A TEXT OF A PAPER PRESENTATION ON THE TOPIC: FEMALE GENITAL MUTILATION IN NIGERIA PRESENTED AT THE ORDINARY GENERAL MEETING HELD ON SUNDAY, SEPTEMBER 9, 2018 AT FAMEWO COMMON ROOM, ALEXANDER BROWN HALL, UNIVERSITY COLLEGE HOSPITAL

THE PANACEA PROJECT

Identifying societal challenges; Proferring workable solutions

THE PANACEA PROJECT

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INTRODUCTION

Female genital mutilation (FGM) is defined by the World Health Organization (WHO) as all procedures which involve partial or total removal of the external female genitalia and/or injury to the female genital organs, whether for cultural or any other non-therapeutic reasons.[1] FGM is an unhealthy traditional practice inflicted on girls and women worldwide. Female genital mutilation is widely viewed as a violation of human rights and it is rooted firmly in cultural beliefs and perceptions over decades and generations.

FGM practiced in Nigeria is classified into four types.[2]

A. Clitoridectomy or Type I (the least severe form of the practice): It involves the removal of the prepuce or the hood of the clitoris and all or part of the clitoris. In Nigeria, this usually involves excision of only a part of the clitoris.

B. Type II or "sunna" is a more severe practice that involves the removal of the clitoris along with partial or total excision of the labia minora. Type I and Type II are more widespread but less harmful compared to Type III.

C. Type III (infibulation) is the most severe form of FGM. It involves the removal of the clitoris, the labia minora and adjacent medial part of the labia majora and the stitching of the vaginal orifice, leaving an opening of the size of a pin head to allow for menstrual flow or urine.

D. Type IV or other unclassified types recognized by include introcision and gishiri cuts, pricking, piercing, or incision of the clitoris and/or labia, scraping and/or cutting of the vagina (angrya cuts), stretching the clitoris and/or labia, cauterization, the introduction of corrosive substances and herbs in the vagina and other forms.

EPIDEMIOLOGY

FGM varies from country to country, tribes and from one state and cultural setting to another, and no continent in the world has been exempted.[3] In most parts of Nigeria, it is carried out at a very young age (minors) and there is no possibility of the individual's consent.[4] Type I and Type II are more widespread and less harmful compared to Type III and Type IV. In Nigeria, there is greater prevalence of Type I excision in the south, with extreme forms of FGM prevalent in the North. Practice of FGM has no relationship with religion. Muslims and Christians practice it, but it is more widely spread in Christian predominated parts of Nigeria.[5]

Though FGM is practiced in more than 28 countries in Africa and a few scattered communities worldwide, its burden is seen in Nigeria, Egypt, Mali, Eritrea, Sudan, Central African Republic, and northern part of Ghana where it has been an old traditional and cultural practice of various ethnic groups. [5,3] The highest prevalence rates are found in Somalia and Djibouti where FGM is virtually universal.[5]

FGM is widely practiced in Nigeria, and with its large population, Nigeria has the highest absolute number of cases of FGM in the world, accounting for about one-quarter of the

estimated 115–130 million circumcised women worldwide.[5] In Nigeria, FGM has the highest prevalence in the south-south (77%) (among adult women), followed by the south east (68%) and south west (65%), but practiced on a smaller scale in the north, paradoxically tending to in a more extreme form.[5,6]

In Nigeria, of the six largest ethnic groups, the Yoruba, Hausa, Fulani, Ibo, Ijaw, and Kanuri, only the Fulani do not practice any form.[7]

Basic Statistics

- Nigeria has a projected population of	126 million
- Total female population	61.5 million
- Female population 10years and above	44.9 million
- Female population married aged 10years and above	29.7 million
Prevalence of FGM among adult women by geo – political zones	
North East	1.3 per cent
North Central	9.6 per cent
North West	0.4per cent
South West	56.9 per cent
South East	40.8 per cent
South South	34.7 per cent

