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Female Genital Mutilation (FGM): A global pandemic with hydra-headed implications

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Abstract

Female Genital Mutilation, otherwise known as Female Genital Cutting is an age-long practice found among people of different tribes, race and religion with no obvious health benefit. It has many adverse impacts on a woman's reproductive and sexual life and is currently considered a violation of a woman's fundamental rights. Education and financial empowerment of the girl-child and strong political will to enact and enforce legislations against this practice will go a long way in curbing the menace.

Keywords: Female; Genital; Mutilation; FGM; Pandemic

1. Introduction

Female Genital Mutilation (FGM) can be used interchangeably with female genital cutting or female circumcision. However, FGM is the most common terminology in use to bring out the implications of the practice on the victims. It comprises all procedures that involve partial or total removal of the external genitalia or other injuries to the female genital organs for non-medical reasons [1]. It is not considered a female version of the male circumcision as it has so many adverse implications on the victims. This practice, though as old as history, has not been shown to have any empirical benefit for the victims and is considered a violation of the fundamental right of the woman and the elimination of this practice will enhance the attainment of the sustainable development goals (SDGs) 3 and 5 which are aimed at ensuring healthy lives and promoting well-being for all at all ages and achieving gender equality respectively [2]. This practice has caught global attention due to its implications on human development in different ramifications.

It cuts across different continents, cultures and religions as there is no single continent or religion that is spared of this pandemic. The practice could be traced to ancient Egyptian mummies as far back as 200BC [3]. So, the origin is too remote to be accurately traced to one particular location. The exact global prevalence of FGM is unknown but ranges from 100 to 140 million women and girls in the African and Middle Eastern region. The UNICEF estimates the global prevalence to be over 200 million girls and women living with the condition [4-6]. From the fore-going one can at a glance see that FGM is actually a global pandemic that needs all hands to be on deck to tackle.

The WHO classified FGM into four types. Broadly speaking type-1 FGM entails removal of the prepuce/clitoral hood or removal of the clitoral glans along with prepuce and clitoral hood. Type-11 involves the removal of the labia minora, partial or total removal of the clitoris, glans and labia majora. The type-111 is often referred to as infibulation and may result in the narrowing of the vaginal opening with the creation of a covering seal formed by cutting and repositioning of the labia minora. This could be with or without removal of the prepuce/clitoral hood and glance. The last one, type-1V includes any other harmful procedures to the female genitalia for non-medical purposes such as piercing, incising, scraping and cauterization. The most important types of FGM in obstetric and gynaecology are types 1-111.

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Even among women and victims of the practice, the attitude towards this practice varies. In a study in Northern Sudan [7] in 1983, only 17.4% of women were opposed to the practice and most of them preferred excision and infibulation over clitoridectomy. However, the trends have been changing even in Sudan as more people are becoming educated [8]. These trends are being observed in so many countries such as in Africa, Iraq and Yemen [9-12]. Should this practice be sustained?

So many reasons have been put forward to justify this ugly practice by various practitioners world over. While there is no known record in any of the religious scriptures commanding female genital cutting as opposed to the male circumcision, the practice still persists [11]. Among the Igbos of South-Eastern Nigeria where I come from, the practice is believed to help reduce sexual promiscuity among women. This has been faulted over time as the reverse is the case. Women who had FGM have been found to have reduced sexual satisfaction creating room for a search for the much talked about orgasm; as they believe that their experiences are as a result of their spouses' lack of experience. Hence, the search for a better 'performer' leading to infidelity, the very thing it sets out to prevent. Many tribes believe that the practice is an essential part of growing into womanhood and fear that not having their daughters cut may expose them to social exclusion [13]. And so many women accept the practice to avoid the stigma associated with rejection.

Despite all the efforts at ending this menace and the obvious complications associated with it many young women are still being subjected to this dehumanizing experience. I have in the course of my practice encountered so many cases of women who sustained extensive perineal and genital lacerations during child birth as a result of FGM. This can lead to massive postpartum haemorrhage and maternal mortality. Many had confided in me that they feel inferior among their mates who had no FGM leading to sadness and depression. Some women with FGM may even find copulation and sexual experience a very painful adventure, creating disharmony in the home with its consequences. Depriving a woman the right to sexual satisfaction as envisaged in some cultures by forcing FGM on them is a denial of their fundamental human right and should be resisted by all men and women of good conscience. The sexual experience and satisfaction is a priceless gift from God that should not be denied any human whatever the cultural and religious inclination.

What is the way forward? The WHO, UNICEF and many other organizations have been making frantic efforts to combat this hydra-headed monster but a lot needs to be done. Individuals, families and communities may need to do much more than they are doing currently. Since the problem has been found to be rooted in the people's culture and beliefs a lot of advocacy needs to be carried to the community and religious leaders to acquaint them on the dangers posed by this ugly practice on our beautiful women. Education and empowerment of the girl child are in the core of the solutions as studies have shown that the more educated and financially empowered a woman is, the more likely she will reject the practice both for herself and her daughters [10]. Local, regional and national governments should as a matter of urgency enact or repeal laws against FGM to attract more severe punishments to serve as deterrents to those who are bent on damaging our vulnerable women. The ministry of women and gender affairs as we have in Nigeria should intensify her efforts in education, mobilization of the entire community to this noble course and also, ensure proper and timely prosecution of offenders. The international day of Zero Tolerance for Female Genital Mutilation (February 6) should be made a work free day to enable advocates of this fight to teach and educate women and men alike on the dangers of this practice.

2. Conclusion

In conclusion, our women are beautiful creatures that deserve our love and protection. FGM impacts negatively on the reproductive life and self esteem of women. Therefore, every effort should be put in place to discourage this practice by way of enlightenment, social mobilization, women empowerment and legislations.

Compliance with ethical standards

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There is no conflict of interest in the course of this work.

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