Female Genital Mutilation in Nigeria
Challenges and Way Forward

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Definition
Female Genital Mutilation (or female genital cutting), comprises all surgical procedures involving partial or total removal of the external genitalia or other injuries to the female genital organs for cultural or other non-therapeutic reasons.

Background
The practice of female circumcision is widely known as Female Genital Mutilation (FGM). Nigeria in the past had the highest absolute number of cases of FGM in the world amounting for about one quarter of the estimated 115-130 million circumcised women in the world.
The practice which is founded on traditional beliefs and societal pressure to conform has drawn considerable criticism because of the potential for both short and long term complications, as well as harm to reproductive health and infringement on women's rights. In recognition of these, the government of Nigeria has embarked on corrective measures aimed at curbing the practice openly and energetically, through the formulation of policies, programmes, legislation which have fostered behavioral change that has resulted reduction in prevalence.

FGM is practiced in about 28 African countries as well as in a few scattered communities in other parts of the world. It is one of the most serious forms of violence against the girl child/woman and is practiced in Nigeria for a number of reasons:
Psychosexual: to attenuate sexual desire in the female, maintain chastity and virginity before marriage and fidelity during marriage, and increase male sexual pleasure.
Sociological: for identification with cultural heritage, initiation of girls into womanhood, social integration and maintenance of social cohesion and social acceptance.
Hygiene and aesthetics: among some societies, the external female genitals are considered unclean and unsightly, and so are removed to promote hygiene and provide aesthetic appeal.
Religious: female genital mutilation is practiced in a number of communities, under the mistaken belief that it is demanded by certain religions.
Others: to enhance fertility and promote child survival, for better marriage prospects and to help delivery of babies

Basic Statistics
The 2006 population and housing census puts Nigeria's population at 140,431,790, with a national growth rate estimated at 3.2% per annum. With this population, Nigeria is the most populous nation in Africa.
About 50 percent of the population is female. The sex ratio (the number of men per 100 women) is 99. The ratio in rural areas is lower than that of urban areas (97 compared with 101). Household population has a

greater number of younger people than older people with 45 percent of the total population under 15 years of age while 4 percent is 65 or older.

Prevalence of FGM among adult women by geo – political zones

North East	2.7 per cent
North Central	11.4 per cent
North West	19.6 per cent
South West	53.4 per cent
South East	52.8 per cent
South South	34.2 per cent

Source: Nigeria Demographic and Health Survey: 2008

The Procedure

This involves partial or total removal of the external female genital and/or injury to the female genital organs whether for cultural or any other non – therapeutic reasons, and is commonly classified into three types:-

Type 1-Clitoridectomy is the least severe form of the practice and involves the removal of the hood of the clitoris and/or part of the clitoris itself.

Type 2 -This is a more severe practice involving the removal of the Clitoris along with partial or total excision of the labia minora.

Type 3 -Is known as infibulation and the most severe form of FGM. It involves the removal of the clitoris, the labia minora and the adjacent medial part of the labia majora, and the stitching of the vaginal opening leaving an opening the size of a pinhead to allow for the flow of urine and menstrual blood.

It is important to note that in the northern parts of Nigeria (Kano to be precise) the "angurya" and "gishiri" cuts are included in the definition of female circumcision. Angurya involves the scraping of the vaginal orifice and is usually performed on infants within seven days of delivery while the gishiri cut involves the cutting of the vaginal wall.

Knowledge and Prevalence of FGM (2008 NDHS)

Zones	Percentage of Women who heard of FGM	Percentage of Women Circumcised
North Central	32.7	11.4
North East	38.9	2.7
North West	39.4	19.6
South East	88.5	52.8
South South	82.1	34.2
South West	87.1	53.4

Implications

FGM does irreparable harm. It can result in death through severe bleeding, pain and trauma and overwhelming infections. It is routinely traumatic.

It has dangerous health implications because of the unsanitary conditions in which it is generally practiced.

It is a fundamental violation of human rights because it is carried out at a very young age when there is no possibility of the individual consent.

Mutilated/cut infants, girls and women face irreversible lifelong health risks, among other consequences.

Harmful effects include:

- Failure to heal
- Abscess formation
- Cysts
- Excessive growth of scar tissue
- Urinary tract infection
- Painful sexual intercourse
- Hepatitis and other blood-borne diseases
- Reproductive tract infection
- Pelvic inflammatory diseases
- Infertility
- Painful menstruation
- Chronic urinary tract obstruction/bladder stones
- Obstructed labor
- Increased risk of bleeding and infection during childbirth.

Increased susceptibility to HIV/AIDS

The eradication of FGM calls for urgent attention in the context of HIV/AIDS as the use of contaminated instruments in the operation could be an important mode of transmission.

The risks are evidenced from the fact that the operation is mainly carried out by practitioners of traditional medicine and by traditional birth attendants using unsanitary knives and other instruments in generally unhygienic conditions.

The transmission of HIV/AIDS is an obvious danger, alongside the usual gynecological and psychological problems associated with the practice.

These multiple risks are compounded in the case of infibulations by the need to cut open the infibulated area for childbirth. Carried out with crude, unsterilized instruments and without anesthesia, the reopening operation causes intense pain and frequently results in infection and heavy bleeding.

In the worst of cases it can lead to:

(i) the opening of passages between the vagina and bladder or anus, producing Vesico - Vaginal Fistula (VVF), a condition more commonly associated with obstructed labor in early pregnancy but arising also in some cases from the cutting open of infibulated women;

(ii) Recto –Vaginal Fistula (RVF) - where due to age of the pregnant girl –whose pelvis and birth canal are not fully developed, relentless pressure from the baby's skull damages the birth canal, causing breakage in the wall, allowing uncontrollable leakage from the bladder into vagina or uncontrollable leakage of faeces

The Country Response

Nationwide studies have given estimates of the prevalence of FGM in the country: the **1999, 2003 and 2008** National Demographic Health Survey and the National Baseline Survey of positive and harmful traditional practices affecting women and girls in Nigeria.

There is a National Policy on Female Genital Mutilation (October **2000**) and a National Strategic Plan of Action as a multi-sectoral approach to eliminate Female genital Mutilation.

The Federal Ministry of Women Affairs in year **2000** undertook a zonal advocacy and sensitization programme to traditional rulers, religious leaders and policy makers to increase awareness on harmful traditional practices resulting in State Legislations and consequently reduction in these practices.

Other Interventions includes

- **Research:** This will generate policy discussions and initiate concrete actions.
- **Capacity Building: I**ntegrating information on the negative health effects of female genital mutilation into ongoing training activities planned for all the relevant stakeholders
- **Advocacy:** The need to work with Parliamentarians, other legal groups and NGOs to advocate for legislation outlawing all forms of female genital mutilation, and with the media on information, education and community campaigns to impact public understanding and behavioural change towards the practice.

Limitation and Challenges

- Attitudes, traditions, customs and beliefs need to change.
- Government needs to show more commitment to ending FGM.
- Laws prohibiting FGM are difficult to enforce.
- Children and adolescents need to be informed and enabled to reject FGM.
- Medical services have to be able to respond to the consequences of female genital mutilation, and the education system should be able to contribute to preventing them.
- There is the need to promote the role of men as partners against the practice.
- There is a need for the establishment of a database to promote understanding of the prevalence and nature of FGM.

How to eliminate FGM

- Call for legislative provisions and stern measures to prohibit the practice.
- Development of alternative sources of income for circumcisers.
- Strong advocacy campaigns against the practice nationwide by working with the media on information, education and communication campaigns that have an impact on the public's understanding of, and societal attitudes to FGM.