

# Elimination of Female Genital Circumcision in Nigeria

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## ELIMINATION OF FEMALE GENITAL MUTILATION (FEMALE CIRCUMCISION) IN NIGERIA

Female Genital Mutilation (FGM), commonly known as **FEMALE CIRCUMCISION** involves the cutting off of part or the whole of a girl's clitoris and some other parts of her sex organs for cultural or any other non-therapeutic reasons.

### What are the types of FGM?

The WHO Technical committee in 1995 classified female genital mutilation into four main categories namely:

**Type I-** excision of the prepuce (the fold of skin above the clitoris) with or without excision of part or all of the clitoris (this is referred to as “sunna” )

**Type II-** Excision of the prepuce and clitoris (clitoridectomy) together with partial or total excision of the labia minora (inner lip)

**Type III-** Excision of part or all of the external genitalia and stitching/ narrowing of the vagina opening (infibulation). It is sometimes referred to as “Pharaonic circumcision” or

**Type IV – Unclassified:** includes pricking , piercing, or incision of the clitoris and /or labia cauterization by burning of the clitoris and surrounding tissue ; scrapping of tissues surrounding the vagina orifice (angurya cuts) or cutting of the interior and sometimes posterior vaginal wall (gishiri cuts); introduction of corrosive substances into the vagina wall to cause bleeding or herbs into the vagina with the aim of tightening or narrowing it; and any other procedure that falls under the definition of female genital mutilation given above.

The procedures described above are irreversible and their effects last a lifetime!

### How is FGM carried out?

FGM is carried out using various types of unsterilized instruments which include special knives, scissors, scalpels, and pieces of glass or razor blades. The procedures are usually

carried out by an elderly woman of the village who has been specially designated for this task or by traditional attendants. Assistants and /or family members hold down the girl to prevent her from struggling. Paste mixtures made of herbs, cow dung, hot ashes, barks and roots of trees or other mixtures are rubbed on the wound to stop the resultant bleeding. The practice of FGM is widespread in Nigeria and varies from one state and cultural setting to another. In some cultures it is carried out at infancy or childhood as a “rite of passage” to adulthood. In some other it is at first pregnancy and in some at death. In those cultures crying is prohibited until the corpse is mutilated and ceremonies performed.

### WHAT ARE THE HEALTH CONSEQUENCES OF FGM?

FGM has immediate and long term health consequences. It has very serious implications on the reproductive, physical and emotional health of girls and women.

**Immediate** physical health consequences include:

- Severe pain
- Injury to adjacent tissue of urethra, vagina, perineum and rectum
- Heavy Bleeding
- Shock
- Acute urinary retention
- Fracture or dislocation due to restraints
- Pelvic inflammatory disease
- Risk of contracting infections such as HIV and Hepatitis B
- Failure to heal
- Death

**Long term** consequences

- Difficulty in passing urine
- Recurrent urinary tract infection
- Pelvic infections
- Infertility

- Forming of scar tissue and keloids
- Loss of normal sexual function
- Possible infertility
- Cysts and abscess on genital
- Difficulty in menstruation
- Fistulae formation- VVF or RVF
- Painful intercourse
- Problem in child birth
- Fear, submission, inhibition and suppression of feelings
- Repeated pain during intercourse and menstruation
- Constant feeling of betrayal , bitterness and anger
- Mental and psychosomatic disorder
- Uncircumcised girls are socially stigmatized and rejected by communities
- Painful and difficult labour
- At times death

