

The cultural authority of female genital mutilation in Edo geographic regions

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Female Genital Mutilation (FGM) remains one of the most persistent forms of gender-based violence affecting girls and women in parts of Nigeria and around the world.

The World Health Organization (WHO) defines FGM as procedures involving the partial or total removal of the external female genitalia, or other injury to the female genital organs, for non-medical reasons. Whatever terminology is used to describe it, the fundamental issue remains same; healthy genital tissue is altered or mutilated because of social, cultural or other non-medical expectations.

For generations, FGM has been sustained in some communities through beliefs about purity, morality, femininity, marriageability, family honour, sexual behaviour and social acceptance. In such environments, an uncircumcised girl may be portrayed as different, unsuitable for marriage or disconnected from her cultural heritage. These insinuations can place enormous pressure on families.

A child may have little or no ability to make an informed decision about what happens to her body at this stage in life, while parents may feel compelled to conform to expectations imposed by relatives, elders or the wider community. This is where cultural tradition could become coercive, and lack moral obligations.

WHEN TRADITION OVERRIDES CHOICE

Culture can provide people with social values, identity, belonging and a connection to their ancestral heritage. But cultural identity should never require the sacrifice of a child's health, dignity, freedom of choice or bodily autonomy. The argument that FGM is necessary to preserve tradition, ensure marriageability or control a girl's sexuality does not have proven empirical facts.

FGM has no health benefit, and the procedure can result in immediate and long-term physical and psychological consequences. The extent of those consequences varies from person to person and can depend on the type of FGM performed and the circumstances under which it occurred. The challenge, therefore, is not simply to condemn a traditional practice. It is to address the social expectations that allow the mundane practice to survive. Families need to be empowered to say no without fear of social punishment, and the girl's child need to know that their bodies belong to them. The challenge here is, majority of the vulnerable class have no control over what happens to them at this material age when these FGM procedures are done.

Community cultural advocate needs to understand that giving up FGM does not

mean abandoning their cultural identity.

THE SILENT TORMENT OF SURVIVORS

FGM is often discussed through statistics, but statistics cannot fully describe the human experience behind them. A survivor may carry physical scars that are visible to others, while psychological scars may remain hidden.

Some survivor's experience anxiety, shame, fear, difficulties in intimate relationships or other forms of psychological distress. Some may experience symptoms associated with trauma, although the psychological impact differs from one individual to another. The silence surrounding FGM can make these difficulties even harder to address. Some survivors are afraid to speak because they are afraid of embarrassment, family conflict, rejection or community judgement. Others may have been taught from childhood that questioning the practice is disrespectful to parents or elders. This culture of silence

must be replaced with a choice of radical change to liberty.

Survivors should not be blamed for what happened to them, but they should be heard, respected and supported to activate a genuine healing process.

THE CULTURAL CONNECTION ACROSS STATE BORDERS

FGM in Nigeria should also be considered within the broader context of migration, intermarriage and cultural relationships between communities.

Families do not necessarily remain permanent within one geographical location. They may move between states while maintaining their ethnic, family and traditional connections across cultural heritage.

The historical relationship between communities in Edo and Lagos provides an example of why geographical relocation does not necessarily eliminate cultural influence to subsequently protect the girl child at risk of FGM.



There have been longstanding relationships between communities through migration, intermarriage, trade and historical interaction. Consequently, cultural practices and expectations can sometimes travel with families from one location to another.

However, this does not mean that every person from Edo or Lagos supports FGM, nor does it mean that FGM is practised uniformly in both states, because there are evidential variations between communities in practice within the same state. This goes further to substantiate how the opinions and ideology of every community shape their actions and executorial power.

The important assertion is that state boundaries do not automatically erase family and cultural networks, which therefore means relocating from immediate family environment cannot solve the perennial problem of fear and girls are risk from FGM. For effective prevention programmes, they must therefore recognise the realities of migration, social values and interconnected communal State boundaries.

CULTURAL BELIEFS TO JUSTIFY FGM.

