

FEMALE GENITAL MUTILATION (FGM) IN NIGERIA: A VIOLATION OF THE HUMAN RIGHTS OF GIRLS AND WOMEN AND IMPLICATION FOR COUNSELLING

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Abstract

This paper titled "Female Genital Mutilation (FGM) in Nigeria: A violation of the Human Rights of Girls/Women and Implication for Counselling" discussed among others; Theoretical framework: the theory of cultural relativism, concept of FGM, types of Female Genital Mutilation, prevalence of FGM according to countries, FGM has no health benefits, except harm, cultural and social factors for performing FGM, Female Genital Mutilation in Nigeria, Legislation Prohibiting Female Genital Mutilation in Nigeria, Delimitations of the VAPP Act, World Health Organization (WHO) response, implication for counselling. The paper found among others; that the practice of FGM is associated with poor health outcomes and prevents girls and women from thriving and enjoying their basic human rights, that majority of FGM procedures occur with unsanitised cutting tools, and also that the fear in some cultures is that women will become sexually promiscuous or unfaithful. The paper recommends among others The practitioners of FGM, people should do away with as it cause more harms than good to the victims African and Asians should be well educated on the side effects of FGM through seminars, workshops and some other legitimate avenues. Women and girl-child should be adequately informed of the consequential effects of FGM early enough in order not to fall victim. Sterilized instruments should be used for FGM in order to avoid transmission of diseases and sex education must be incorporated into the school curriculum.

Keywords: Female Genital Mutilation (FGM), Human Rights and Counselling

Introduction

The practice of (FGM) is recognized internationally as violation of the human rights of girls and women. It reflects deep rooted inequality between the sexes and constitutes an external form of discrimination against girls and women. It is nearly always carried out by traditional practitioners on minors and is a violation of the rights of children. The practice also violates a person's right to health, security and physical integrity; the right to be free from torture and cruel, inhuman or degrading treatment; and the right to life, in instances where the procedure results in death. In several settings, there is evidence suggesting greater involvement of health

care providers in performing FGM due to the belief that the procedure is safer when medicalized. WHO strongly urges health care providers not to perform FGM and has developed a global strategy and specific materials to support health care providers against medicalization.

Theoretical framework: The theory of cultural relativism

The theory of cultural relativism postulates that no culture is superior to another and, therefore, every culture must be respected, preserved, and be independent of external influence. Cultural relativism is exhibited in Africa culture most especially in the practice of harmful traditional practices such as the practice of Female Genital Mutilation (FGC). In Africa, FGC is protected by culture; it is a practice that is passed down from older generations to the younger ones for a cultural reason. In some societies in Africa, FGC is practiced as a rite of passage of girls to womanhood (Dalal, Kalmatayeva, Mandal, Ussataeva, Lee & Biswas,2018; Oyekale,2014; UNICEF,2018), while in other societies in Africa, it is practiced to protect women's chastity and protect them from being promiscuous (WHO,2020; Ekueme, Ezegwui& Ezeoke,2010). Seeing FGC as an aspect of African culture that must be sustained is one of the reasons why the practice continues in most African societies; therefore, efforts to abolish FGC must be handled with extra care so that it is not seen as a deliberate attempt to enforce foreign culture on African women. While African traditional culture should be preserved, it is pertinent to note that harmful traditional practice (such as FGC) that violates women's and girls' rights should be discouraged.

Concept of Female Genital Mutilation (FGM)

Female Genital Mutilation (FGM) comprises all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons. The practice has no health benefits for girls and women and cause severe bleeding and problems urinating, and later cysts, infections as well as complications in childbirth and increased risk of new born deaths. It is a partial or total removal of the external female genitalia organs for non-medical reasons (UNICEF, 2023).

FGM can also be known as female genital cutting, female genital mutilation/cutting (FGM/C) and female circumcision is the ritual of cutting or removal of some or all the vulva. The practice is found in some countries of Africa, Asia and the Middle East, and within their respective Diasporas. As at 2023, UNICEF estimates that 'at least 200 million girls in 31 countries including Indonesia, Iraq, Yemen and 27 African countries including Egypt had been subjected to one or more types of FGM. (Martha,1999)

Types of Female Genital Mutilation (FGM)

World Health Organization (2020) classified FGM into 4 major types.

