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Chronicles of Female Genital Mutilation and Its Complexities in Esan Demographic Ethnic Region, Edo State- Nigeria

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WHILE Female Genital Mutilation (FGM) is often discussed as a societal issue detrimental to the body of womenfolk, the practice can have farreaching consequences, ranging from family strains, parental duty, and even psychological and security challenges to those that stand against the cherished tradition.

The prevalence and persistence of FGM in Esan ethnic region of Edo State should be put in the perspective of the larger society, where some families are distinctly described as die-hard believers of the custom. As the situation unfolds, cultural change began to set in and so do their beliefs, as they confront the challenges of a multicultural society where FGM is increasingly regarded as a practice that needs to be eradicated. However, historical evidence indicates that FGM has long been part of Esan communities, which is why the practice needs to be prevented and combated.

1. FGM AS A HUMAN RIGHT AND PUBLIC HEALTH ISSUE

According to World Health Organization (WHO) FGM involves the partial or total removal of the female genitalia or other damage to the genital organs for non-medical reasons. WHO adds that FGM has no health benefits and can cause immediate complications such as haemorrhage, infection, difficulties during micturition, menstrual disorders, impairment of fertility, childbirth problems, and psychological trauma. It also recognizes FGM as a reflection of gender inequality that violates the human rights of women and girls. The organization considers FGM as a serious concern because it is practiced mainly on minors, teenagers and adolescence who cannot give informed consent.

FGM is a pervasive and persistent social norm that affects millions of women and girls worldwide. According to WHO, over 230 million women and girls in 30 countries have undergone FGM, while more than 4 million girls are at risk of undergoing the procedure annually. This information helps explain why FGM cannot be considered a private matter affecting only families that chose to practice it. Instead, the issue needs to be addressed as a public health, child protection, and human rights concern.

2. NIGERIA SCNERIO AND CHALLENGES:

Although Nigeria makes progress towards eliminating FGM, the size of the population makes the country one of the highest contributors globally in absolute terms. According to UNICEF Nigeria has about 20 million women and girls affected by FGM, which makes it one of the countries with the highest prevalence in the world, although the figure is on the decline. According to the UNICEF analysis of Nigeria's Multiple Indicator Cluster Survey (MICS) data on FGM released in 2022, the prevalence of FGM among women aged 15–49 was 18% in 2016–17 and 15% in 2021.

Similarly, the prevalence of FGM among girls aged 0–14 was 16.9% in 2016–17 and is projected to rise to 19.2% in 2024–26.

According to ethnic group, the prevalence of FGM was the highest among Yoruba (52–90%), followed by Edo/Bini (69–77%) and Igbo (45–76%) as revealed by the UK Home Office Country of Origin Information Centre (CPIN) analysis of the National Demographic and Health Survey (NDHS) and Multiple Indicator Cluster Survey (MICS).

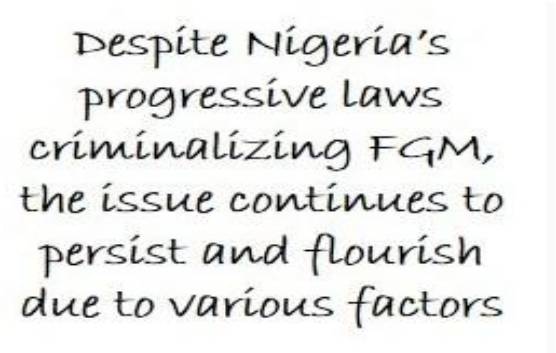
However, the overall prevalence rate masks significant disparities between ethnic groups and geographical areas, as well as differences in the age structure of populations. Despite the positive trend, Nigeria cannot be complacent about the progress made so far, since the prevalence rate of FGM still appears to be high compared to the global average. Moreover, the downward trend observed at the national level does not necessarily imply that a particular girl is not at risk because FGM prevalence rates among girls aged 0–14 reflect their current status, not their future prospects, since some of them may still undergo the procedure at a later stage. According to UNICEF, the age prevalence rate of FGM in Nigeria peaks at around 10 years, which means that most girls are circumcised before reaching adolescence.

