



TOGETHER TO END FGM



A GUIDE

Understanding Why Ending
Female Genital Mutilation
Is Important



Onelife Initiative
For Human Development

Foreword

“Are you sure people still mutilate their female children,” we are often asked by young adults. Our responses, which are usually fact-based, never fail to shock. The interrogator often reaches out later after interaction with friends and relatives only to discover that it is a culture hitherto less talked about. Female Genital Mutilation is still prevalent in Nigeria; our field findings at Onelife Initiative for Human Development have also established this.

Estimated prevalence of Female Genital Mutilation in Nigeria among girls and women ages 15 to 49 is 24.8%. About 20 million girls and women have undergone FGM in Nigeria. This number is the highest in any single country and this represents 10% of the total population of girls and women across the world that have been mutilated.

In Nigeria, the prevalence is highest in the South East (49%) and the South West (47.5%) with type II, which you will read about in this publication being the most common. It is also encouraging to note the 4.8% reduction in prevalence in Nigeria following comparison of the NDHS 2013 findings with the 2008 findings. It is an indicator of progress.

Subsequent on various advocacies using different means to ensure the prevalence of Female Genital Mutilation is reduced and ultimately

that the practice ends, we are excited to add our voices to the ongoing campaign in the form of this publication. It is designed to ensure appropriate information on the subject is available. Particular mention has also been made of the situation in Oyo State where our current project is focused.

We are grateful for the support of the various partners – technical and media –who have worked with us over the years and who have shared ideas for better engagement with us. More specifically, we are thankful for the support from *The Girl Generation* towards our *Ending FGM Through Last Mile Reach* project. We hope readers will dutifully engage with this publication and also use it to further the social change communication approach to end Female Genital Mutilation in one generation.

This has been produced in both English and Yoruba language to ensure ready information access in all the locations of focus and even beyond. On behalf of Onelife Initiative for Human Development, I thank everyone whose contributions ensured the success of this publication. Together, we will End Female Genital Mutilation in one generation.

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Cover Page Model – Elizabeth Olowoyo

WHAT IS FEMALE GENITAL MUTILATION?

Female Genital Mutilation refers to the partial or total removal of the externally visible female sex organs, or other injury to these organs for cultural or non-medical reasons. Medically termed Female Genital Mutilation (FGM) or Female Genital Cutting (FGC); it is sometimes referred to as female circumcision. Internationally, it is categorised as a violation of the human rights of girls and women and it is illegal in Nigeria.

Of the about 200 million females mutilated globally, about 20 million are from Nigeria — the largest number in one single country.



HOW IS FGM DONE AND WHAT ARE THE VARIOUS TYPES?

In Nigeria, FGM is carried out by traditional cutters called Oloolas, Traditional Birth Attendants (TBAs), and more recently some health care providers. The type of FGM a community performs is influenced by cultural preferences. Some communities see FGM as a traditional rite of passage to womanhood; this is an example of a social norm. In some societies, methods and approaches through which FGM is executed differ. Currently, there are four groups of classification of FGM –

Type I – Also called clitoridectomy, this involves the removal of the clitoral hood (the prepuce), part of the clitoris or the entire clitoris.

Type II – Also termed excision, it is the partial or total removal of the clitoris and the inner lips (labia minora) with or without removal of the bigger lips (labia majora). This practice is very common in Nigeria.

Type III – Known as infibulation, this is the removal of all or part of the external female genitalia and then stitching or narrowing of the vaginal opening to leave a small hole for urine and menstrual flow. This practice is found in some parts of Nassarawa, Balyesa and Kaduna states in Nigeria.

Type IV – This is called unclassified as it captures every other thing done to the externally visible female sex organs (external female genitalia). This includes massaging the clitoris, pricking, piercing, incisions, stretching of the labia or clitoris, introduction of corrosive substances or herbs into the vagina, scraping of tissue surrounding the vaginal orifice (Angurya cut) or the cutting of the vagina (Gishiri cut).

