

**INFANT-FEMALE GENITAL MUTILATION (IFGM) IN CITIES AND THE ROLE OF WOMEN IN PERPETUATING FGM: A PROBE ON WHY FGM PERSISTS IN URBAN CENTERS IN NIGERIA**

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**Abstract**

*It is often presumed that female genital mutilation (FGM) is only a rural phenomenon but in recent times, FGM persists in most cities in Nigeria. Its persistence in most Nigerian cities seems to be as a result of the post partum birthing rituals known as omugwo among eastern Nigerians. Empirical data was collected through focused group discussion and in-depth interviews, anchored on feminists' perspectives of the female body structure as basis for critical analysis. Study found prevailing wrong notions/perceptions of the female body by women themselves, such as the ugliness of the clitoris which leads women into FGM. Massaging infant vagina with Vaseline and other ointments, is recently considered as 'alternative' to FGM. There also seems to be a preference for infant girl/female genital mutilation' (IFGM) at an age when infants can neither complain nor resist, to teenage or adult girl/female' genital mutilation (AFGM). This arguably is in a bid to avoid the stress parents, particularly grandmothers and mother-in-laws, go through while trying to convince a grown-up teenage girl child to succumb to the gruesome and painful cultural practice of 'slicing the clitoris'. The paper therefore highlights new dimensions to the practice of FGM in Nigeria, the role of women in propagating FGM and its child right implications. This study, therefore recommends that the recent search for beauty in the vagina must be discouraged among women through greater sensitization of city-women by National orientation agency, women legal professional associations, media, health institutions and sanctioning of culprits.*

**Key words:** female genital mutilation, child rights, health, postpartum birthing rituals, girl-child.

**Introduction**

The persistence of female genital mutilation (FGM) abound globally particularly in most developing nations. Berg and Denison (2012:10) asserts that "FGM/C is practiced in more than 28 countries in Africa, and in some middle East countries and Asia". Even in some developed countries like Canada, France Australia, United States, Sweden, Norway, United Kingdom,

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Switzerland among others though practiced by immigrant communities (Berg and Denison, 2012). FGM has been one of the central concern/focus of scholars, local and international health organizations, human rights activists/organizations, non-governmental organizations, women groups and legal organizations among others. Most of these stakeholders focus on the ‘beliefs’ surrounding the practice of this injustice on the girl child. Some others show special interest on sensitizing presumed illiterate practitioners or circumcisers and parents in rural areas (Anuforo 2004; Adeokun 2006; Kolawole and Anke 2010). It is pertinent to point out that these efforts are arguably effective to a very large extent as FGM is gradually on decline. However, most scholars in literature fail to notice the occurrence and persistence of infant female genital mutilation in cities where it is erroneously presumed that majority of the city residents are literate, educated, modern, civilized, exposed and so are well informed on the hazards of FGM. These assumptions to a large extent are far from reality. Also, in most cities in Africa particularly in Nigeria, there seem to be preference for ‘infant girl/female’ child genital mutilation than for adult or teenage FGM. This is in difference with Berg and Denison’s (2012) assertion that FGM is usually done on prepubescent girls. In Nigeria FGM is done at the stage of infancy within eight (8) days or first few days after birth. In Nigeria, this practice is mostly propagated and (re)enforced by women though in a patriarchal setting. This arguably is in a bid to avoid the stress parents particularly mothers, grandmothers and mother-in-laws go through while trying to convince a grown-up teenage girl child to succumb to the gruesome and painful cultural practice of ‘slicing the clitoris’. The other reason is that FGM has been proscribed in Nigeria and seen as a crime punishable under the law (Child Rights Act, 2003). The perpetrators would not want to indulge in the crime at an age when the victim has acquired the cognitive ability to reject or accept the abuse. Hence, FGM practitioners prefer a less-stressful alternative strategy which is carrying out FGM on infants at an age where they can neither complain nor resist.

