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The effects of genital mutilation on girls in some selected towns of Bebeji Local Government Area, North-western Nigeria

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ABSTRACT

The research was conducted to investigate the effects of Genital Mutilation on girls and in some selected town of Bebeji L.G.A using girls of *Rantan, Cutar Biki, Unguwar Tura* of Bebeji Local Government Area, Kano State as case study. The simplex random sampling technique was used to select a simple size of 180 respondents from *Rantan, Cutar Biki,* and *Unguwar Tura* community. The descriptive type of research design was used. The instrument was the structured interview schedule simple percentages were used to analyze the data collected. Findings revealed that the practice of female genital mutilation has negative complications on girls. It is recommended that the practice of female genital mutilation should be abolished and law breakers be prosecuted. The so called positive effects of FGM can be achieved through proper nurturing of girls by parents and the society through education counseling, enforcing legislation advocacy and formation of watch dog committees FGM can be abolished.

Keywords: Genetial mutiliation, Bebeji town, genetial complication, Nigeria

1. INTRODUCTION

About 140 million women worldwide have suffered genetial mutilation (Epundu et al. 2018). The practice is common in most of the African Countries. Female genetial mutilation is

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defined by the World Health Organization (WHO) as all procedures which involved partial or removal of the external female genetalia or injury to the female genetial organs (Okeke et al. 2013). All ethnic groups in the world behave or do things in a particular manner which gives them some sort of identification. This implies that groups of people have their own cultural values and systems which transmitted through socialization to their offspring culture, according to the renowned English anthropologist, Edward B. Taylor is "that complex whole which includes knowledge, belief, art, morals, Law, customs and any other capabilities and habits acquired by man as a member of society. Culture embodies enduring behaviors ideas, attitudes and traditions shared by a large group of people and transmitted from one generation to the next. In other words, the way people behave their way of thinking, values, religious practices as well as their music and dance are all embodied in their culture. Behavior in culture refers to "thinking" and "doing". In other words "doing" comes as a result of "thinking". One can think of customs such as festivals and puberty rites and act (doing) by pouring libation sprinkle mashed yams and eggs (oto) for the gods and perform some rites of passage. The life of every human being proceeds in a transition from one developmental levels are so important to the society that they are marked by some ceremonies. One of such levels is the puberty or adolescent stage. In many ethnic groups in Bebeji, Puberty is marked by rites of passage. These are public ceremonies, full of ritual symbolism that records the transition being made. Puberty rites are initiation ceremonies that are performed to usher the initiate into adulthood. Puberty rites in Bebeji local government include:

1) "Brogoro" – A puberty rite for girls, this rite is performed when a girl experiences her menarche (first menstruation).
2) "Dipo" – practiced among Unguwa Tura community in Bebeji Local Government Area.
3) "Female Genital Mutilation" – this is another puberty rite observed for girls in cutar Biki and Rantan community. This rites is also referred to as female paranoiac or sunna circumcision.

Female genital mutilation (FGM) comprises all procedures that involve partial or total removal of the female external genitalia and/or injury to the female genital organs for cultural (Ekenze et al. 2007) or any other non-therapeutic reasons it does not include surgery performed for medically prescribed reasons (Ekenze et al. 2007). FGM is practiced in more than 28 African countries including Egypt, Sudan, Somalia, Eritrea, Nigeria, Burkina Faso, Cote d'ivoire and Ghana. It is also practiced in some part of the Arab world and part of South-East Asia (WHO Report, 1997). Research findings have revealed that between 85 and 114 million girls and women have been subjected to female genital cutting world wide (WHO report, 1994). It is believed that Egypt, for instance has been in the practice for at least 2000 years. One great physician writing in the sixth century praised the Egyptian practice of genital excision explaining that unless the clitoris is cut, it will continue to grow and lea to inappropriate thought or behavior in young women (population impact project, April, 2000).

