



# **JOURNAL OF EDUCATION AND APPLIED PSYCHOLOGY**

*Special Edition for the Departmental  
Conference on Internally Displaced  
Persons (IDP) held in 2016*

ISSB: 20067461

Vol. 7. No. 1

March, 2017



*Dr Baba Dore Abubakar*

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## **Journal of Education and Applied Psychology**

### **Subscription**

Journal of Education and Applied Psychology is published once in a year by the Department Counselling Psychology. Ibrahim Badamasi Babangida University, (IBBU), Lapai, Niger State, Nigeria.

Orders for specific volumes or issues should be sent to:

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Department of Counselling Psychology,  
Ibrahim Badamasi Babangida University,  
P.M.B 11, Lapai, Niger State, Nigeria  
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ISSN: 20067461

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**Journal of Education and Applied Psychology**  
A publication of the Department of Counselling  
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# FEMALE GENITAL MUTILATION: A HARMFUL SOCIO-CULTURAL PRACTICE TO REPRODUCTIVE HEALTH OF WOMEN

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|BY|

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## **Abstract**

*This paper reviewed the harmful effect of genital mutilation on the reproductive health of women. The paper examined the concept genital mutilation and the procedures involve in carrying it out. It highlighted the types, reasons, as well as complication of female genital mutilation. This paper further appraised the general health effects of genital mutilation on the reproductive health of women. Recommendations were given on how to curb the menace of this age long practice.*

**Key Words:** Female, Genital, Mutilation, Harmful Socio-cultural,

## **Reproductive, Health.Introduction**

There are many socio-cultural practices that affect health and well being of people in our community. Some of these practices are harmful, while others are helpful to health. Some of the harmful socio-cultural practices are female genital mutilation, forbidding the consumption of certain classes of foods (food taboos) in some communities, home delivery, use of cow dung for the treatment of umbilical cord, traditional hot bath for woman that have just delivered a baby, the application of unhygienic herbs prepared by the traditional healers for treatment of disease e.t.c

It has been reliably revealed on 5<sup>th</sup> March 2004 by Amnesty International that an estimated 135 million of the world's girls and women have undergone genital mutilation, and two million girls a year are at risk of mutilation. Approximately 6,000 per day. It is practiced extensively in Africa and is common in some countries in the middle East. It also occurs mainly among immigrant communities in parts of Asia and the Pacific, North and Latin America and Europe. Female genital mutilation is reportedly practiced in more than 28 African countries.(Amnesty International Organization, 2006).

Female genital mutilation has posed serious problems to the reproductive efficiency of women that have been its victims. The practice of female circumcision has become rampant all over the world, most especially in some Africa countries such as Kenya, Nigeria, Sudan, Tanzania, Senegal e.t.c Idowu & Molayoto (2009) stressed that female genital mutilation (FGM) is an age long tradition in the African culture. Its history according to them can indeed be traced to the beginning of human race. Al-Adeeb (1997) noted that the practice has been on increase in some African and Asian Countries with serious complications recorded.



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The current trend in practice of female circumcision has not given hope of its eradication or control. The practice is now rampant to extent that it cuts across all the three regions of Nigeria. Inter-African Committee (IAC, 2000) stated that despite the efforts made every year to discourage the practice of F.G.M which is wide – spread in Nigeria, it has been estimated that more than fifty percent of Nigeria girls and women have undergone the procedure while many are still being subjected to this dangerous practice. The committee further reported that female Genital Mutilation (F.G.M) is prevalent among the Urhobos of Delta state, Ishan and Bini people of Edo state, Owu in Abeokuta, Ibadan, Kanuris in the far North, Oke-Oyi, Kwara state; Ibibios in Akwa-Ibom state and other ethnic groups in Nigeria.

### **What is Female Genital Mutilation?**

The term circumcision refers to removal of any part of reproductive system in both male and female aimed at ensuring proper coordination and regulation of reproductive activities. Oxford Advanced Learner's Dictionary (2000) defined circumcision as the removal of the genital foreskin of a boy or man, and cutting off part of the sex organs of a girl or woman.