PREVALENCE OF FGM IN NIGERIA AND IN OYO STATE

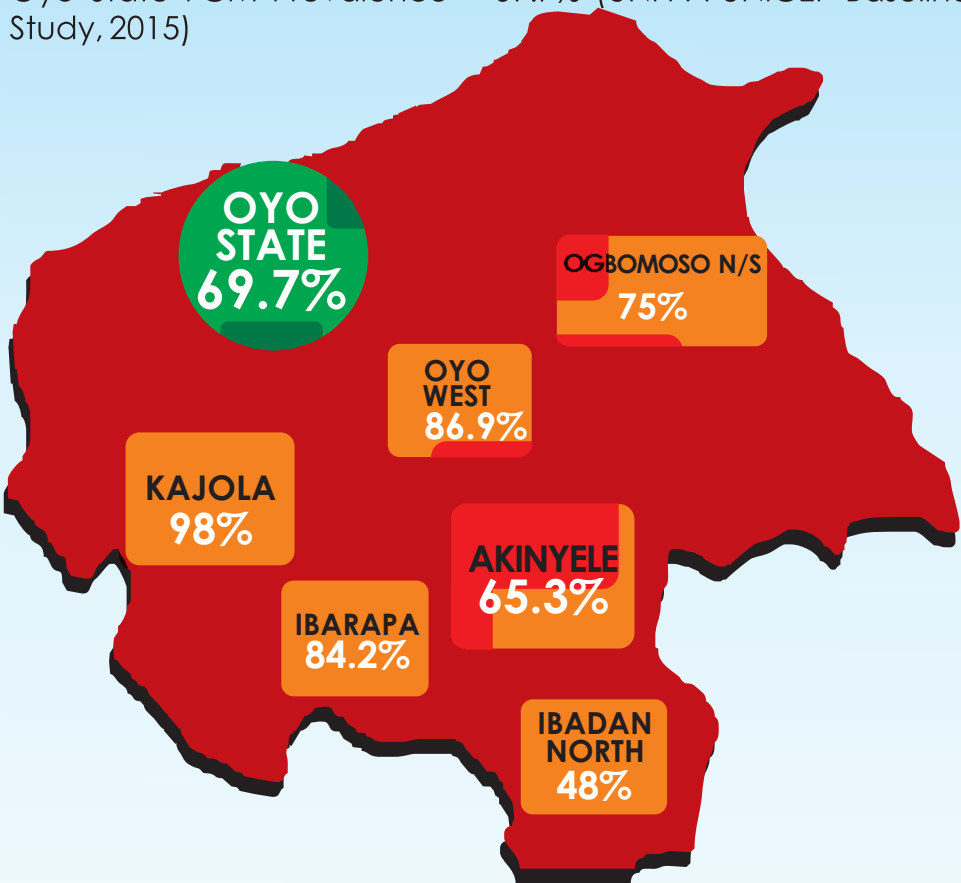
Data from the Nigeria Demographic and Health Survey (NDHS) 2013 and the Multiple Indicator Cluster Survey (MICS) 2011 are available on the prevalence of FGM in Oyo State. According to the NDHS, FGM is more prevalent in the south than the northern zones. States with the highest prevalence in Nigeria are – Osun – 76.6%, Ebonyi - 74%, Ekiti – 72.3%, Imo - 68%, and Oyo – 65.6%.



FGM Prevalence by Local Governments in Oyo State

Oyo State FGM Prevalence – 65.6% (NDHS, 2013)

Oyo State FGM Prevalence – 69.7% (UNFPA-UNICEF Baseline Study, 2015)



REASONS FOR PERFORMING FGM

Despite having no known health benefit for girls and women, FGM remains a traditional practice that is underpinned by social norms—the reasons, attitudes and beliefs that justify community and individual practice. Some of the reasons why FGM is performed in various communities in Oyo state and parts of Nigeria are as follows -



To Preserve Virginity and Control Sexual Urges

FGM custodians believe that an uncircumcised girl may be promiscuous because she will always seek sexual pleasure. Such a girl is not a source of pride for her family and community. It is believed that a “cut-girl” will only be interested in pleasing her husband.

Child Birth and Death

Some believe that an uncircumcised woman may not be able to give birth. If she does, and the baby's head touches the clitoris during birth, the child will die.

Itching

It is also wrongly believed that an uncircumcised girl will itch repeatedly until she is circumcised.

Religious Beliefs

It is a religious injunction stated in the Bible and Qur'an. FGM is reported to predate Christianity and Islam as there are records of the practice as far as 500 BC in Egypt.

