

Female Circumcision in Ethiope East Local Government Area of Delta-State

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Abstract

The study investigated on the reasons and consequences of female circumcision practices in three communities in Ethiope East Local Government Area (LGA) of Delta-State. Random sampling was used in the selection of 100 women for the study. Data for the study was gathered with a questionnaire. Findings revealed six major reasons for female circumcision including reduction of sexual urge (3.89); cultural heritage (3.63); infertility (3.11) among others. The major consequences of these practices include psychological effects (3.70), pain during circumcision (3.50), obstruction of menstrual and urine flow (3.47), difficulty in child birth (3.42), excessive bleeding (3.29), and painful intercourse (3.02). Recommendations were made for creating public awareness on the need to stop female circumcision.

Keywords: Circumcision, Consequences, Mutilation, Female, Practice.

Introduction

Female circumcision, the partial or total cutting away of the external female genitalia, has been practiced for centuries in parts of Africa as one element of a rite of passage preparing young girls for womanhood and marriage. It is often performed without anesthetic under septic conditions by lay practitioners with little or no knowledge of human anatomy or medicine. Female circumcision can cause death or permanent health

problems as well as severe pain (Thabet, 2007). Despite these grave risks, its practitioners look on it as an integral part of their cultural and ethnic identity; some perceive it as a religious obligation.

It is believed that circumcision is done to arrest the interest and arousal for sex by the women folks and to avoid giving birth to children who would live for a short period of time and die but come back to their mother's womb only to be born and continue the cycle, bringing grief and

pain to the family. Nnachi (2007) stressed that one of the benefit of female circumcision is that during childbirth, the women does not go through birth pains. Most of the women who undergo female circumcision are said to have easy passage during delivery. They are also adjudged to be hardworking and productive in the farm. Opponents of female genital cutting, however, emphasize that the practice is detrimental to women's health and well-being (Inyama, 2008). Some consider female circumcision a ritualized form of child abuse, violence against women and a violation of human rights. The term female circumcision also known as female genital mutilation is any procedure involving the partial or total removal of female genital organ whether for cultural, religious or other non-therapeutic reasons (World Health Organization (WHO), 2001). The practices are mostly carried out by traditional circumcisers, who often play other central roles in communities, such as attending childbirths.

However, more than 18% of all female genital mutilation (FGM) is performed by health care providers, and this trend is increasing (Okumagba, 1999). FGM is recognized internationally as a violation of the human rights of girls and women. It reflects deep-rooted inequality between the sexes, and constitutes and extreme form of

discrimination against women. It is nearly always carried out on minors and is a violation of the rights of children. The practice also violates a person's rights to health, security and physical integrity, the right to be free from torture and cruelty, inhuman or degrading treatment, and the right to life when the procedure results in death. Olafibian (1993:42) identified three basic ways of female circumcision which includes:

The cutting of part or total removal of the clitoris (clitoridectomy) or the prepuce, the excision which involves the removal of the entire clitoris or adjacent part of the labia minor and the surgical removal of the whole clitoris, all of the labia minora and part of the labia majora. The remaining labia majora are joined by the use of sutures to form a wall over the vagina.

A small opening is maintained for the flow of urine and menses by the insertion of reed or matchstick until healing takes place. Female genital cutting (circumcision) is carried out by the traditional birth attendant who use primitive unsterilized instrument while the girls are forcefully held down. Mordi (2007) pointed out that about seventy 70% of all female circumcision was performed by traditional birth attendant and 17% by circumcision practitioners and only 13% were

performed by trained personnel. In the culture where female circumcision is practiced, it is mostly performed between the ages of four and eight but can take place at any stage from infancy to adolescence or before marriage.

Aguibike and Edeogen (1997) identified later problems associated with female circumcision to include scarring, painful and prolonged menses, recurrent urinary tract infection, sexual complications, psychological trauma and difficult childbirth. However, female genital cutting and infibulations are also said to may have contributed to the spread of HIV due to tearing of the scared vaginal tissue. Aziz (1991) observed that mental health complications such as frigidity dyspareunia and anxiety are common after effects of female circumcision. Female circumcision does not eliminate all sexual pleasure for all women who undergo the procedures, but it does reduce the likelihood of orgasm. Sexual excitement and arousal for a woman during intercourse involves a complex series of nerve endings which must be activated and stimulated in and around the vagina, vulva, cervix, uterus and clitoris.