3. THE DILEMA OF AGE DIFFERENCE:

A national age prevalence rate cannot predict the risk for individual girls because of significant regional and local variations. According to UNICEF Nigeria's analysis of the NDHS 2018 data, about 86% of women who undergo FGM are circumcised before the age of 5, while 8% are circumcised between the ages of 5 and 14. Additionally, the study reveals that about 19% of respondents were cut by traditional birth attendants.

Another finding suggests that the decision to perform or prevent FGM is often made jointly by the parents, reflecting the couple's shared beliefs and attitudes towards the practice.

Similarly, a study conducted in Esan indicates the need to consider local practices when addressing FGM, since the procedure can be performed at different ages depending on the community's beliefs, opinions, and expectations. The study focused on the Esan communities and included other communities in southern Nigeria. It found that the practice varies in different ethnicities according to the age at which girls are circumcised.



The researchers concluded that advocacy and protection efforts should not disregard local practices. Therefore, the argument that a particular girl cannot be circumcised at a certain age because the procedure in her area is more common at a different age is not entirely accurate. There is no doubt that FGM prevalence peaks at a young age and that most girls are circumcised before they reach school age. However, in some communities, girls can be circumcised at an older age, which can be misleading.

4. EVIDENCE FROM ESAN COMMUNITIES

A study conducted by Dibua, Agweda and Eromonsele provides insight into the prevalence of FGM and the attitudes of the people towards the practice. Their analysis was based on qualitative interviews and focus group discussions with 210 women selected on a random basis. The study covered Esan land which is traditionally divided into five local government areas namely Esan West, Esan North-East, Esan South-East, Esan Central and Igueben, representing the Esan ethnic group. The researchers found that FGM is performed mainly for sociocultural reasons and is perceived by many as a family matter. The study also highlights a lack of awareness of the law forbidding the practice among the people.

This finding suggests that criminalizing FGM is not enough, since the prohibition cannot override the sociocultural aspects of the practice. Parents can recognize the legality of the practice but still feel obligated to proceed with the procedure due to societal expectations. Family members and close relatives can also play a role in the continuation of the practice by encouraging parents to have their daughters circumcised.

5. EDO STATE FGM EVIDENCE AND RISK

According to a study conducted among women attending antenatal clinics in Benin City, Edo State, a considerable percentage of respondents have experienced FGM. Traditional circumcision practitioners also play an important role in the perpetration of the practice. The study also indicates that parents and spouses can participate in the decision-making process concerning their daughters' genital cutting. Another clinical study conducted at University of Benin Teaching Hospital revealed several cases of complications following FGM among female children aged between 10 days and 18 years. According to the study, the complications included clitoral cysts and infections with fatal outcomes such as tetanus. The study conducted among 1836 women indicates the association between FGM and genital ulceration, lower abdominal pain, and vaginal discharge.

These findings highlight the harmful effects of FGM on women's health in Edo State and should be considered in the broader context of the prevalence of the procedure in the region. Although the study does not claim that every woman living in Edo State has undergone FGM or is experiencing its adverse effects, it underscores the importance of addressing the issue.

6. COMPLEXITIES BETWEEN LAW, PROHIBITION EXECUTION

Despite Nigeria's progressive laws criminalizing FGM, the issue continues to persist and flourish due to various factors. For example, the Violence Against Persons (Prohibition) Act 2015 (VAPP Act) explicitly makes female circumcision or genital mutilation illegal. However, a country policy analysis indicates that although FGM is prohibited at the federal level and in some states, implementation can be inconsistent due to variations in law enforcement at different levels. It also notes that the Nigerian National Policy on FGM acknowledges that efforts are needed at the state level for effective elimination of the practice.