The incidence of circumcision with its attendant consequences and complications have been reported in different research reports. Peltzer, Nqeketo, Peters & Kanta (2008) noted that account of serious complications or adverse events after adolescent and adult circumcision in traditional settings in Africa are many. In every circumcision season according to them, there are articles in national and local newspapers depicting in words and pictures of cases of advanced infection, severe loss of blood, mutilation and even death due to events attributable to male circumcision. They stated further that, among 50 patients admitted to hospital with post circumcision complication in Nigeria and Kenya between 1981 and 1998, 80% had been circumcised by medically untrained traditional surgeons.

Female Genital Mutilation (FGM) which is otherwise known as female circumcision involves the excision of part of clitoris, labia minora and majora and other supporting tissues of the external genitalia. Amnesty International (2006) defined female genital mutilation as the removal of part, or all of the female genitalia. Erica (2000) opines that female genital mutilation is the removal of external female genitalia, which has been part of a celebrated ritual in the lives of girls and women in some cultures and countries for centuries.

### **The Procedures of Genital Mutilation**

The type of mutilation practiced, the age at which it is carried out, and the way in which it is done vary according to a variety of factors including the woman or girls ethnic group, what country they are living in, whether in rural or urban area and their socio-economic status. According to Delano (1990) and Epstein (2001) female genital mutilation consists of the following steps:-

- The procedure is carried out at a variety of ages ranging from shortly after birth to some time during the first frequency, most commonly occurs between the ages of four and eight.
- Some girls undergo genital mutilation alone, but mutilation is more often undergone as a group, for example sisters, other close female relatives or neighbours.
- The procedure may be carried out in the girls home or the home of relative or neighbour, in a health centre or especially if associated with initiation, at a specially designated site, such as a particular tree or river.



- Girls undergoing the procedure have varying degrees of knowledge about what will happen to them. Sometimes the event is associated with festivities and gifts.
- Sometimes a trained midwife will be available to give a local anesthesia. In some cultures, girls will be told to sit hand in cold water, to numb the area and reduce the pain.
- Mutilation may be carried out using broken glass, a tin lid, scissors, a razor blade or some other cutting instrument.
- After the operation, antiseptic powder may be applied or more usually pastes-containing herbs, milk, eggs, ashes or dung which are believed to facilitate healing.
- The girl may be taken to a specially designated place to recover, where if the mutilation has been carried out as part of an initiation ceremony, traditional teaching is imparted.
- In case of the very rich families, the mutilation procedure may be performed by a qualified doctor in hospital under local or general anesthesia.

### **Types of Genital Mutilation**

There are different variety of genital mutilation practiced all over the world. Epstein (2001) classified genital mutilation into four types which are as follows:-

- (i) The type I or Sunna ("tradition" in Arabic) is the least extreme form of this procedure and consists of a subtotal clitoridectomy of varying degrees.
- (ii) The type II (two) referred to as excision or reduction, consists of clitoridectomy one, sometime removal of all or parts of labia minora.
- (iii) The type III which is the most extreme form, referred to as infibulation or phraronic circumcision and consists of the removal of the entire clitoris and some or all of the labia minora
- (iv) The type IV genital mutilation includes different practices of variable severity, including pricking, piercing, or incision of the clitoris and labia; cauterization of the clitoris.

### **Reasons for Genital Mutilation**

Delano (1990) maintained that, it is culturally believed that genital mutilation is performed for the following reasons:-

- To reduce the female libido in order to prevent promiscuity;
- To enhance the sexual pleasure of the man;
- It is sometimes considered a cultural ritual that every female should undergo before marriage;
- It could cause death of a child at birth if the clitoris is allowed to touch the baby's head during child birth;
- It could have an aesthetics value on the girl and prevent pain during intercourse;
- The beliefs about hygiene, aesthetics and health is another reason for female genital mutilation cleanliness and hygiene feature consistently as justification for female genital mutilation. Popular terms for mutilation all over the world are synonymous with purification.