2. HISTORICAL BACKGROUND OF FEMALE GENITAL MUTILATION

The study area is located in the northern part of Nigeria with two distinct seasons i.e the rainy season (May – October) and dry seasons (November to April) prevailed the study area

(Getso et al. 2018; Salihu et al. 2016). The study area for centuries had been the most important commercial and industrial nerve centre attracting millions from all parts of the region and beyond (Nabegu and Mustapha (2014). Cultural identity is of paramount importance to every one in any given society, hence the preservation of cultural identities and traditional practices such as female genital mutilation. Female genital mutilation is believed to have been introduces in some selected communities by the local inhabitants called Maguzawa (pagans and traditionalist) in Bebeji Local Government Area of Kano State. Among the local inhabitants female genital mutilation as a practice is an inherited customary practice from the forefathers that has socio-cultural and religious implication. Generally however, it is believed that female circumcision has it origin in the male desire to control female sexuality. In tradition African societies, it was absolutely necessary for girls to remain chaste until marriage. Therefore young girls were mutilated to prevent or eliminate any sexual desires until marriage.

Why female genital mutilation?

A number of reasons have been assigned to the practice of FGM. The female external genitalia consist of the Nons pubis, the labia majora and the labia minora, the orifice and the clitoris. The clitoris is considered as a short penis in the female and gets erected when stimulated, it has a lot of nerve endings and is the most sensitive part of the vagina (Byer, Shainberg) and Gallino, 1999) cited in African studies module (CCE, UCC). The labia majora are rounded pads of fatty tissue lying along both sides of the vaginal opening. The labia minora is a hairless pair of lips that occur within the major lips. They usually cover the vaginal openings these inner lips fold and come together in front to form a hood that conceals the clitoris. The labias, especially the minora have rich supply of nerve ending and hence very sensitive to touch and extremely important in stimulation and arousal.

In traditional African society, a girl is expected to marry while still a virgin in certain parts of the country including the Northern sector. It is a disgrace for the family, should their daughter be found not to be a virgin on her wedding day. To help girls stay virgins till they get married, these sensitive parts of the genitalia are cut off to prevent any sexual arousal.

Furthermore, in the three communities, the clitoris is seen as the exact equivalent of the penis and until it is removed, a woman is considered masculine women who die uncircumcised in this part of the country are buried as men (Adongo, Philips and Kajihara, 1997). There is a belief that children who pass through clitoris during birth are destined to be social deviants (Adongo et al; 1998). This has no scientific base it is sheer superstition and can therefore be ignored. It is also believed that FGM enhances reproduction health such as easing the labour process in child birth (Tukur et al. 2006).

This is absolutely false in that, as systematic review of research on the health complications of FGM dating to child birth revealed that all types of FGM cause a direct mechanical obstructing or barrier to delivery. In some communities, it is erroneously believed that girls become more beautiful when circumcised. The girls become plump and more beautiful not as a result of the cutting of their genitalia but due to the excessive feeding they are made to undergo during period of confinement which precedes the ceremony itself (Mbacke, Adongo, Akeongo and Rinka, 1998).

This has no scientific evidence; it is sheer superstition and can therefore be ignored. It is also believed that FGM enhances reproductive health such as easing the labour process in child birth (Tukur et al. 2006). This is absolutely false in that, a systematic review of on the health complications of FGM relating to child birth revealed that all types of FGM cause a direct

mechanical obstruction or barrier to delivery. In some communities, it is erroneously believed that girls become more beautiful when circumcised (Ekwueme et al. 2010). The girls became plump and more beautiful not as a result of the cutting of their genitalia but due to the excessive feeding they are made to undergo during the period of confinement which precedes the ceremony itself (Mbacke, Adongo, Akeongo and Rinka, 1998). The age at which this practice is carried out on any individual varies depending on the area and ethnic group. In certain areas, it is done at birth, age four, ten, adolescence, at the time of marriage or during pregnancy (Althaus, 1997). In Nigeria, girls are act at around age seventeen (17), Burkina Faso-around age nine (9) and Mali at age six (6) (WHO information Kit, 1994). Based on the above premise it can be concluded that FGM is performed on girls between the ages of 17 through the adolescence and into young womanhood. In the Bebeji Local Government area of Kano State, circumcision is generally carried out when girls are between the ages of fifteen (15) and eighteen (18) years of age.