Source: Nigeria Demographic and Health Survey: 2003

ORIGIN

The origin and significance FGM is a practice whose origin and significance is shrouded in secrecy, uncertainty, and confusion.[3] The origin of FGM is fraught with controversy either as an initiation ceremony of young girls into womanhood or to ensure virginity and curb promiscuity, or to protect female modesty and chastity.[8] The ritual has been so widespread that it could not have risen from a single origin.[3,4,9]

EFFECTS

The procedure has no health benefits for girls and women. Adverse consequences of FGM are shock from pain and haemorrhage,[10] infection, acute urinary retention following such trauma, damage to the urethra or anus in the struggle of the victim during the procedure making the extent of the operation dictated in many cases by chance,[4] chronic pelvic infection, acquired gynatresia resulting in hematocolpos, vulval adhesions, dysmenorrhea, retention cysts, and sexual difficulties with anorgasmia.

Other complications are implantation dermoid cysts and keloids,[11] and sexual dysfunction.[4,12] Obstetric complications include perineal lacerations and inevitable need for episiotomy in infibulated paturients. Others are defibulation with bleeding, injury to urethra and bladder,[12] injury to rectum, and purperial sepsis. Prolonged labor, delayed 2nd stage and obstructed labor leading to fistulae formation, and increased perinatal morbidity and mortality have been associated with FGM.[12]

The mental and psychological agony attached with FGM is deemed the most serious complication because the problem does not manifest outwardly for help to be offered. The young girl is in constant fear of the procedure and after the ritual she dreads sex because of anticipated pain and dreads childbirth because of complications caused by FGM. Such girls may not complain but end up becoming frigid and withdrawn resulting in marital disharmony.[3]

WHAT HAS BEEN DONE?

So far in Nigeria, a lot of activism has been done to combat FGM. FGM is being tackled by World Health Organisation, United Nations International Children Emergency Fund (UNICEF), Federation of International Obstetrics and Gynaecology (FIGO), African Union, the Economic Commission for Africa (ECA), and many women organizations. Intensification of education of the general public at all levels has been done with emphasis on the dangers and undesirability of FGM. In 1995, Platform of Action adopted by the Beijing conference called for the eradication of FGM through the enactment and enforcement of legislation against its perpetrators.[13]

In 1994, Nigeria joined other members of the 47th World Health Assembly to resolve to eliminate FGM. Steps taken so far to achieve this include establishment of a multisectoral

technical working group on harmful traditional practices (HTPs), conduct of various studies and national surveys on HTPs, launching of a regional plan of action, and formulation of a national policy and plan of action, which was approved by the Federal Executive Council for the elimination of FGM in Nigeria.

However, there is no federal law prohibiting the practice of FGM in Nigeria. This is the main reason for the slow progress on declining the prevalence of FGM. Despite the increased international and little national attention, the prevalence of FGM overall has declined very little.[14] The prevalence depends on the level of education and the geographic location.[15]

WHAT CAN WE DO AS THE PANACEA PROJECT?

These recommendations are for both The Panacea Project as an organisation and for individual members of The Panacea Project.

- Organise community outreaches to villages around us to educate and systematically debunk harmful traditional beliefs
- Engage in advocacy both online and offline to end FGM and the accompanying stigma for those who have undergone the procedure. These include; social media campaigns, writing articles for paper prints, engaging politicians anytime we have the opportunity to, working with pressure groups to push the government to be create a federal law prohibiting the practice of FGM
- Be compassionate. Listening to whoever is willing to open up about their experience and protecting their privacy
- Be ready to speak up and defend anyone who has undergone FGM

CONCLUSION

Female genital mutilation (FGM) is a psychologically and emotionally dangerous procedure and an obvious health hazard. Irrespective of culture and beliefs which can be helpful to reform our society, harmful tradition practices such as FGM should be abolished. The high incidence of FGM in our clime can be somewhat attributed to the high level of illiteracy hence a lot of efforts should be put into eradicating illiteracy which should also reduce the indices if FGM in Nigeria.

Everyone has a role to play in eradicating FGM in Nigeria.

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