This paper therefore highlights new dimensions to the practice of FGM in Nigeria and its child right implications. It shades light into the wrong perceptions of the female body by women themselves. This study also probes the role of women in propagating this FGM cultural/traditional practice. It also highlights the role of certain cultural observance of postpartum “birthing visits/rituals” known as *omugwo* among south eastern Nigerians in the persistence of FGM in Nigerian cities. In this study, birthing rituals - *omugwo* refers to autochthonous postpartum or postnatal birthing ritual, where mothers and grandmothers are invited to visit the homes of their married daughters, or daughter-in-laws within the first few weeks of delivery, to help bath, massage, circumcise, and celebrate the birth of a new born baby and mother. After which the mother-in-laws, or mother(s) is/are loaded with properties, and goodies like wrappers, cloths, food items like fish and bags of rice for her services as she returns back home to her husband, which marks the end of the birthing rituals. Hence, the observance of *omugwo* or postpartum birthing visits’ arguably serves as a platform that necessitates and contributes to a large extent in perpetuating FGM in most Nigerian cities. The visiting woman (mostly mother-in-laws) uses the opportunity to teach, enforce, and insist that circumcision must be conducted on the female infant in order to uphold the tradition of the family and reduce her sexual appetite, curb promiscuity and pleasure. It is now a case of ‘we (women) on us (women)’. Okolocha, and Akhuenokhan (2012:191-192) stressed the need to “sensitize women about the need to know their rights and realize the outrageous havoc they do to themselves by adhering complacently to these obsolete customs and traditions, which drain them from vitality and turn them into cripples.” This tilts towards some feminist perspectives which has grown with several tentacles from the 1960s onwards, feminist writings highlighted how female body structure had

being used as a means of dehumanizing and discriminating against women (Shilling 2005). These ideas seem to be positively accepted by a few only on paper but in everyday life, the reality remains that the female gender continues to be subjugated not just by men but by women themselves not only in rural areas but in developed cities even in the 21<sup>st</sup> century. Thus, this study is therefore set to examine:

- The role of women in propagating FGM in cities.
- Factors perpetuating FGM in cities and
- Ways this harmful cultural practice can be eliminated from the Nigerian cities.

### **Methodology**

This paper is derived from a qualitative study involving in-depth interviews conducted on ten (10) purposively selected women living in Awka, the capital city of Anambra state south eastern Nigeria. The criterion for selection is that the selected women must have given birth to at least a girl child and if they give consent to be interviewed. This is a bid to ascertain if they performed FGM on their girl-child. Data gotten from the interviews was collaborated with insights gotten from the researcher's participation in a focused group discussion (FGD) with a women forum early January 2014. This focused group discussion was a rather too large compared to an ideal FGD. The forum involved 40 women carefully selected to reflect a balance in terms of ensuring that FGD participants were from different professions, literate and non-literate. Pressing questions and issues disturbing or confusing women on FGM were asked, thoroughly discussed from different perspectives. The women had the opportunity of expressing their pains, fears and they were sensitized by the better informed participants on best approaches to handling issues surrounding the practice of FGM. The researcher introduced the topic for discussion and asked all participants to feel free to air their views on FGM. After which a lead question was raised by one of the participants in the focused group discussion. The researcher adhered to the basic ethical considerations guiding human subject research. Oral consent was solicited from all participants with promises that no personal or otherwise identifying information will be recorded in order to protect the respondent's anonymity. This enabled participants in the FGD to talk and discuss freely. In-depth interview (IDI) participants were privately interviewed considering the sensitive nature of the research interest. Interview questions were open ended and responses were recorded with an electronic gadget which was later transcribed for analysis. Manual content analysis was done thematically based on the basic objectives of this study in order to enable critical extrapolations to be made on the research interest.

### **Findings**

A lead question that set the discussion rolling during the FGD forum was posed by a supposedly educated and informed woman who resides in a city;

Please what do you think about female circumcision? I think my mum did it to me and am thinking of doing it also to my daughter?- (FGD participant 1 January, 2014).

