SOCIO-CULTURAL BENEFITS AND CONSEQUENCES OF FEMALE GENITAL MUTILATION IN RURAL COMMUNITIES OF EBONYI AND ENUGU STATES, NIGERIA

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Abstract
Female genital mutilation (FGM) is a traditional procedure of removing the whole or part of the female genitalia for non-medical reasons, but for cultural and social reasons usually without the consent of the individual. It has been found by World Health Organization to be harmful to the health of women, and is internationally recognized as illegal. This paper discusses about the types and rationales of the practice of FGM and attempts to identify social benefits, cultural benefits, economic benefits of FGM and its consequences. The paper examines the tension between the Radical Feminist and Cultural Relativist approaches in regard to the practice of FGM. Radical Feminist is against the practice of FGM as a harmful cultural practice that violates human rights of women. Whereas Cultural Relativists are supporting for the continuity of the practice as there is no culture which can evaluate other cultural practices as moral, ethical and valid or not, and as it is performed for the sake of preparing the girls for marriage and adulthood. This paper is significant in that it gives an insight into the socio-cultural justification and hence perpetuation of FGM.
Keywords: Female Genital Mutilations, Feminist, Gender-based violence, Patriarchy, Women's rights, Human right.

Introduction

Violence against women remains a significant problem in all societies and Female Genital Mutilation (FGM) is one of the most severe manifestations. FGM is a harmful traditional practice and a form of violence that directly infringes upon women's and girls' rights to physical, psychological and social health (WHO, 2012). In a joint statement, the World Health Organisation, United Nations Children's Fund and United Nations Population Fund collectively defined Female Genital Mutilation as an act, which "comprises all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs whether for culture or other non-therapeutic reasons" (WHO, 2012). UNICEF estimates that approximately 135 million women and girls have undergone FGM, with 3 million girls and women remaining at risk of the procedure each year (Murphy, 2006). It is also calculated that 100,000 women and teenagers die from complications related to FGM in childbirth per annum (Abbas, 2006). The World Health Organization describes four classes of FGM: the minor form is the Type I in which the clitoris is completely or partially removed. It is commonly referred to as "Clitoridectomy". Type II involves partial or total removal of the clitoris and the labia minora with or without excision of the labia majora. This is referred to as excision. The Type III is the most severe form (infibulation) where all the external genitalia are removed and the vaginal opening is stitched nearly closed, only a small opening is left for urine and menstrual blood (Green, 2005). This type is commonly practiced in Somalia, Sudan

and in parts of Egypt, Ethiopia, Kenya, Mauritania, Mali and Senegal (Rachelle, 2008). Type IV includes all other harmful procedures to the female genitalia for non-medical purposes, such as pricking, piercing, incising, scraping and caute rizing the genital area (Rachelle, 2008). FGM has deep sociological roots that create societal norms in order for families to be accepted by the communities. The social conventions place pressure on parents to perform FGM on their daughters in order to prepare them for marriage and adulthood (WHO, 2016).

In September 1991, a 13-year-old girl bled to death after being mutilated by a traditional circumciser in Kitui District, Eastern Kenya (Creel & Ashford, 2001). In Kericho District, western Kenya, 18 years old bled to death after being circumcised by a traditional circumciser at a farmhouse. She bled profusely and died before she could be taken to the nearest health centre. Another girl also died after being circumcised by two women in Meru District (Creel & Ashford, 2001). Many young girls have died due to bleeding but the majority of these cases are never reported since these actions took place in rural areas. (Karanja, 2003).

It is estimated that 200 million girls and women worldwide have experienced one of the four types of FGM (UNICEF, 2016). As a consequence of the immigration and refugee movement, 60,000 girls born to mothers with FGM are now living in the United Kingdom (Macfarlane & Dorkenoo, 2015). Although the UK's Female Genital Mutilation Act 61 (2003) makes conducting FGM an offence punishable by up to 14 years imprisonment, it is approximated that annually 20,000 girls in the UK are at risk of being cut. This has particular implications for UK health, social welfare and justice care professionals (Yoder, Abderrahim, & Zhuzhuni, 2004; Girls Summit, 2014; Global Summit to End Sexual Violence in Conflict, 2014). Increased immigration to Europe has meant that a cultural practice previously associated with the developing world has become an issue, indeed a problem that needs to be overcome in a culturally sensitive manner in European societies, including Ireland (Leye & Deblonde, 2004; Momoh, 2005).