Types of female genital mutilation

According to the world health organization (WHO), there are three main types of FGM with wide variation among groups. These are:

1) Sunna
2) Clitoridectomy
3) Infibulations

Sunna circumcision is the mildest form of female cutting. It involves the removal of the prepared or the foreskin of the clitoris. This type, also referred to as the "Type 1" as analogous to the make circumcision. Clitoridectomy or type II circumcision is the excision o the clitoris with partial or total excision of the labia minora.

The labia minora or the small lips of the vagina are structures which surround the entrance of the vagina. Infibulations is the most drastic form of circumcision. It is also known as "Pharaonic" or type III circumcision infibulations involves the cutting of the entire clitoris and therefore the adjacent tissues or labia minora and the labia majora are both operated upon. When the operation is performed, the raw edges of the wounds are then sewn together leaving only a tiny opening for variation and menstruation. At the operation the girl's legs are bound together and she lies motion less until the wounds are healed. In addition to the three main types of mutilation, there is a range of rare forms of surgeries and unclassified manipulations and practices identified by the WHO. These include pricking, piercing, incising or streehing of the clitoris and or labias, burning or radiation of the clitoris, scraping of tissues surrounding the vaginal orifice (angurgacuts) and cutting of the vagina (Gishiri cuts) (WHO, 1997).

"Angurga" cuts are operated at the orifice that is the foreskin of the opening in which the vagina joins the clitoris.

"Gishiri" cuts are operated on the vagina itself.

Implementing for Cutting

The operation is usually performed by traditional birth attendants and elderly women or men known as circumciser (Epundu et al. 2018). They do not have any scientific medical training and no surgical skills. They sue primitive scissors and broken earthenware pots. These

tools are usually old rusted and might be laid on the dirt even on a pile of low during just prior to the operation. Generally, the operation is performed under poor hygienic- conditions and without anesthetics and antiseptics. After the operation various substance are applied or rubbed on the wounds to stop bleeding. Operations performed under poor hygienic conditions, using primitive and which is dangerous to life and health of women. Data contained in WHO-information kit (1994) revealed as mentioned earlier, that between 85 and 114 million girls and women have been subjected to female genital mutilation worldwide. Female genital mutilation in one form or the other continues to exist in around 40 countries including some African countries it is estimated that at least two (2) million females are at risk of experiencing this practice per year. The WHO estimates that in Africa over 130 million girls and women living today have undergone some form of FGM (Ashimi et al. 2015).

Sexual and Psychological Effects of Female Genital Mutilation

The sexual and psychological effects of female genital mutilation came out to say that a girl will grow to hate marriage and sex owing to the pair and discomfort associated with it as a result of the operation. He is of the view that although girls have heard about the pair associated with circumcision they accept it because it is a shame to rebel.

Generally, female genital mutilations are commonly associated with psychosomatic and mental problems as well as symptoms' and disorders that affect a wide range of brain function. Victims experience sleepiness, nightmares, los of appetite and weight. There are also post traumatic stress, panic, attacks, mood instability and difficulties in concentration and learning.

More so, as the victims, especially the girls grow older, they develop feelings of incompleteness, loss of self-esteem, depression, chronic anxiety and oven psychotic disorders.

Physical complications

Physical complications associated with female genital cutting were found among 14% of women in a Burkina Faso study. The most common were keloids (62%) and adhesions (20%). Keloid complications are when there is excessive amount of scar tissues at the site of a skin injury. Adhesion complications refer to abnormal connection between two surfaces in the body which should not have been connected (Briets, 1999).

Short Terms Complications

Girls develop urinary retention during the first few days after the operation because of swelling tissues. This causes additional pain and possible chronic urinary tract infection. That apart, there is profuse bleeding culminating in loss of blood which in turn causes death in some cases, all because the blood vessels are damaged. In sum, short term complications include profuse bleeding, severe pains, acute urine retention, infection and failure of the wounds healing.