### **Complications of Female Genital Mutilation**

There are many complications inherent in the female circumcision procedures, Below are some of them as identified by Delano 1990,



- 
- Hemorrhage (excessive bleeding)
  - Sepsis (blood poisoning);
  - Damage to the urethra, vagina and anal region;
  - Urinary tract infection;
  - Tetanus;
  - Shock which could lead to death;
  - Vaginal laceration;
  - Difficulty during child birth;
  - Pelvic infection leading to infertility, etc.

### **Effects of Genital Mutilation on Reproductive Health**

The physical effects of genital mutilation can lead to death. At the time when the mutilation is carried out, pain, shock, haemorrhage and damage to the organs surrounding the clitoris and labia can occur. Afterwards urine may be retained and serious infection develops. Use of the same instrument on several girls without sterilization usually causes infection. Al-Adeeb (1997), I.A.C. 2000, Epstein, Graham and Rimsza (2001) corroborated that female genital mutilation poses the following effects on reproductive health of women.

- Genital mutilation usually affects woman sexuality. It can make first intercourse an ordeal for women. It can be extremely painful, and even dangerous, if the woman has to be cut open; for some women, intercourse remains painful. Clinical considerations and the majority of studies of women's enjoyment of sex suggest that genital mutilation does impair a women's enjoyment.
- The psychological effects of female genital mutilation are very difficult to investigate scientifically than the physical ones. A small number of clinical cases of psychological illness related to genital mutilation have been reported. Despite the lack of scientific evidence, personal accounts of mutilation reveal feelings of anxiety, terror, humiliation and betrayal, all of which would likely have long-term negative effects.
- Female genital mutilation often leads to infertility as a result of chronic infection.
- A times, penetration of vaginal orifice may be impossible and the woman has to be cut open again (defibulation) to allow for easier penetration.
- It may be very difficult for a woman to reach climax during sexual intercourse, if a neurinoma has been developed from cutting of nerve of the clitoris, and excessive pain will be generated in such situation. In such situation conception will be difficult if not impossible.
- The mutilated woman may find it difficult to have free menstruation because of the partial or total occlusion of the vaginal orifice (opening) leading to retention of menstrual blood.

The practice of female genital mutilation (FGM) has continued to thrive despite heavy campaign mounted against it. The perpetuation of the practice is due largely to factors such as religion inclination, the societal norms and values, ignorance and poor education. The practice has been receiving serious criticism and challenges at both national and international levels. Female Genital Mutilation (FGM) poses serious problem to the reproductive health and well being of girls and women that have undergone its process. The practice not only affects the health of the vulnerable group, but also violates their rights to live independently. Okuneye, Idowu & Molayoto (2008) observed that Female Genital mutilation (FGM) has been characterised as practice that violates the right of infants and children to good health and well being, which are part of basic universal human right.



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## Conclusion

Female genital mutilation constitutes a harmful socio-cultural practice to reproductive health status of women. The practice not only constitutes a physical assault to female external reproductive structure, but also maims the victim reproductive capacity for life. It usually leaves psychological trauma and blemish behind which may exert a serious influence on the overall reproductive status of women within a shortest possible time. Hence, the need to pay adequate attention to this nagging problem, so as to ensure optimum level of reproductive health status of women in our society.

## Recommendations

The problem of genital mutilation can be addressed through series of approaches such as:

- Mounting of health campaign (health education) for people to sensitise them of the problems inherent in female circumcision.
- Making of enabling laws with strict penalty against those people who still indulge in the practice.
- Apart from the health talk, involvement of the community people in the eradication of the problem.
- Application of psychotherapy approach to reduce the effects of mutilation.
- The health experts should organize seminars, workshops and other educative fora for the traditional healers or those that use to carryout the surgical operations.

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