In Africa, where FGM typically is practiced, maternal morbidity and mortality rates are much higher than in developed regions (Lewis, 2004). Haemorrhage as the leading cause of maternal mortality seems to be an underlying factor that increases the risk of such complications (WHO, 2012). Referring to female genital mutilation as female circumcision is misleading because it implies that the procedure is similar to male circumcision, which is necessary and simple involves the removal of piece of the foreskin of the male genital organ. The procedure is far more invasive and dangerous as a large portion of health sensitive tissues of the female external genital organs are normally excised (WHO, 2012).

In Nigeria alone, 20 million women and girls have been mutilated and this figure represents 10% of the global total. What this figure means in essence is that 1 out of every 10 mutilated girl or woman in the world is a Nigerian, according to Society for the Improvement of Rural People (SIRP, 2018). There are so many reasons why FGM is practiced in Nigeria. It ranges from cultural reasons to its being used to curb illicit sexual appetites of women and girls in the country. Federal Ministry of Health (FMOH, 2007) stated that, the practice of FGM is widespread in Nigeria and the age at which it is carried out and the type practiced varies from one geographical region and cultural setting to another. The Nigeria Demographic Health Survey (2008) reported that the prevalence of FGM among girls and women aged 15–49 years was 30%. Among girls aged 15–19 years, the percentage reported to be circumcised was 21.7%. The practice was found to be most common in the south-west (53.4%) and south-east (52.8%) regions of the country. In other words, FGM is mostly practiced by the Yoruba and Igbo tribes who primarily reside in these two regions (FMOH, 2007). The prevalence of FGM

in the remaining four geographic regions is as follows: south-south: 34.2%, north-west: 19.6%, north-central: 11.4% and north-east: 2.7% (NPC, 2009). The types of FGM commonly practiced in Nigeria are Types I, II and III, with Type II reported to be the most common. Type IV is practiced more in the north as 'Gishri' cuts, and in the south as the introduction of herbs into the vagina (FMOH, 2007).

In Enugu State, FGM is normally done due to the patriarchal system which is obtainable in most communities in the State, which ensures male dominance over women (SIRP, 2018). It is seen as a way in which the male folks subject and impose themselves on women. Another reason is that FGM is also often considered a religious/cultural obligation e.g. rite of passage into adulthood. In most communities in Enugu State, FGM is usually carried out on the eight day after birth, to coincide with the child's naming ceremony, which is a festive event with gifts and refreshments (SIRP, 2018). The naming and cutting are linked. All this has helped this practice to thrive in Enugu State. Recently, it is found that there is modern way FGM is being practiced in some places; by using some ointment or balm to rub constantly at the girl's clitoris in the vagina, so that with time the clitoris will cut by its self (SIRP, 2018). A local myth among some Ibos in the south-east region of Nigeria is that if a baby's head touches the clitoris, the baby will die or the breast milk will be poisonous (Adewale & Adewale, 2010). Another possible reason for the continue practice of FGM may be lack of awareness and knowledge of the health problems associated with FGM. The Women's Aid Collective (WACOL), cited in a joint British-Danish Fact-Finding Mission to Nigeria report that in states such as Enugu, Imo and Plateau, the prevalence of FGM is high.

Ebonyi State ranks second highest most prevalent State in the practice of FGM in Nigeria with rate of 74%, coming behind Osun State – 77% (NDHS, 2013). In Ebonyi State, FGM is very rampant in Ikwo and Izzi Communities under Abakaliki Local Government Area. The Ebonyi State Government on Tuesday, November 27, 2018, paraded two women in Okpuitumo Community, Abakaliki Local Government Area of the State over alleged genital mutilation carried out on 11 girls. Also paraded were five parents of the victims for allegedly approving and presenting their daughters for the illegal act (SIRP, 2018).