Long Term Complications

Girls who are circumcised after experience menstrual problems, including retention of menstrual flow because the opening remaining to allow blood to flow through is too small. In addition, babies born to infibulated women often die or suffer oxygen deprivation because labour becomes obstructed and prolonged (WHO, 1996).

Long term complication also includes

1) Recurrent urinary tract infections
2) Infertility
3) Painful intercourse and sexual dysfunction
4) Problems in pregnancy and child birth such as cutting the vagina to allow delivery and stitching.
5) Death through bleeding

Legislation on Female Genital Mutilation

The debate on female genital mutilation started in the 1950's and the 1960's when the consequences of genital cutting were brought to the attention of world bodies such as WHO. The issue of female genital mutilation was first raised in an international conference in 1975 when the Australian delegation at the first UN conference on women in Mexico City proposed a motion condemning it. In 1992, the international federation of Gynecology and obstetrics published joint statement on female circumcision with the World Health Organization. Again, in 1993 the World Health Assembly (WHA), the highest authority the World Health Organization issued a similar statement. Both statements condemn the practice of female circumcision as harmful and call for coalitions to abolish it. The New England and journal of Medicine, 1994). It is worthy to note that even though there are laws in many countries that forbid the practice of some of these cultural practices, people still do it for the sake of tradition.

The Problem

Female Genital Mutilation (FGM) has become an affront to human dignity because of the extensive heath risk associated with it. it has become a problem of the entire African continent and for that matter the Rantan, Cutar Biki and Unguwar Tura communities Bebeji Local Government people actually believe that the practice is causing more harm than good and must be abolished. The study therefore seeks to find out more about the practice, more of the complications impact of female genital mutilation on three communities girls and how the practice can be abolished if possible, at least in the communities of study.

Objectives of the Study

1) To investigate the positive effects of female genital mutilation.
2) To indentify the negative effects or complications of female genital mutilation on girls.
3) To ascertain the practice of female genital mutilation be discontinued or abolished in the various affected communities.

Research questions

The research attempts to answer the following questions:

1) Are there any positive effects of female genital mutilation on females?
2) Are there any negative effects or complications of female genital mutilation on girls?
3) To what extent can the practice of female genital mutilation be discontinued or abolished in the various affected communities?

Research design

The study was purely descriptive in nature; therefore the descriptive type of design was used according to Dworetzky (1985) a descriptive research describes only what has occurred for this reason, it does not involve treatment and manipulation of variables, but rather describing, recording, analyzing and interpreting conditions that exist.

Instrumentation

The structural interview schedule type of instrument which comprised both dichotomous response items and multiple choice items was used. The dichotomous response items require responses in the form of yes or no, while that of the multiple choice was made up of specific questions and their responses designed by the researcher to enable the interview to choose all that was applicable to him or her. There were also a few open-ended questions for the interviews to respond to. In addition the researcher observed two operations.

Population and sample

The target population constitutes adolescent girls, women and men among the three communities in Bebeji Local Government Area of Kano. The accessible population comprises all adolescent girls, married women and men in three selected communities in the Bebeji Local Government, the three communities are: Cutar Biki, Rantan, and Unguwar Tura.

The simple random sampling technique was employed to select 25 adolescent girls 20 married women and 15 men from each of the three selected communities in all, 75 adolescent girls, 60 married women and 45 married men were sampled giving a total sample size of 180.

Data collection

For research purposes, the Navrongo Health Research centre had already numbered all the houses in the selected area. The researcher took advantage of this situation and used houses with odd numbers for the study. The chiefs and elders of the selected areas were consulted and the purpose of the study explained to them. The chiefs in turn asked that “gongs” should be beaten for the information to be passed on to the people in the communities. Interviewees were randomly selected and the purpose of the study explained to them once more. After this respondents were asked questions from the structural interview schedule which they responded for the researcher to record.

A period of three weeks was used to conduct the interviews and in the process the researcher had the opportunity to witness two of the operations (Sunna) performed two girls aged fifteen (15) and sixteen (16).

