religious faiths do not even mention the practice, it is apparent that female genital mutilation in Nigeria is based on the sustenance of culture and to a large extent curbing the future promiscuity of girls. Unless governments at all levels are more assertive and forceful in setting up an anti-FGM watchdog to arrest mutilators and jail them for a decade and also jail parents, the practice will continue and Africans will continue to be perceived as barbaric and lovers of pain.

8.0 Recommendations

- The Senate should make laws that are enforceable by the police and watchdogs.
- NGOs should enlighten and also lobby chiefs and women leaders about the harmful effects of FGM and its dangers.
- The chief executives of local, state, and federal governments should support advocacy groups that seek to protect the rights of girls and women. The government can send agents and scouts to the respective rural and urban areas where this harmful practice is secretly on-going, then arrest the chiefs and require them to pay heavy fines for not reporting the harmful practice to the police. The chiefs can be punished if they fail to pinpoint family members involved in

this practice. The penalty for those caught perpetrating FGM ought to be ten years in prison. This can deter would-be mutilators.

- Nurses and medical practitioners arrested for perpetrating this harmful practice must have their licenses revoked for an indefinite period and must be sentenced to ten years in prison or a heavy option of a fine that will be difficult to pay.
- Religious leaders of respective Christian denominations and Islamic faiths ought to convey the message about the irrelevance of sustaining a barbaric cultural practice that was not commanded by God.

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