Moreover, some victims of FGM run the risk of having vesico-vaginal fistula (VVF) in the course of child bearing. Women with unrepaired fistulae constantly drip urine and faeces, making them social outcasts and likely candidates for divorce or abandonment. Such a woman's future is thus destroyed. It has the potential of destroying women concept of self, it leads to stigmatization to the victim, and its existence is a denial of equality for women in the society. For such women, it will be difficult for society to benefit from their full potentials necessary for development. The fear of societal stigma prevents these women not only from accessing support services and government welfare services, but also deters them from accessing the criminal justice system and other institutions such as the Human Rights Commission (HRC) for redress (Obasi, 2007). FGM leaves painful memories and lifelong consequences on the victims. It inspires permanent damage on its victim. This calls for investigations of certain socio-cultural complexities that hinder its eradication in Africa.

Kalev (2004) asserted that violations of the rights to physical integrity are most obvious when girls and women are forcibly restrained during the procedure and is practiced without their full consents. An unauthorized invasion of a person's body represents a disregard for fundamental rights. Generally, regardless of the reasons for its practice, FGM is a traditional harmful practice that violates the rights and dignity of women and girls: the rights to health and life (in a case when the procedure results into death), the rights to sexuality and physical integrity of

the person, the rights to be free from torture and degrading treatment. Although the practice has no health benefits whatsoever, they are mainly socio-cultural, plus economic reasons with harmful effects such as acute pain, bleeding, shock, infections including HIV/AIDS, birth complications, sexual difficulties and emotional problems (Yount & Abraham, 2007).
The passing into law of the Violence Against Person Prohibition (VAPP) Act, most lawyers, NGOs and anti-FGM campaigners in Nigeria were relying on the Nigeria Constitution and on the Child Rights Act (CRA) to speak against FGM in Nigeria. But one sad thing about the two foregoing laws is that it does not explicitly mention FGM as a criminal offence. It must also be noted at this juncture, that currently 13 States in Nigeria have their own State laws expressly prohibiting FGM. These States includes; Lagos, Osun, Ondo, Ekiti, Bayelsa, Ogun, Delta, Ebonyi, Oyo, Imo, Edo, Cross-River and Rivers State; but it has not been fully implemented.

Theoretical Orientation
Two Theories are used in this paper:
Radical Feminist Theory
Radical feminist theory is an approach in feminism. It is associated with the works of Shulamith Firestone, Ti-Grace Atkinson, Kathie Sarachild, Carol Hanisch, and Judith Brown. The ideology and movement emerged in the 1960s. It based on two emotionally charged central beliefs: (1) that women are absolutely devalued universally, (2) that women are everywhere oppressed violently by the system of patriarchy (Ritzer, 2013). Since men have constructed a patriarchal society in which men are holders of wealth and power, they engage in behaviours that maintain this control, whether consciously or unconsciously. Feminism as a legal concept has focused on the unjust subordination and discrimination of women (Nancy, 1996). Feminism maintains that politically, culturally, and socially, women have always been, and still are, oppressed, subordinated, devalued, and ignored. Furthermore, it has been argued that the exercise of power operates in such a manner "to the detriment of women." (Fineman, 1990). The disadvantage that women suffer is often viewed as a result of various systems of patriarchy. This traditional notion of patriarchy is unjust and contravenes the purpose of feminist legal theory. The ultimate purpose of feminist theory is to end restrictive and subordinate treatment of women (Nancy, 1996). This power struggle is inherent in the manner by which the sexes are socialized. Women are taught to be passive and submissive; men are instructed to be active and dominant. Tenderness, sensitivity and empathy are encourage for women and discouraged in men; because of this, men are socialized to devalue women and develop masculine self-concepts (Brownmiller, 2014). This power structure exists to maintain a hierarchical structure where violence is available and even necessary. Their reproductive capacity has selected women for male domination, as this was something men aimed to control.

The feminists' debate over women's rights as human rights poses complex questions on cultural, political, social, and economic conditions. Women, particularly in developing countries, are faced with constant challenges to maintain tradition in the face of rapidly changing social conditions due to globalization and culture change. When the maintenance of tradition involves human violations, these challenges can become life threatening, and female genital mutilation is one of the traditions that can become life threatening of women and girls that involved to this practice. One of the most important activities to feminists is the eradication of FGM as a harmful practice and promoting women's empowerment and integration in all societies.