The statistical technique used in testing the research questions was simple percentages. A total of one hundred and eighty (180) respondents were used. The table below shows the characteristics of respondents in relation to gender.

The total number of females used sum up to 135 representing 75% of the respondents. Comparing the number of female respondents to the males 45 (25%), it is realized that the women for out-number males. This is so because the research basically focused on females. The males were added because they are party of the community and their opinions on the practice can be solicited.

Table 1. Gender Distribution of Respondents.

Sex	Subjects	Responses	%
Female	Adolescent	75	42
	Girls		
Female	Adult	60	33
Male	Adult	45	25
Total		**180**	**100**

Research question one

Are there any positive effects of female genital mutilation on girls?

Table 2. Positive Effects of female genital mutilation

Positive effect	Frequency	%
Preserves virginity and protect marital fidelity	58	32.2
Enable girls to marry properly	51	28.3
Gains respect in society	50	27.8
Participate in funerals	21	11.7
Total	**180**	**100**

Results of data analysis for research question are indicate that there are some sort of positive effects of female genital mutilations so far as people of the research area are concerned. Under item 10 of the interview schedule (why does your community practice female genital mutilations?) 58 (32.2%) out of the total respondents of 180 said female genital preserve girl's virginity and protects marital fidelity.

Fifty one 51 (28.3%) said FGM enables girls to get married properly concerning gaining respect in the society, 50 (27.8%) of the respondents – responded positively. Finally, 21 (11.7%) said FGM offers females the opportunity to participate in funerals of their departed parents.

Research question two

Are there any negative effects of female genital mutilation on girls?

Table 3 above describes the various negative effects of FGM on girls. Statistical data in the table depict that out of the 135 female respondents used for the study, 46 (34.1%) said they experience physical complications, 25(18.5%) said they get infections such as candidacies. The

rest 24(17.8) also said they experience same psychological complications. The study therefore reveals that there are negate effects of female genital mutilation on girls.

Table 3. Negative effects of Female Genital Mutilation on Girls.

Negative effects	Frequency	%
Physical complications	46	34.1
Sexual complications	40	29.6
Infections	25	18.5
Psychological complications	24	17.8
Total	**180**	**100**

Research question three

To what extent on the practice of female genital mutilation be discontinued or abolished in the various affected communities.

Table 4. Approaches to discontinue female genital mutilation

Steps/approaches	Frequency	%
Educational/counseling	108	60
Enforcing Legislation	50	28
Watching-dog Committees	15	8
Others	7	4
TOTAL	**180**	**100**

Data collected under table 4 reveal the most of the respondents 108(60%) suggested that education and counseling should be used as tools in eradicating and counseling should be used as tools in eradicating female genital mutilation. The table also depicts that 50 (18%) of the total respondents of 180 talked of enforcing legislation while 15(8%) said watch-dog committees should formed in the affected areas. The remaining 7(4%) mentioned areas like giving incentives to people who report offenders and universal schooling for girls.

2. DISCUSSION

The residents of three communities of Bebeji Local Government are of the view that FGM has some positive effects on girls. The positive effects mentioned include preservation of

virginity, marital fidelity, marriage, societal respect and participation in funerals. These are no doubt cherished by the people of the study area every society has values. No society can be strong or healthy unless that society has a set of common values that give meaning and purpose to group life. Values as a "collection of beliefs that provide guidelines for conducting one's life and relations with other people. Values operate at two levels the community level and the personal level.

Community values guide the type of social relations, attitudes and behaviors that should exist between individuals who live together in a community, sharing a social life and having a sense of common goal. The individual on the other hand is expected to acquire these communal values as he/she natures and builds on them to distinguish between right and wrong. Mutilating a girl's genitalia has very little if any to do with moral values. What is instilled in the individual by family and society will determine the subsequent upright behavior one will put up concerning preservation of virginity, marital fidelity. Marriage as well as commanding respect in the society, female genital mutilation has therefore no basis for as the above mentioned factors are concerned. It is a mere act of wickedness performed for the sake of tradition.