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**Factors perpetuating FGM in cities**

The study found that socio-cultural factors particularly autochthonous beliefs and myths transmitted orally across generations in families are primary determinants in perpetuating FGM in cities as highlighted by this respondent:

A Yoruba lady blindly married an Edo/Delta man (not sure) without doing proper research on the guy's culture. Now, the family says it's their tradition to mutilate her baby girl in the name of circumcision. They even went ahead to tell her if she doesn't, no man will want to marry the baby girl. Her husband says his hands are tied because of culture and tradition. She argued that he and his family didn't tell her. She ran away from her marital home in the middle of the night back to Abeokuta and now staying with her parents. She abandoned even the husband and her marriage and currently she watches her daughter like a hawk. (Mother's love for her child can't be compared to anything). Single ladies, please try to investigate the culture of the man at the level of courtship before you get emotionally committed- (FGD participant 2, January 2014).

The freedom afforded by the FGD session, given to these women by the moderator/researcher helped expose versions of this debilitating act by women on the girl child. For instance, a woman supported by another woman, advised that the infant's clitoris be massaged with an ointment as an alternative to FGM in order to make it less ugly as seen below:

Plases, it (FGM) is not done in modern times, rather I will advise that you use 'rub' (an ointment sold in Nigerian market) and Vaseline to massage her clitoris, it will take its normal size, that's how I did to my girls and they are beautiful- (FGD Respondent 4, January 2014).

Please don't do it, I am begging you. It causes severe labour pains and difficulty in childbirth, serious tear at each birth and possible infection by germs are some consequences. Please massage her clitoris with Vaseline as FGM has *no single* benefit please. – (FGD Respondent 5, January 2014).

The above advice revealed a 'perceived alternative' to FGM and this triggered a lot of outburst from the participants in the FGD session as most women condemned the act and art or even quest to make the clitoris 'beautiful'. The FGD session also revealed the ignorance of the woman who presumed themselves to be more enlightened on the repercussions of FGM and yet insisting that massaging the clitoris with an ointment to make it beautiful is ideal. These responses from the FGD participants reveal the degree of wrong perceptions and notions about the female body and ignorance prevailing among women living in urban centers as it relates to female genital mutilation or cutting of the clitoris. This study therefore found that the quest for aesthetic reconstruction of the female genital could be a factor perpetuating the practice of FGM in cities. Psycho-social factors therefore seem to be a contributory factor and this stems from age-long held wrong notions that FGM is necessary to ensure that female children are not promiscuous and that the clitoris does not look ugly. One of the FGM participants at the female forum further asked:

The issue is that they say if you don't do it (FGM), it will make the vagina area look ugly and it also makes the girl to become too crazy about sex. How true is that?- FGD Respondent 1 January, 2014.

The above elicited a lot of contributions from other participants at the FGD female forum and a few of the responses are presented below:

Please may I ask, who is searching for beauty in the Vagina, tell me the characteristics of an ugly Vagina, maybe I don't know? *Anybody found peeping into a baby's vagina for ugliness or beauty should be arrested. What arrant nonsense!* In fact, this issue reminds me of my encounter with a family in Ibadan, where I went to visit them and felicitate with them for a new born baby girl and the mother-in-law came around for *omugwo* (postpartum birthing ritual among the Igbo). To my surprise, she was insisting that her first grandchild must be circumcised. I did all my best to convince them not to indulge in the act but to no avail. The newly married woman was afraid of challenging her mother-in-law, she came whispering, begging me to intervene, and that she was even warned at the hospital never to mutilate the baby girl. But the mother-in-law went ahead and did it, insisting that it was their age-long traditional cultural practice. I can bet you, this crime still goes on in many urban centers, let alone rural areas where they are exposed to less information. It is high time women rise up against this dehumanization of womanhood by women themselves,- (FGD Respondent 2, January 2014).