The key concern is whether a girl who is at immediate risk can get the necessary support before the procedure takes place. Can her parents report the matter and seek protection without facing any form of retaliation from family members? Will the authorities respond promptly to such reports and take appropriate action? Can families get a protective order to ensure the safety of the child? Can the child stay safe in her community if she refuses to undergo FGM?

These are the critical questions that should be considered when reviewing the effectiveness of domestic legal frameworks in protecting girls from FGM. The UK Home Office's country of origin information on Nigeria describes inadequacies in the implementation of laws prohibiting FGM. It identifies

variations in police responses due to differences in resources and awareness of the law.

7. THE AGONIZING POSITION OF A DEFENSIVE FATHER

FGM can also be a sensitive and controversial issue within families and communities. A parent who opposes the procedure and refuses to subject his daughter to FGM may find himself in a difficult position as he navigates his beliefs and values in relation to a broader set of views held by other family members and the wider community. He may be challenged by relatives and encouraged to reconsider his position. He may believe that his actions will undermine his relationship with his daughter or lead to social isolation. His opposition to FGM can trigger a wave of anger and frustration among family members who view his position as disrespectful towards their cultural heritage.

A father who refuses to comply with the expectation to participate in or endorse FGM can also be accused of being disrespectful, stubborn, or unyielding. He may be forced to make concessions and agree to have his daughter circumcised despite his initial objections. At the same time, he can be threatened, harassed, or even physically harmed by family members or community members who support FGM.

WHO highlights the role of social pressure in influencing individuals to adopt harmful practices such as FGM. The organization notes that the desire to belong to a particular social group can encourage people to conform to the behaviours and attitudes of that group. The fear of rejection can also prevent individuals from taking action against FGM, even when they recognize its harmful effects.

8. WHEN RELOCATION DOESN'T GUARANTEE PROTECTION.

In some cases, a person at risk of FGM may seek to relocate to another town or state to protect themselves. While the distance can provide a sense of security, the protection offered may be limited depending on the situation. A person considering relocation should understand that family members often have extensive social networks that extend beyond their immediate circle. They may have relatives and influential figures in different parts of the country who can provide support or take action against the child. Therefore, the question should not be whether a person can relocate, but whether they can build a life elsewhere that is safe and secure free from harassment.

9. THE PYSCHOLOGICAL RIPPLES EFFECTS

The psychological effects of FGM can linger and affect the victim and their family for decades. According to the UK Home Office's country of origin information on Nigeria, the implementation of laws prohibiting FGM can be inconsistent depending on the resources and attitudes of the police. The report adds that police can respond inadequately to reports of FGM by treating the matter as a family or community issue rather than a serious crime. It also notes that reports of FGM often result in little or no action being taken, which can be discouraging for victims and their families. It is a known fact that FGM can lead to serious mental health problems such as anxiety and depression. The impact of FGM can be profound and longlasting, especially for girls and women who have undergone the procedure.

Following the procedure, a parent can experience a wave of anxiety, helplessness, and anger after failing to protect his daughter from undergoing FGM. He may feel devastated upon realizing that his efforts to prevent the procedure were in vain. The father can also be traumatized by the experience and the knowledge that another daughter may also be at risk.

As a result, he may refuse to allow another daughter to undergo FGM, which can cause conflict with relatives who support the continuation of the practice. This can lead to tension in the family, and the father can find himself in a difficult position as he tries to protect his daughter from FGM while also managing the anger and frustration of his extended family.

CONCLUSION: Protecting the child must come before preserving the custom. The history of FGM in the Esan region is complex, as the practice has persisted despite efforts to eradicate it. The issue reflects the broader social dynamics, as well as the complexities surrounding legislation concerning FGM, the medical aspects of the procedure, and the voices of those who oppose it. However, it would be wrong to assume that every family in Esan supports FGM. As the evidence showed, FGM has been part of the tradition in Esan communities for a long time.

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