In communities where FGM remains accepted, different explanations may be offered to justify the practice, and these can include beliefs that FGM:

- Protects virginity.
- Discourages sexual promiscuity.
- Makes a girl more acceptable for marriage.
- Preserves family honour.
- Demonstrates cultural belonging.
- Fulfils a traditional obligation.
- Prepares a girl for womanhood.

In some communities extra traditional or spiritual explanations may also be given. For example, particular

substances or traditional remedies may be applied during or after the procedure based on beliefs about their spiritual or behavioural effects.

Such beliefs should be approached respectfully but critically. Cultural belief is not a substitute for scientific evidence, particularly where the health and safety of children involved are of great concern.

However, there is no scientific underpinning for believing that, FGM provides health protection or it is necessary to control a woman's sexuality.

THE SOCIAL PRESSURE TO CONFORM

One of the most difficult aspects of FGM is that social pressure can influence both parents and children. Parents may fear that an uncircumcised daughter will be ridiculed, rejected or considered unsuitable for marriage. A family may also fear criticism from relatives or elders who regard FGM as an important cultural obligation. As a result, some parents might make decisions not because they want their daughters to suffer, but because they themselves are responding to powerful social expectations. Understanding this cultural dynamic is important.

If families are to abandon FGM, we must create an environment in which they can do so collectively and safely therefore, a mother or father should not stand alone against an entire social network at their own peril.

THE PSYCHOLOGICAL AND RELATIONAL CONSEQUENCES

The consequences of FGM can extend beyond physical hurt. Some survivors report psychological distress, anxiety, shame, difficulties with intimacy and other challenges affecting their relationships and quality of life. The impact can also extend to family relationships where survivors struggle with

painful memories or feelings associated with what happened to them.

However, it is important to note that, not every survivor will experience the same consequences, because each person's experience is different. The undisputable fact is that, no child should be exposed to unnecessary physical injury in order to satisfy a social traditional expectation.

SURVIVORS AS AGENTS OF CHANGE

Survivors should not be defined solely by what happened to them, but could become powerful voices for prevention.

Their experiences can help communities understand that FGM is not merely an abstract cultural issue. It is a human experience involving genuine people, real families and, in some cases, lifelong consequences. But survivor advocacy must always be voluntary. No survivor should be forced to publicly disclose painful experiences simply because they are expected to become an advocate. Those who choose to speak should be supported, respected and protected by all means.

THE ROLE OF GOVERNMENT AND COMMUNITY LEADERS

Nigeria has made important legal and policy commitments towards combating violence against women and girls, including the Violence Against Persons (Prohibition) Act 2015. However, laws alone cannot eliminate a practice sustained by deeply rooted social and community values.

Effective implementation requires cooperation between government institutions, law-enforcement agencies, healthcare professionals, educators, traditional leaders, religious leaders, women organisations, youth groups and community advocates.

Traditional and religious leaders are particularly important because they can influence

community attitudes and help demonstrates that, abandoning FGM does not mean jettisoning culture.

Healthcare professionals also have an important role in prevention, education, and provision of appropriate care to survivors.

RESISTING THE MEDICALISATION OF FGM

Another important concern is the medicalisation of FGM - The indulgence by some healthcare professionals or in clinical facilities under a cover up syndrome requires genuine effort to neutralize.

Performing FGM in a medical environment does not make it medically necessary or eliminate the ethical and human-rights concerns associated with the procedure. The WHO has consistently opposed the medicalisation of FGM.

Healthcare professionals should instead contribute to its prevention, identify girls who may be at risk, provide appropriate care to survivors and educate families about the potential consequences of the practice. Medicine should protect the body, and should never be used as a loop hole to legitimise unnecessary surgical procedure.

CONCLUSION

FGM is more than a procedure. It is an issue involving power, cultural values, gender violence, family expectations, human rights and child protection. Therefore, I believe every Nigerian girl deserves the opportunity to grow into womanhood with her dignity and bodily autonomy intact, without any guise of social and societal gang up abuse.

In summary, no tradition should be so powerful to deny a child the right to refuse FGM procedure, and no family should be compelled to choose between cultural acceptance and the safety of their daughter, while no survivor should have to carry her story alone without practical and spontaneous intervention.