The above shows the role played by the postpartum birth ritual known as *omugwo* observed by families in eastern Nigeria. Mother-in-laws who come visiting from the rural areas to urban centers after a child is born insist that the girl child must be circumcised. They first convince their sons (the husband of the young wife) and then justify the practice of FGM with reasons like continuing the family tradition, curbing promiscuity, making the vagina beautiful among others. With her son on her side, the young woman is alone and incapacitated. She begins to go through psychological analysis of conflicting information (antenatal trainings/education and mother-in-law's traditional-cultural persuasions) which she has been presented with. In order not to be seen as an obstinate wife, the young woman has no option than to submit her infant daughter for genital mutilation/cutting. It is pertinent to point out that in rare cases the few women that insist that their daughters will not be mutilated stand the risk of having a troubled home or having a severed relationship with the mother-in-laws and husbands. Public perception of the relationship between mother-in-laws and daughter in-laws in Nigeria is generally negative and fraught with distrust, tension and conflicts. Soured relationship between mother-in-laws and daughter-in-laws is a common phenomenon in Nigeria. One of the bone of contention seems to be differing opinions on FGM. "Many people continue the practice of FGM because, it is part of the societal norms handed by mothers and grandmothers and any attempt to discontinue practice is met with societal pressure and risk of isolation" (Kolawole and Anke, 2010:511). The injustice and the abuse of girl-child and women's rights is now a case of 'we (women) on us (women)'. This practice also stems from misconceptions about the female body as this participant argued:

Check your dictionary for the meaning of circumcision you'll find out that it (FGM) it is meant for the foreskin which women don't have. So please don't. - FGD participant 3, January 2014.

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I've been listening to all the comments, please my fellow women; make una no crucify me I beg, about the Vaseline thing. But seriously, I met a lady in Italy who told me she did it for her daughter though not in the hospital but from a black woman or so. Maybe I wasn't cleared; it could be the massage and not the cutting. Please pardon me!!!!!! Na night school I go.....(covering her face)- FGD Participant 1 January 2014.

Do you mean Vaseline? Massage what? This is rubbish and nonsense. All those who massaged baby's legs and head in order to make it round and straight, have you noticed that all your work was in vain? They (children) still have daddy and mummy's shape of head. Stop massaging nose, legs and the rest. Please stop all this rubbish massage things we do. We mothers are tormenting these children- FGD participant 16, January 2014.

Following from the above, Shilling's (2005) review of some feminist scholarly works reveals varying perspectives of the female body as opined by several scholars:

Eisenstein, (1988) and W. Williams (1997) both traced the legal history of the female body as male property, while Mackinnon (1989) highlighted the bodily bases of female oppression through the construction of 'compulsory heterosexuality', and Irigaray (1988 and 1997) and Kristeva, (1986) examined marginalization and 'erasure' of female sexuality in male culture (Shilling 2005:3).

This search for ugliness and beauty in the vagina seems to be fuelled by underlying misconceptions rooted in patriarchal societies especially in most developing nations. Though, FGM also occurs in developed nations like Italy, America, and United Kingdom among others particularly in informal settings and practiced mostly by migrant communities (Berg and Denison 2012).

**Why FGM persist in cities: The role of women in propagating FGM in cities**

Social factors such as seeking for advice from individuals presumed to be elderly in terms of age and the assumption that knowledge and wisdom reside with the aged contributes to the persistence of this practice in cities as observed by this respondent:

My elder sister-in-law did it to all her three daughters because she didn't want them to be crazy about sex. She advised I do it to my daughter, because my husband said he is ok with any decision I take, since it's for their good. I then sought for advice from my mum, she asked me not to do it, she never did it to us, that it's really bad. Thank God, I took to my mum's advice- FGD participant 12 January 2014.

The above reveals the role of female family members both nuclear and extended members in perpetuating the practice of female genital mutilation in Nigerian cities. Though, from this study it seems most of these city women arguably are ignorant on the issue of FGM but a handful of these participants still know their rights and are ready to protect their child's rights no matter whose ox is gored as observed by this participant:

It's *barbaric* and tantamount to mutilation. No mum should ever let this thought cross her mind. If I had been circumcised by my mum, I would still be struggling to forgive her by

now. I can only hope you are kidding us. So I will just laugh over this question. It is well-  
FGD participant 9 January 2014.