Types 1: This is the partial or total removal of the clitoral glans (the external and visible part of the clitoris, which is a sensitive part of the female genitals), and/or the prepuce/clitoral hood (the fold of skin surrounding) clitoral glans.

Type 2: This is partial or total removal of the clitoral glans and the labia minora (the inner folds of the vulva), with or without removal of the labia majora (the outer folds of sin of the vulva)

Type 3: Also known as infibulations, this is the narrowing of the vaginal opening through the creation of a covering seal. The seal is formed by cutting and repositioning the labia minora, or labia majora, sometimes through stitching, with or without removal of the clitoral prepuce/clitoral hood and glans.

Type 4: This includes all other harmful procedures to the female genitalia for non-medical purposes, like pricking, piercing, incising, scraping and cauterizing the genital area.

Prevalence of Female Genital Mutilation (FGM) According to Countries

Countries	FGM percentage
Somalia	98%
Guinea	97%
Djibouti	93%
Sierra Leone	90%
Mali	89%
Egypt	87%
Sudan	87%
Eritrea	83%
Burkina Faso	76%
Gambia	75%
Ethiopia	74%
Mauritania	69%
Liberia	50%
Guinea-Bissau	45%
Chad	44%
Cote d'Ivoire	38%
Nigeria	25%
Senegal	25%
Central African Republic	24%
Kenya	21%
Yemen	19%
United Republic of Tanzania	10%
Benin	9%
Iraq	8%
Togo	5%
Ghana	4%
Niger	2%
Uganda	1%
Cameroon	1%

Source: UNICEF, 2023

Female Genital Mutilation has no health benefits, except harm

FGM has no health benefits, and it harms girls and women in many ways. It involves removing and damaging healthy and normal female genital tissue, and it interferes with the natural functions of girls and women's bodies. Although, all forms of FGM are associated with increased risk of health complications, the risk is greater with more severe forms of FGM.

Immediate complications of FGM can include:

- a. severe pain
- b. excessive bleeding (hemorrhage)
- c. genital tissue swelling
- d. fever
- e. infections like tetanus
- f. urinary problems

- g. wound healing problems
- h. injury to surrounding genital tissue
- i. shock
- j. death

Long term complications can include:

- a. urinary problems (painful urination, urinary tract infections);
- b. vaginal problems (discharge, itching, bacteria vaginosis and other infections);
- c. menstrual problems (painful menstruations, difficulty in passing menstrual blood, etc);
- d. scar tissue and keloid;
- e. sexual problems (pain during intercourse, decreased satisfactions)
- f. increased risk of childbirth complications (difficult delivery, excessive bleeding, caesarean section, need to resuscitate the baby, e t c) and newborn deaths;
- g. need for later surgeries; for example, the sealing or narrowing of the vaginal opening (type 3) may lead to the practice of cutting open the sealed vaginal later to allow for sexual intercourse and childbirth (de-infibulation). Sometimes genital tissue is stitched again several times, including after childbirth, hence the woman goes through repeated opening and closing procedures, further increasing both immediate and long term risks; and
- h. psychological problems (depression, anxiety, post-traumatic stress disorder, low self-esteem, and so on).

Cultural and social factors for performing FGM

The reason why FGM is performed varies from one region to another as well as over time and includes a mix of socio-cultural factors within families and communities.

- Where FGM is a social convention (social norms), the social pressure to conform to what others do and have been doing as well as the need to be accepted by the community, are strong motivations to perpetuate the practice
- FGM is often considered a necessary part of raising a girl, and a way to prepare her for adulthood and marriage. This can include controlling her sexuality to promote premarital virginity and marital fidelity
- Some people believe that the practice has religious support, although no religious scripts prescribe the practice. Religious leaders take varying positions with regard to FGM, with some contributing to its abandonment.

Female Genital Mutilation in Nigeria

Traditionalists in Nigeria support the practice because they see it as a necessary rite of passage into womanhood which ensures cleanliness or better marriage prospects,” says Public Health Nigeria. In certain cultures, women must undergo FGM so that others consider them suitable for marriage. The fear is that women will become sexually promiscuous or unfaithful to their partners if they do not undergo FGM. Since Nigerian men pay a dowry for their brides, it is

common for the bride's father to encourage some form of FGM to make his daughter more marketable to bachelors.