A study in Dutch revealed that women subjected to such practices were found to be stressed, anxious and aggressive (Toubia, 2009). This was the first study into the psychiatric and social complains

associated with female circumcision. It was also found that they were more likely to have relational problems and in some cases had fears establishing a relationship (Nicholas, 2008). Furthermore, with complications of female circumcision as classified by WHO, (2001) could be immediate, intermediate or long term. Immediate complications are hemorrhage, shock, acute urine retention, ulceration of the genital region, injury to adjacent tissues and organs. Intermediate health complications include delayed healing, abscesses, scarring formation, pelvic infection, obstruction to urinary flow. The long term health complication include: difficulty in passing urine, recurrent tract infections dysmenorrheal (painful menstruation) and sexual dysfunction.

There are many reasons why people practice female circumcision and they vary between certain communities. They can be seen as relating to the control of sexuality, religious motivation, rites of passage and wrong ideas of hygiene. It is a deeply rooted practice with culture and tradition given as the main reasons for its continuation (Momoh, 2003). It may sometimes be seen as an act of love or a ceremony or an event is condemned and many believe that they are doing the best for their daughters. Those who do not practice it generally view it as a form of abuse and a violation of

woman rights. Thus, under article 19 and 36 of the UN Convention on the right of the child, this states that any person below the age of 18 has the right of protection from activities of event that may cause them harm (Inyama, 2008). It is regarded as an essential coming-of-age ritual that symbolizes virginity, cleanliness, fertility and enhances the beauty of a woman's body. These are symbols girls are taught to associate with circumcision at a young age.

In Abraka community, in Ethiopia East, circumcised girls attract higher bride price. Circumcision is also regarded as a test of bravery and a proof that the females will be able to endure the pain of childbirth. Circumcision gives girls status in their communities because they are seen as women after circumcision instead of girls. These examples reinforced the positive meaning associated with circumcision and they are seen as social outcast if they do not get circumcised. The uncircumcised woman is labeled unclean, impure and unfit to marry, bear children or retain respect in old age. Consequently, almost all women who have undergone FGM experience pain and bleeding as a consequence of the procedure. The event itself is traumatic as girls are held down during the procedure. Risk and complications increase with the type of FGM and are more severe and prevalent with infibulations. The pain inflicted by FGM does not stop

with the initial procedure, but often continues as ongoing torture throughout a woman's life.

Purpose of the Study

The general purpose of this study was to examine issues relating to female circumcision in Ethiopia East Local Government Area of Delta State. Specifically the study determined the type, reasons and consequences of female circumcision practice in Ethiopia East Local Government Area of Delta State.

Research Method

Area of study: The study covered three communities in Ethiopia East Local Government Area of Delta state. The communities are Abraka, Eku and Igun. This is an area with endemic circumcision problems among females that is strongly tied to traditional rituals.

Design of study: A descriptive survey research design was adopted for this study. This is because information was sort to determine reasons and consequences on female genital mutilation practices in some communities of Delta state in Nigeria.

Population for the study: The population for this study consisted of women within the age range of 18-69 years in the identified communities under study. This group were approximately 10, thousand in population in this area.

Sample for the study: A simple random sampling technique was used in the selection of 100 circumcised women from various occupational groups in each identified community of Ethiopia East Local Government Area of Delta State.

Instrument for data collection: The data for the study was gathered with a questionnaire titled 'Practice of female circumcision' (PFC). The questionnaire was structured based on a 4-point scale of strongly agree (SA), Agree (A), Disagree (D) and Strongly Disagree (SD). It was face validated and its reliability coefficient established at 0.75. It consists of 15 items used to elicit information relevant to the problems under investigation.

Data collection and analysis technique: One hundred (100) questionnaires were administered to the respondents through personal contact by the researcher and five research assistants and all the questionnaires were all retrieved back. Data analysis was done using mean scores. A mean of 2.50 was used as the criterion mean for decision making for each item. Thus, any item with a mean of 2.50 and above was accepted as agree while any item with a mean below 2.50 was not agreed as an item.