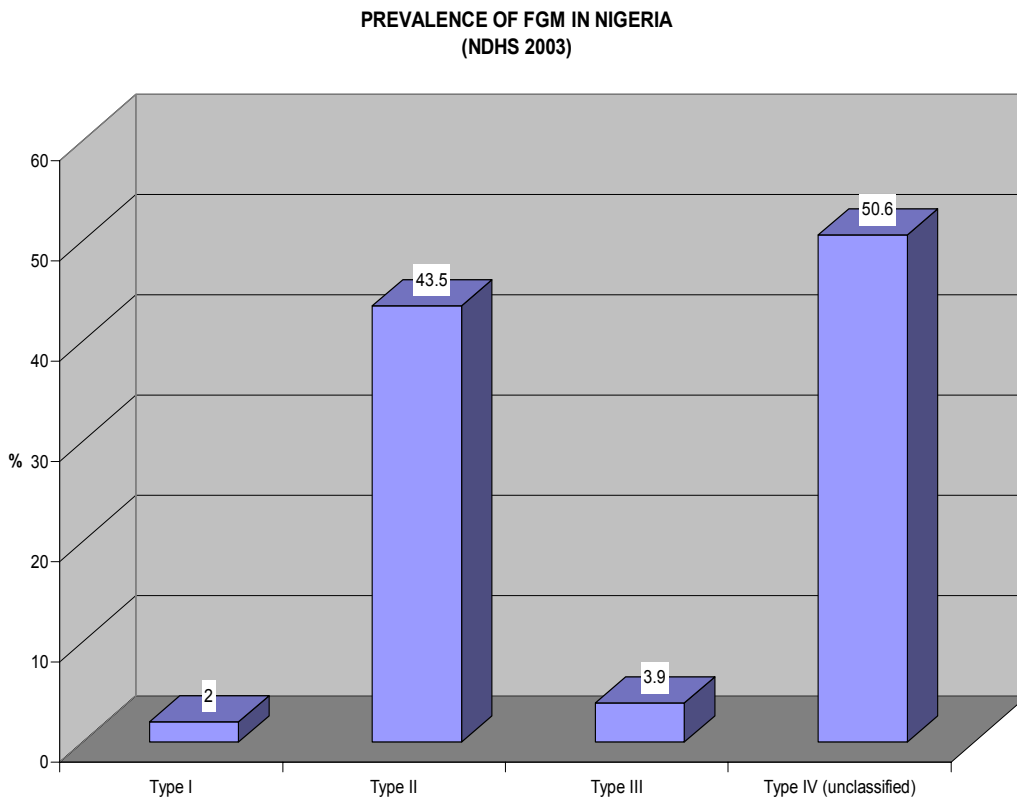
### **Effect of FGM on childbirth**

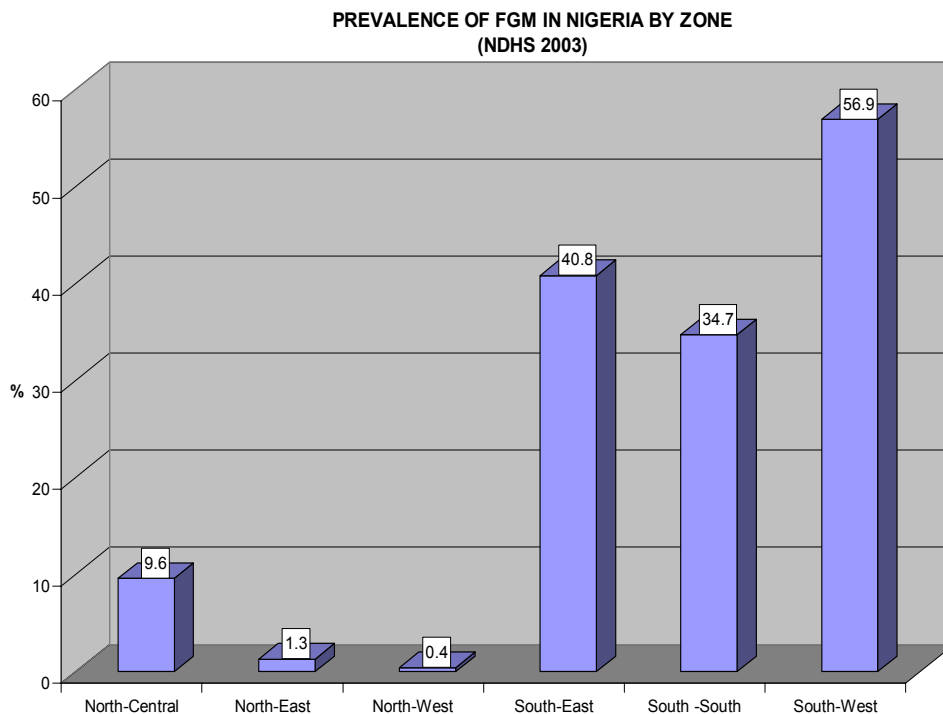
A recent study by WHO has shown that **women who have had FGM are significantly more likely to experience difficulties during childbirth and that their babies are more likely to die as a result of the practice.** Serious complications during childbirth include the need to have caesarian section, dangerously heavy bleeding after the birth of the baby and prolonged hospitalization following birth. The study showed that the degree of complications increased according to the extent and severity of FGM.