FGM in Nigeria is a tradition that has been upheld for centuries to maintain male dominance. It is performed to ensure women keep their virginity, to provide men with greater pleasure during sexual intercourse and to remove genitalia that appears unattractive to the male eye. Men make decisions regarding women's bodies without considering how their choices negatively impact women and girls.

In Nigeria, the practice of Female Genital Cutting (FGC) is performed during infancy especially within 8 days of delivery among some cultures, before marriage in some other societies most especially among the Igbo of the South East of Nigeria, and sometimes before the birth of the first child in some other societies (Epundu, Ilika, Ibeh, Nwabueze, Emelumedu & Nnebue, 2018). It is mostly performed by the traditional birth attendants and the local circumcisers with no medical training, using unsterilized instruments such as razor blades, scissors, and broken glasses (Okeke, Anyaehie & Ezenyeaku, 2012; Michael, Moneti & Lewnes, 2005) while some few health workers are also involved in the operation (Leye, Van Eekert, Shamu, Esho & Barrett, 2019).

FGC has no health benefit but posed serious irreversible health complications on its victims; such as menstrual pain, excessive bleeding during delivery, infections such as HIV/AIDS, hepatitis, urinary tract infections, abscesses, and painful intercourse. It can also results into death of the victims through severe bleeding (WHO, 2014; Earp, 2017). It is a major contributor to maternal and child deaths especially during delivery (Ahanonu & Victor, 2014). The practice of FGC exerts social and psychological trauma on its victims (Leye, Van Eekert, Shamu, Esho & Barrett, 2019) and also constitutes the violation of fundamental human rights of both girls and women (Donohoe, 2006). This is because it is commonly performed on infants when the individual consent was not sought before it is performed (WHO, 2020; Gbadebo, Afolabi & Adebowale, 2015).

FGC is an unhealthy old cultural practice that must be unequivocally eradicated for the benefit of women and girls. The international agency and several governments have outrightly condemned the practice of FGC based on human rights violations and the associated health complications. The government of Nigeria has also joined some other parts of the world in making laws against the practice of FGC. For instance, the "Violence Against Persons Prohibition Act 2015" was passed in May 2015 (ILO, 2015). Nigeria was among the five countries calling for the eradication of FGC at the forty-sixth World Health Assembly (Okeke, Anyaehie & Ezenyeaku, 2012). Despite efforts aimed at eliminating the practice of FGC in Nigeria, the practice though has declined, is still unabatedly high beyond the expected target as emphasized by Sustainable Development Goals (Gbadebo,2017).

Legislations Prohibiting Female Genital Mutilation (FGM) in Nigeria

Before the passing into law of the Violence against Person Prohibition Act (VAPP) Act in Nigeria. Most lawyers, Non-Governmental Organizations and anti-FGM campaigners in Nigeria were relying on the Nigeria Constitution and on the Child Rights Act (CRA) to speak against FGM in Nigeria. But one sad thing about the two foregoing laws is that it does not explicitly mention FGM as a criminal offence.

Currently 13 States in Nigeria have their own State laws expressly prohibiting FGM. These States includes; Lagos, Osun, Ondo, Ekiti, Bayelsa, Ogun, Delta, Ebonyi, Oyo, Imo, Edo, Cross-River and Rivers State.

In 2015 under Good luck Jonathan's administration, the Violence Against Persons Prohibition Act (VAPP) Act was passed into law. This particular Act specifically mentioned FGM as a criminal act. It also made FGM and other forms of Gender based violence like rape, spousal battery, forceful ejection from home, harmful widowhood practices etc punishable offences in Nigeria. Apart from this, the VAPP Act also made provisions for the maximum protection of victims and also for the effective remedies for victims.

Section 6 of the VAPP Act provides for a set of punishments for FGM. Some of these punishments include:

1. Anybody who performs or engages another to perform FGM on any person is liable to a term of imprisonment not exceeding 4 years or to a fine not exceeding N200,000 or to both.
2. Anybody who attempts, aids, abets, or incites another to carry out FGM is liable to a term not exceeding 2 years imprisonment or to a fine not exceeding N100, 000 or to both.