Another respondent was so harsh and blunt but was able to highlight some roles women play in perpetuating the practice of FGM:

Now, I am getting more upset with the Vaseline rubbing. If I may ask, are you educated at all? What the heck is that? Even the sound of that is absurd. Rubbing the clitoris to give it shape ...nawa oh, that is child abuse if you don't know. Madam, how ignorant and gullible are you? Proudly saying you met a woman in Italy who did it to her daughters. What stupid shape of vagina are you talking about? I wish I can find anyone indulging in this injustice. I will personally arrange for thugs to beat the crap out of you, Mstchew! – participant 10 January 2014.

### **Ways this harmful cultural practice can be eliminated from the Nigerian cities**

The solution to the 21<sup>st</sup> century continued practice of FGM in Nigerian cities is arguably multifaceted and there may not be one single way of tackling this social reality. As rightly observed by, Nweneka, Tapha-Sosseh and Sossa (2009), unfortunately there are no easy solutions. Several social, political, and economic factors hinder implementation of recommendations. A hydra-headed problem requires a hydra-headed solution. However, one way of attempting a solution to this problem is adopting a multi-faceted approach involving formation of several alliances such as use of professional associations, NGOs, legal practitioners, community based organizations, women organizations, advocacy, civil society organizations among others. More practically, one way of eliminating this practice in cities is formation of NGOs headed by women in cities as revealed by this participant:

What? Female Genital Mutilation is a criminal offence and my organization will bring to book anyone who attempts such!!! Please don't even consider such a barbaric act! Am surprised - I assume that you are educated? Women should read up on the consequences of female genital mutilation!!- FGD participant7 January 2014.

In spite of the tenability of the above suggestion, it seems the existence of NGOs in cities may not have been effective. Since, they have been in existence over the years in most Nigerian cities, yet this social problem continues to persist. It then implies that it (NGOs) may not have done enough over the years. This implies that there is need to adopt more efficient and effective strategies to check the persistence of this practice (FGM) in cities. Advocacy by female legal practitioners and health organization may be another better way of curbing this practice as suggested by some of the IDI participants:

Female Genital Cutting is a crime against the girl child and should be condemned. W.H.O and all other medical/health organizations are strongly against it. If only you know the dangers involved!!!-IDI participant 8 January 2014.

And from the medical aspect, those with female genital mutilation have higher chances of having obstructed labor with its sequel- death of baby or mother, postpartum bleeding, genito-urinary fistulas ( inability to control urination) etc. You may not have had these

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things but why risk the future of your daughter? World Health Organization (WHO) is advocating against it. Please, women should not sentence their daughters to a life of sorrows – interview participant 1 January 2014.

Another possible solution is using not just the educated but enlightened women to sensitize women on the repercussions of FGM. This might be a more effective and direct way of reaching out to the perpetrators of this act; this is because the wrong notions about this practice spread through face to face communications. But this sensitizations should not be for women alone, it should involve their husbands, mother-in-laws and other significant members of the family involved in taken decision that affect children. A typical advice was given by one of the FGD participants seem ideal:

Good question, Please may I ask what positive thing can you associate with being circumcised? You are just gonna end up damaging your daughter. Some of our mothers did it out of ignorance but it's kind of absurd to hear a modern woman talk of circumcising her daughter. Please stop this issue of Vaseline. It's irritating. That means those using it are in agreement with the reasons for female circumcision but don't wanna carry out the act, so they look for an alternative - FGD Respondent 13 January 2014.

Oh my God! Not again. My dear, am sorry I will be harsh wit you a little. Which generation are you from? In this age and time, you are still asking such question. Know that if you do it and you are caught, you are going to jail - FGD Respondent 14 January 2014.