Cultural Relativism Theory
The proponents of Cultural Relativism Theory: Franz Boas first articulated the idea in the 1887, later popularized by his students –Robert Lowie in 1917 and Alain Locke in 1924. They were

of the opinion that a person's beliefs and practices should be understood based on that person's own culture. They argued that FGM is a cultural practice of a certain society and is valid, ethical and moral for the society who is practicing it, so far as it is part of their culture without looking to the responses/conceptions of other societies. They had the notion that all cultures are equal, truth and ethical, and each culture has a freedom of practicing all that is relevant and valuable to the society regardless of the responses and viewpoints of other culture. Cultural Relativists stated that when we talk about FGM it should be in terms of "cleanliness, beauty and adulthood", that FGM is part of raising a girl in a proper manner. They have seen clitoris as dangerous and poisonous organs and must be removed since it is a means of cleanness and beauty of the girls (Kalev, 2004).

Cultural Relativism states: to understand another culture fully, you must try to see how people in the culture see things. What motivates them when they do those things? Such an approach does not preclude making more judgments or taking action. They have the view point that behaviour in one culture should not be judged by standards of another culture. They argue that there is no superior, international, or universal morality; that the moral and ethical rules of all cultures deserve equal respect (Kalev, 2004).

The Following are assumed benefits of FGM:

Social Benefits

According to a study in Marakwet, Kenya, in 2014, among the Meru, circumcision makes the individual a complete, acceptable and respectable member of society. Such a person was accorded rights and obligations by the society. FGM is an important social practice that is equated to male circumcision. Where FGM is a social convention (social norm), the social pressure to conform to what others do and have been doing, as well as the need to be accepted socially and the fear of being rejected by the community, are strong motivations to perpetuate the practice. Most of the female genital mutilation remains hidden and invisible not only because many victims prefer to keep quiet and the society ignores it, but also because some people see it as normal and therefore not a problem. This concern, therefore, constitutes a serious issue that must be tackled as a way of fully utilizing the potentials of Nigerian women towards accelerated socio-economic development. There are assumptions in which women are weak in areas of emotion and they are unable to control their sexuality so far that uncircumcised girls are assumed to run wild, or loose moral, bringing shame to their parents. Here, FGM is expected to reduce the girl's sexual desire and prevent sexual experience before marriage, and to ensure faithfulness of the woman to her husband (Ashenafi, 2003). Therefore, FGM is practiced to control the sexual desire of women. So long as society gives the practice its blessing, there will be social pressure to perform FGM.

Cultural Benefits

The commonly cited justification for the practice of FGM is cultural reasons. Communities that practicing FGM see it as prerequisite of maturity or transition from childhood to adulthood to be able to carry out marriage, child bearing, and other community affairs (Gracia, 2004). Likewise, Ashenafi, (2003) stated that "for most African women as well as other Third World women, marriage is not an option but a must for survival. Therefore, as far as marriage is necessary and FGM is precondition for marital status, girls are obliged to be mutilated. This indicates that girls are made to undergo the process of FGM not because it is important for them, rather for cultural values of the society. Moreover, there are also communities that believed that removing the external genitalia of girls and women is necessary to make them spiritually clean and then required by religion. It is, therefore, a valued cultural rite of passage that enhances recognition and prestige within the community.

Economic Benefits

Another reason is economic benefits the Circumcisers are gaining. Most Circumcisers or Cutters collect modest remunerations which could be monetary or in form of gifts though some see it as a public service to their community (Serour, 2013). In Africa, it is customary to compensate the Circumcisers with gifts and share the food and meat sacrificed during the circumcision feasts with them. In other settings where health care providers perform FGM, they do it either due to the erroneous belief that the procedure is safer when medicalized or because of the economic benefits (UNICF, 2016). It means that some Mid-wife Nurses or even some medical Doctors practice female circumcision using hospital equipment, just for personal benefit – to make money. This is one of the reasons why its eradication has met with a lot of obstacles. It is a source of income with high fees in countries where it is illegal.It gives employment and income for the Practitioners. (Serour, 2013). One Circumciser has this to say:

> My source of livelihood is "circumcising" young girls in the community - what will happen to me and my vocation? If I now stop this 'business' of mine in view of the new exposure and training I am receiving under this project, what will happen? I now feel really guilty about my trade of circumcising girls (SIRP, 2018).