### **WHAT IS THE PRESENT SITUATION OF FGM IN NIGERIA?**

The practice of FGM is widespread covering practically every state of the Federation though in varying magnitude from infancy to adulthood. Some socio-cultural determinants have been identified as supporting this avoidable practice. It has not been possible to determine when or where the tradition of FGM originated. It is still deeply entrenched in the Nigerian society, where critical decision makers are grandmothers,

mothers, women, opinion leaders, men and age groups. The reasons given to justify FGM are numerous, they include: custom and tradition; purification; family honour; hygiene; aesthetic reasons and protection of virginity and prevention of promiscuity. Others include increased sexual pleasure of husband; enhancing fertility; giving a sense of belonging to a group and increasing matrimonial opportunities. Nationwide among women who could identify the type of procedure the commonest type of FGM is type II. Types I, II and III are found in different areas within the country. Type IV is common in the north as “GISHRI” cuts, and in the south as the introduction of herbs into the vagina. Female Genital Mutilation was traditionally the specialization of traditional healers, traditional birth attendants or members of the community known for the trade. There is however the phenomenon of “**medicalization**” which has introduced modern health practitioners and community health workers into the trade. *The WHO has continually and unequivocally advised that FGM must not be institutionalized, nor should any form of FGM be performed by any health professional in any setting, including hospitals or in the home setting.*





## WHAT EFFORTS ARE IN PLACE TO ELIMINATE FGM IN NIGERIA?

In 1994 Nigeria joined other members of the 47<sup>th</sup> World Health Assembly to resolve to eliminate FGM (WHA 47.10). Steps taken so far to achieve this include: establishment of a multi-sectoral Technical Working Group on Harmful Traditional Practices (HTPs), conduct of various studies and national surveys on HTPs, launching of a Regional Plan of Action, formulation of a National Policy and plan of action which was approved by the Federal Executive Council for the elimination of FGM in Nigeria.

In order to eliminate FGM in Nigeria, it is necessary to promote awareness of the problem by educating the policy/decision makers, the general public, health workers and those who carry out the practice on all its health and psychosocial consequences. This

calls for the active involvement of political leaders, professionals, development workers, local communities and their leaders, and women's group and organizations.

### **LET'S JOIN HANDS TO ELIMINATE FGM IN NIGERIA!**

Join in this crusade to say **NO to FGM anywhere** it is practiced among our people. It is crude, dangerous and wicked!!!. FGM is not required by any religion and there is no scientific evidence that women who have been mutilated are more faithful or better wives than those who have not. Whatever the reason, it is absolutely evident today that there is not a single benefit derivable from female circumcision. On the contrary, FGM has very severe consequences ranging from immediate and long term health complications as well as adverse obstetric and perinatal outcomes recently confirmed by the WHO study involving 28, 393 women in six African countries which found that women who have had FGM are significantly more likely to experience difficulties during childbirth and that their babies are more likely to die as a result of the practice.

### **SAY NO TO FGM TODAY AND SAVE THE FUTURE GENERATIONS OF WOMEN!**

*Join the Crusade to say no to FGM anywhere it is practiced among our people by:*

- **Saying no to FGM today to save the future generations of women!**
- **Finding out about the practice in your locality and giving clear information and education to other people on the health effects of female circumcision**
- **Working with other people to stop the practice in your area**
- **Contacting health or other influential authorities in your area to notify them about the problem**
- **Discussing with your law makers or local representatives on making laws against female circumcision**

- **Supporting families and communities in their efforts to abandon the practice and to improve care for those who have undergone FGM**

***FOR FURTHER INFORMATION CONTACT***

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