Culture and Tradition

This is one of the commonest reasons for FGM in Nigeria and several parts of the world. It is perceived as an age-old culture that should be preserved. Practitioners believe that the child does not die in the hands of the circumciser (Omo o kin ku l'owo Onikola) but they often are not around to tell what happens after they have left!

HEALTH CONSEQUENCES OF FGM

FGM has negative effects on health; these include –

- Shock from bleeding and the possibility of death when this is done on babies
- Pelvic Inflammatory Diseases which can lead to painful urination and painful menstruation
- Vesico Vagina Fistula (VVF), that is the continuous involuntary discharge of urine into the vaginal vault. About 85% of cases of VVF in Nigeria are caused by FGM.
- Circumcisers could also do damage to organs like the bladder, anus and urethra.
- Severe pain during sexual intercourse and loss of interest in sexual activity which can lead to strain in marital relationship.
- Painful child delivery and prolonged labour due to loss of elasticity of the vagina for expansion during conception. This is common with Type III.
- High risk of infection when one instrument is used for multiple FGM procedures.
- It could also lead to depression and feeling of incompleteness by the victim/survivor.
- Development of cysts and keloids at the site of the scar, often causing embarrassment and marital problems, and might require surgery for removal.

WHY CAMPAIGN TO END FGM?

87% of girls age 0-14 and 80% of women age 15-49 were cut by a traditional agent (circumciser, Traditional Birth Attendants and others). They are not medically trained and the instruments used

are sometimes crude – broken glasses, razor blade, scalpels, and more. 12% of girls and 13% of women were cut by a medical professional (Doctor, Nurse/Midwife and others) and medical professionals and regulatory bodies like the Nigeria Medical Association, National Association of Nigeria Nurses and Midwives, Ministry of Health have also maintained that the practice has no benefit whatsoever. No doctor or nurse is trained to perform female genital mutilation.

The Federal government of Nigeria also recognises the dangers of FGM and have passed a law that makes FGM illegal. FGM attracts a jail term not exceeding 4 years or a N500,000 fine or both. Passed in 2015, it is called the Violence Against Persons Prohibition Act. In Oyo State, the Child Rights Law 2006, Part III, Section 6, 1-3 also makes FGM criminal.

Organisation like the World Health Organisation declared FGM harmful in 2003. The WHO as well as other public health organisations give recommendations on curbing public health issues like Ebola, Lassa fever, Malaria, and others. If we took their recommendations on those, why reject that on FGM?



IS FGM ONLY DONE IN NIGERIA?

No. FGM has been documented in over 28 African countries, a few Asian countries and in the Middle East. It is also prevalent among immigrant communities in the United States of America and Europe. It is mostly done on the 8th day after birth to about age 15 in most cultures. For some, it is done before marriage or childbirth. In some places, an uncircumcised dead woman will not be buried.

I WAS CIRCUMCISED, WHAT DO I DO?

Do not hate your parents, guardian or relatives. Remember that they did it because they thought it was in your best interest, even though this is not true. Approach any government or private hospital and ask to see a medical specialist – gynecologist or obstetrician. He or she will be able to assess you and make recommendations so that you do not have problems during childbirth or other complications associated with FGM.

NOW THAT YOU KNOW, WHAT CAN YOU DO?

Understand the Issues: Do more research about this practice, contact us to ask questions or if you would like to discuss FGM further– contact@onelifefirstinitiative.org, +234 8094232675. You can also read what others are saying and doing to EndFGM in Africa at www.thegirlgeneration.org

Sensitization: Talk about FGM with your peers. We know that FGM as a topic in many communities and families; is framed as a taboo subject. Nevertheless, we need to begin to continue to discuss it and make an effort to better understand the social norms that underpin the practice so that we can influence an end to FGM.

Begin Your Own Campaign: You can become an EndFGM champion; you can begin a campaign in your community by speaking with individuals and group of people. You can leverage the arts to show dangers of FGM, write poems and articles to be published in your local media, you can even get on radio or other major means of communication in your community to talk about it in your local language. We will be happy to support you.

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ABOUT ONELIFE INITIATIVE FOR HUMAN DEVELOPMENT

Onelife Initiative is a non-governmental organisation based in Ibadan, Oyo State Nigeria. We programme to make social development work for young people. Our advocacy work to ending FGM targets urban, sub urban and rural dwellers. We work around themes denominated by young people, development and the media.

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