Consequences of FGM

A research conducted on 2013 under Obstetrics and Gynaecology International, showed that across the World, between 100 and 140 million girls/ women are living with FGM and its health consequences like prolonged labour as a continuous outcome, obstetric tears, Caesarean section (Brownmiller, 2014). The study reported that there is prevalence of Caesarean Section for women with FGM compared to women without FGM. And again, there are more cases of episiotomy among women with FGM than women without FGM. Moreover, the result shows that women with FGM are more likely than women with no FGM to require instrumental delivery – Ventouse, Forceps, Vacuum delivery. The result supports the claim that FGM exerts negative impact on a range of obstetric events - the estimates for prolonged labour, obstetric haemorrhage and difficult delivery demonstrate disparities in obstetric outcomes for women with FGM relative to women who have not been subjected to FGM. In other local communities, the whole genital was digged and everything was removed (Hernlund & Shell, 2007). Women remain only with holes, thus, making it difficult to give birth, and after giving birth, the womb just comes out (Hernlund & Shell, 2007). FGM can expose women to serious health complications. Some of the long-term complications of FGM include epidermoid cysts, obstetric complications arising from the genital wounds may lead to prolonged labour, anal and spincter damage may develop into vesicovaginal or rectalvaginal fistulae, instrument delivery like vacuum delivery, episiotomy, obstetric/postpartum haemorrhage, difficult labour/dystocia. These complications may necessitate caesarean sections due to obstructed labour, and severe bleeding. The wound inflicted during FGM leaves a scar that narrows the birth canal and may lead to tear or episiotomy during childbirth. Such health complications strain the meagre health resources of the mothers and their families (Brownmiller, 2014).

The practise of FGM is painful as it is done without anaesthesia. It may also lead to severe loss of blood and in some cases death. Girls who undergo FGM regard themselves as mature and ready for marriage. This may lead to early sexual intercourse and teenage pregnancies, with girls becoming mothers before their bodies are fully developed. Sometimes the same tool is used to operate on several girls. When this happens without sterilization, there is the danger of spreading HIV and hepatitis B through contamination (Sambu, 2007).

Discussion

Despite the facts that FGM has some benefits, the consequences are great on women and the girl child. Men are benefiting from it, because they use it to maintain their patriarchal system in the society by which they exercise power over women – enforcing subordination and submission upon women. They are using it to maintain culture and tradition. Economically, they are making money out of it, without minding what these girls are passing through - the pains that are being inflicted on them through FGM. They forget that there are grave consequences. Nobody thinks what the girl child will suffer when she starts bearing children. Some women have long-lasting scars that permanently damage their reproductive system. According to Radical Feminists that view society as fundamentally a patriarchy in which men dominate and oppress women, FGM is one of the instruments they use to do so (Giardian, 2010).

Conclusion

This paper describes the traditional or customary ideologies, why some societies still stick to the FGM practice to this day, as well as provide information to the readers about what is happening in some places. If only the authorities and the societies implement the law against FGM, the negative effects of the practice will be a thing of the past. Many communities have been practising FGM for centuries regardless of its dangerous effects on women. While someone can argue out that their method cause the least damage or much milder, others say that it is a measure of toughness of a woman and still others could be it is a tradition. The practice brings much more harm and no good at all.

Female genital mutilation or female circumcision can no longer be seen as a traditional custom. It has come to be recognized as a problem in the societies, countries, and the whole world at large. The unnecessary health problem and the pain it inflicts on women, time spent in it, hospitalization costs and the possible loss of life qualifies it as a customary health hazard.

Recommendations

1) Change Traditions – Enlighten the younger generation on the consequences of FGM so that they can rise up against it.
2) Educate girls on their rights to decide what happens to their body.
3) Speaking out about the risks and the health problems associated with FGM in schools and communities – so that girls and women will no longer have to suffer in silence.
4) Faith leaders should create awareness in churches/mosque that religion does not demand FGM, for instance, Bible and Koran don’t support female circumcision.
5) Efforts to address female genital mutilation should be aimed at ensuring greater government involvement in the protection of women’s rights.
6) Health education and community dialogues with parents can bring a change towards abandonment of FGM.

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