Findings for research question two revealed that negative effects of FGM include physical sexual and psychological complications as well as infections. Physically victims of FGM suffer long-lasting complications including death. Ekenze et al. (2007) stressed that immediate physical complications female genital mutilation include severe pain, shock, hemorrhage tetanus or sepsis, urine retention, ulceration of the genital region and injury to adjacent tissues. On Reproductive Health Morbidity. Ekenze et al. (2007) is of the view that girls and women who are cut run five times the risk of having pain at urination, four times the risk of bleeding during sexual intercourse and three times the risk of developing pain during sexual intercourse. Sexually, many victims of genetial mutialation experience various forms and degrees of sexual malfunction and infertility (Osarumwense 2010). Vaginal penetration; can be difficult or impossible with further tissue damage (tears) and bleeding. Orgasm is lost because of the absence of the clitoris. Such females may not experience sexual desire and fantasy as females with intact genitals. Circumcised girls develop chronic sexual problems especially during early marriage which often break up marriage relations. A young somatic woman Marlan, had this to say; Now, l am married and find sex painful; a thing to avoid. On the other hand, I love my husband and would like to enjoy sex with him but I can't (Global Child Health News and Reviews, 1993:250).

On psychological complications, Ekenze et al. (2007) revealed that genital mutilation is usually connected with psychosomatic and mental problems that affect a large chunk of brain functions. Victims exhibit sleeplessness, nightmare, and loss of appetite weight loss or excessive gain in weight. There is also post traumatic stress panic attacks, mood instability and difficulties in concentration and learning. In later years women may develop feelings in completeness. Loss of self esteem, depression, chronic anxiety, phobia, panic or even some cases. Psychotic disorders. Females who undergo FGM also experience infections of all types. These who are cut run sixteen times the risk of developing pelvic inflammatory disease than those not cut (Ekenze et al. 2007). Where penile vaginal intercourse becomes a problem. Penile –anal intercourse is resorted to. This can damage and tissues resulting in HIV/AIDS infection.

Rusted and infected primitive surgical tools can lead to other forms of infection.

Research question three sought to find ways and means of discontinuing or abolishing the practice of female genital mutilation. Findings revealed education, counseling, enforcing legislation and watch-dog committees as some of the ways through which the practice can be

abolished. Education is a great eye opener. When girls are given formal education they will see reality better and be in a position to take some major decisions concerning their lives. A girl who went through infibulations had this to say years later when she had been exposed to formal education: "If I could only turn back the clock and if I know then what I know now, I would have fought and nail against infibulations…." (Global Health News and Review 1993: 225).

When we appeal to people's conscience and reason with them, they tend to understand issues better and sometimes comply with the advocacy being made counseling will therefore go a long way to help alleviate the practice of FGM. The government should pass laws on the abolition of the practice in question people in the community should be encouraged to report offenders.

3. CONCLUSION

Female Genital Mutilation is only a health issues but also an abuse of fundamental human rights of the girl child. It is considered from of violation on the right of women and children and poses a serious threat to their reproductive health. The abuse of fundamental human rights any citizen including women and children is against constitutions, several universal as well as regional instruments. These include the Universal Decoration of Human Rights and the UN Convention on the Elimination of all forms of Discrimination against women. Others are the convention on the Rights and Welfare of the Child. Female circumcision can have an universal negative effect on the victim for the rest of her life and must therefore be condemned in no uncertain terms.

Recommendations

1) It is recommended that female genital mutilation must be abolished since it is a form of violence against women.
2) People should be educated intensively on the negative effects of the practice.
3) Some of the negative effects on the genitalia should be filmed by Mobile Cinema Vans for people to see the reality better.
4) Traditional leaders need to be convinced that the type of behavior the girl or woman up depends on the training she is given at home and has nothing with the clitoris and the labia's.
5) Those who perform such barbaric operations should be arrested and prosecuted.
6) Any traditional 'surgeon' who cuts the genitalia of a female to bleed to death should also be sentenced to death.

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