Apart from women giving advice to fellow women, reading and learning on issues pertaining to female's health and body is another probable remote solution to minimizing the practice of female genital mutilation in cities as advised by this respondent:

People please read! Read!! Read!!! Ignorance is not an excuse. Make sure you know the basics of at least every hot, sensitive and global issue. Haba! Please don't take this the wrong way but I am surprised by this question in 2014 and even more surprised by the Vaseline issue...-FGD participant 14 January 2014.

I got this information from a website: 'there is something the WHO calls Type III FGM, a small hole is left for the passage of urine and menstrual blood, and the wound is opened up for intercourse and childbirth. The health effects depend on the procedure but include recurrent infections, chronic pain, cysts, infertility, complications during childbirth and fatal bleeding'- FGD participant 2, January 2014.

Clearer explanation of concepts and details pertaining to FGM in an all-female forum like the one this researcher attended will drive home the message and do the required sensitization to the target audience. Organizers of such female forums should ensure that the participants are mixed in terms of involving women of all classes, literate, non-literate, professionals, young, aged among others. Below is a detailed explanation of the concept of 'mutilation and circumcision' by one of the FGD participants:



As for the original question, it is the word of God that teaches sexual discipline not circumcision, please ask men who sleep around if it helped and for the girls it is called mutilation and mutilation means to physically harm as to impair use, notably by cutting off or otherwise disabling a vital part, such as a limb. Secondly, it means to destroy beyond recognition. Thirdly, figuratively, it means to render imperfect, - FGD participant 17, January 2014.

FGM is the most selfish and psychologically-painful act African ancestors inflicted on their offspring. It's sad that even in this modern age and time, the selfish and wicked act is been passed down to newer generations. In the court of law, ignorance is no defense; hence "I was ignorant" will not save you from the wrath of the law. For the sake of your little baby's innocence, don't deprive her of what some of our ignorant parents deprived us of. She might not confront you later in future (probably out of respect or to save you of emotional torture) but she would wish you didn't *mutilate* her. I know you are a wise woman,-FGD participant 18, January 2014.

The mass media particularly radio and television could do a lot of wonders in sensitizing rural and urban women particularly the target perpetrators (mother-in-laws and traditional birth attendants (TBAs) practicing in cities) of FGM as identified by this study. Also, use of women associations such as town unions which is an extension of the urban women home front associations in cities. These associations are now prevalent in most cities. Spelling out the repercussions of this practice in simple clear terms using local languages or pidgin English in such female associations will be effective in driving home the intended message to direct target audiences as highlighted by this participant:

If a woman is also circumcised, sexual pleasure becomes difficult to achieve for her because the major pleasure spot which is her clitoris has been partially or totally removed. The husbands of such women have double work to do but it's not impossible. Women in this situation need to be willing and ready to get help - interview participant January 2014.

## **Discussion**

The pertinent question at this point is, how critically true is it that women must not enjoy sex, should be perceived as weaker vessels, inferior beings who are meant to be beneath the men, meant to be hidden and if seen not to be heard? They are even weaker when they are infants incapable of any action. How true is it that women from birth are naturally, biologically, socially and culturally sub-humans as propagated by majority in most patriarchal societies? Over the years, women have been so wrongly acculturated in such a way that they transmit this presumed inferiority of women to younger generations. However, "with the rise of feminism in the 1960s onwards; feminists emphasized through a 'critical interrogation of the biological sex/cultural gender-divide' that there was nothing natural about women's corporeality which justified their public subordination" (Oakley 1972 cited by Shilling 2005:3). Feminists have also argued that the basic features of female body structure and make-up such as menstruation, pregnancy and possession of vagina, clitoris or breast among other remarkable features of the female body, provides no reasonable grounds to discriminate against women in having equal and equitable access to sexual enjoyment, pleasure, employment, participating in politics, being educated like