Delimitations of the VAPP Act

Three years after the passing into law of the VAPP Act, it is indeed disheartening to note that there has not been a single FGM conviction in Nigeria. The question that keeps agitating one's mind is, why is this so? In answering this question, we will like to categorize our answer into two major reasons.

1. **The applicability of the VAPP Act:** Currently, the VAPP Act is only applicable in Abuja and in Anambra State. What this literally means is that it is only applicable in 1 State out of the 36 States in Nigeria. The reason for this is that only Anambra State has domesticated this Act. Under our system, a Federal Law cannot apply in a particular State unless and until it is domesticated in that particular State.
2. **Little or no awareness of this Act in Nigeria:** Another major reason limiting the effectiveness of this VAPP Act is the fact that many Nigerians do not know about this Act. Currently in Nigeria, it is estimated that 1 out of every 100 Nigerians know about the existence of this Law in Nigeria. It is also estimated that only 10 out of every 200 Nigerians really know what this Act says or means.

World Health Organization (WHO) response

In 2008, the World Health Assembly passed resolution WHA61.16 on the elimination of FGM, emphasizing for concerted actions in all sectors; health, education, finance, justice and women affairs. WHO supported holistic health sector response to FGM prevention and care, by developing guidance and resources for health workers to prevent FGM and manage its complications and by supporting countries to adapt and implement these resources to local contexts. WHO also generates evidence to end this harmful practice.

Since then, WHO has developed a global strategy against FGM medicalization with partner organizations and continues to support countries in its implementation.

Implication for Counselling

Counselling is a type of therapy that involves a person talking about their problems with a trained professional. It is a confidential and non-judgemental process that can help people deal with negative feelings. Counselling is a professional service that provides guidance and support for individuals facing emotional, psychological or behavioural challenges. It is important because it helps people understand and cope with their feelings, improve mental health and enhance personal growth.

Female sexual dysfunction is the persistent or recurring decrease in sexual desire or arousal, the difficulty or inability of an organism, and/or the feeling of pain during sexual intercourse, impaired sexual function can occur with all types of female genital mutilation (FGM) owing to the structural changes, pain, or traumatic memories associated with the procedure.

Existentialists see man as becoming, as having a choice and will, and, therefore, as exercising freedom (Shertzer & Stone, 1980). To the existentialists, Man is free in a free world. Writing on Man's inalienable right to freedom of choice, Arbuckle (1965) opines "Although determinism may be part of world, it does not apply to man. The freeman lives within the laws of his culture, if he lives in a relatively "free" culture, but he is not bound by them. They do not control him, but, rather, his self transcends them". Thus, in essence, Man is free to decide what he wants his existence to be. He is free to act upon his environment and take a stand towards living. To the existentialists, Man is a balanced creature with the both passion and intellect.

Based on the above theoretical submission, therefore, Man is free to either support or oppose Female Genital Mutilations (FGM) regardless his socio-political, religious and economic background and orientations.

Conclusion

In line with the above discussions, the following conclusions were drawn:

- i. The practice of FGM is both contagiously distributed and contagious.
- ii. Majority of those affected by, or at risk of the practice live in Africa and Asia
- iii. The practice of FGM is associated with poor health outcome and prevents girls and women from thriving and enjoying their basic human rights.
- iv. Majority of FGM procedures occur with unsanitary cutting tools
- v. The fear in some cultures is that women will become sexually promiscuous or unfaithful to their partners if they do not undergo FGM.

Recommendations

In line with the findings of this study, the following recommendations were put forward that:

- i. Regardless of the tribe, race, religion and cultural affiliation of the practitioners of FGM, people should do away with it as it causes more harm than good to the victims
- ii. African and Asians should be well educated on the side effects of FGM through seminars, workshops and some other legitimate avenues.
- iii. Women and girl-child should be adequately informed of the consequential effects of FGM early enough in order not to fall victim.
- iv. When necessary, sterilized instruments should be used for FGM in order to avoid transmission of diseases.
- v. Sex education must be incorporated into the school curriculum.

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