Findings of the study

A. Reasons for female circumcision: Findings are summarized in Table 1.

Table 1: Mean response of respondents on reasons for female circumcision

S/N	Reasons for female circumcision	Mean (\bar{x})	Decision
1.	Circumcision reduce sexual urge	3.89	Agree
2.	Girls who are circumcised attracts high bride price	2.29	Not Agree
3.	Female genital will continue to grow without female circumcision	3.06	Agree
4.	Circumcised women are likely to get married to wealthier men.	3.24	Agree
5.	Uncircumcised girls are bad cooks	2.36	Not agree
6.	Uncircumcised girls are infertile	3.11	Agree
7.	Female circumcision is a religious obligation	2.94	Agree
8.	Female circumcision is a cultural heritage	3.63	Agree

Source-field survey 2010

Table 1 shows that the mean responses of respondents on reasons for female circumcision in Ethiopia East Local Government Area of Delta

State. These range between 3.89 and 2.36. Among the reasons, are that circumcision reduces sexual urge, ranked the highest with a mean of

3.89. This is followed by during childbirth circumcision reduces birth pains (3.80), female circumcision is a cultural heritage (3.63), circumcised women are likely to get married to wealthier men (3.42), uncircumcised girls are infertile (3.11), female genital will continue to grow without female circumcision (3.06), female circumcision is a religious obligation (2.94) and uncircumcised girls are bad cooks with a mean of 2.36.

B. Consequences of female circumcision. Findings are summarized in Table 2.

Table 2: Perceived mean consequences of female circumcision

S/N	Perceived Consequences of Female Circumcision	Mean (\bar{x})	SD	Decision
1.	Experience pain during female circumcision	3.50	0.80	Agree
2.	Bleed profusely during female circumcision	3.29	1.09	Agree
3.	Painful intercourse due to tearing of vagina	3.02	0.85	Agree
4.	Obstruction of menstrual flow and urine	3.47	0.67	Agree
5.	Difficulty in childbirth	3.42	0.71	Agree
6.	Psychological effects	3.70	0.83	Agree

Source-field survey 2010

Table 2 shows that the mean response of respondents on perceived consequences of female circumcision in Ethiopie East Local Government Area of Delta State ranges between 3.70 and 3.02. Among the consequences listed include: infection of the genitalia ranked highest with a mean score of 3.70. In descending order of magnitude, other response on perceived consequences of female circumcision in Ethiopie East Local Government Area include: Experience pain during female circumcision (3.50), Obstruction of menstrual flow and urine (3.47), Difficulty in child bearing (3.42), Bleed profusely during female circumcision (3.29) and Painful

intercourse due to tearing of vagina with a mean of 3.02.

Discussion of findings

The study reveals that the responses on circumcision reduces sexual urge, during childbirth circumcision reduces birth pains, female circumcision is a cultural heritage, circumcised women are likely to get married to wealthier men, uncircumcised girls are infertile, female genital will continue to grow without female circumcision, female circumcision is a religious obligation and girls who are circumcised attracts high bride price are reasons for female circumcision in Ethiopie East Local Government Area. However, findings revealed that uncircumcised girls are bad cooks

which are naturally hard to believe since cooking is a skill that could be acquired from parents or training under institutions. Some of the findings are consistent convergence with those of Nnachi (2007). These reasons merely reflect the cultural and superstitious beliefs (2007). They result from the ignorance of those who still practice female circumcision (Momoh 2003). However, in other quarters it is perceived that the practice is detrimental to women's health and well-being. Some consider female circumcision a ritualized form of child abuse, violence against women and a violation of human rights.

The study also revealed some of the consequences of female genital circumcision as that of infection of the genitalia, pain during circumcision, obstruction of menstrual and urine flow, difficulty in child birth, bleeding profusely during circumcision and painful intercourse due to tearing of vagina. When the female child is being circumcised, they experience serous pains; some are being exposed to different kinds of diseases, infections and even complications that can result to difficulty during child birth. These findings are in line with those of Aguibike and Edeogen (1997). The findings of this study also collaborate with those of Aziz (1991). It follows that the practice of female circumcision is a serious threat to the health of the women.

Conclusion

It is very unfortunate that almost all women who have undergone Female Genital Mutilation experience pain, infection of the genitalia, obstruction of menstrual flow and urine, difficulty in child bearing and bleeding as a consequence of the procedure. The event itself is traumatic as girls are held down during the procedure. Risk and complications increase with the type of FGM and are more severe and prevalent with infibulations. It is believed by some communities that female circumcision regulates their sexual behaviour as well as preserves their culture. The use of herbalist, traditional birth attendant should be discouraged instead they should make use of modern health personnel and professional surgeons in good hospital where eradication is inevitable.

Recommendations

Based on the findings, the following recommendations were made:-

1. Public awareness in form of campaign on female circumcision in the community should be carried out by Health workers with emphasis on the dangers and complications of female circumcision.
2. The entire community where the study was carried out should be educated on the effects of female circumcision in the hospitals,

- churches, schools and in social gathering.
3. The use of mass media such as radio, television, newspaper, bulletin to mention a few in educating the people on circumcision should be encouraged.

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