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any other human being no matter the gender. “The female body uncovered by feminists studies was a biologically sexed body and should have few social consequences, but which has been defined within patriarchal society as determining women’s life chances” (Shilling 2005:3). Misconceptions surrounding FGM is another reason spotted as one of the determinants of its continued persistence in modern societies. One of such misconceptions stems from the differing understanding, dialectics and conceptualization of FGM. Hence, Kolawole and Anke (2010); WHO (2007) conceptualized FGM with different linguistic terminologies such as genital cutting, genital surgeries, excision, and circumcision which are synonyms used to describe partial or total removal of female genital organs for cultural, non-therapeutic or non-medical purposes. Although, Africans have argued on the conceptual basis for referring to this cultural practice as ‘genital cutting or mutilation’ and this terminologies are to some extent an aspersion on Africans. They insist that what Africans practice should best be termed as circumcision or removal of the foreskin and not cutting or mutilation. Others argue on the contrary that the terminology circumcision should only apply to the removal of males’ foreskin because women do not have foreskin in their genitals. A foreskin is a skin covering tips of the penis or a fold that covers the end of the penis. What is actually removed during FGM is the prepuce and a prepuce is the loose fold of skin that covers the tip of the clitoris. It then means that the prepuce is similar/same as the foreskin. However the WHO’s (1997) classification of four types of FGM/C shows that FGM is much more than the mere removal of the prepuce. In some cases it involves the partial or total removal of the labia majora/minora, narrowing of the vaginal orifice. It also involves clitoridectomy, excision, infibulation, piercing, pricking, and incision, scraping and cauterizing (Berg and Denison, 2012). In spite, of the conceptual ambiguity and arguments on what is actually removed, the main issue is that this practice on the female child must be discouraged through systematically designed intervention programs in Africa. Berg and Denison, (2012) identified different intervention strategies to reduce FGM in Africa namely: approaches based on human rights frameworks, legal mechanisms, alternative rites, positive deviance, training health workers as change agents, training and converting circumcisers, among others. This is because the pains and disadvantages of FGM outweigh the so called benefits, if at all there is any benefit from FGM.

The continued practice of FGM has been described as violence against women (Kolawole and Anke 2010). The 21<sup>st</sup> century female infant genital mutilation is also violence against children and a violation of the child’s right act. The idea that FGM reduced as social status and level of education increased as opined by (Nkwo 2001; Anuforo 2004) may be an assumed over generalized assertion as this empirical study reveal that some of the respondents are educated city dwellers not just in Africa but migrant European residents. One of the respondents even said she was advised by another black woman in Italy to conduct FGM on her daughters. This agrees with Kolawole and Anke (2010:510-511 citing Bosch 2001) that “immigrants from underdeveloped and semi-developed nations perpetuate the practice of FGM regardless of existing legislations in Europe and America”. This was also confirmed by Maurice (2006) and Rahman (2000) that FGM is still being practiced in developed worlds, though in informal settings. The need to eradicate harmful cultural practices cannot be overemphasized in contemporary human societies. Therefore, this study advocates for a complete eradication of the female genital mutilation. It is therefore recommended that the recent search for beauty in the vagina must be discouraged among women through greater sensitization of city-women by National orientation agency, women legal professional associations, media, health institutions and sanctioning of culprits.

## Conclusion

This paper authenticates the fact that practice of FGM is widespread among different tribes in Nigeria as observed by Kolawole and Anke, (2010). The main factors that encouraged the practice of FGM/C are tradition and reduction to women's sexual desires (Berg & Denison 2012) but this study disagrees with their assertions that there is religious underpinning to the practice of FGM in Nigeria. No religion whether traditional, Christian or Islamic religion in Nigeria openly supports female genital mutilation. The practice is rife among south eastern Nigerians because of the practice of traditional birthing rites known in the Igbo language as *omugwo*. A cultural practice among the Igbos of eastern Nigeria which demands that a mother-in-law or any grandmother from either sides' of the spouses should visit the home of a woman who is delivered of a baby. Her daily duty is to bath and massage the mother and the baby. However, this study has highlighted a new dimensions to the practice of FGM in Nigeria such as the need to beautify the clitoris, massaging with ointments as alternatives to FGM among women in most Nigerian cities, and that these aged mothers utilize the postpartum-visit (*omugwo*) opportunity to perform infant female genital mutilation.

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