

FEMALE GENITAL MUTILATION AND SOCIO-CULTURAL IMPLICATIONS ON BINI TRADITION

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ABSTRACT

Female circumcision, also known as female genital mutilation [FGM] is a common practice in many countries across the globe, especially Africa. Current study investigated the social and cultural implications of FGM on the natives of Bini, Southern Nigeria. A 150 open ended questionnaire was carefully structured, validated and distributed (n = 150) to selected Bini indigenes of the target area in Oredo Local Government Area of the ancient city of Benin, Edo state of Nigeria. This prospective study was based on female children and parents who presented on account of FGM in the past. The questionnaire was designed to obtain relevant cultural and traditional norms of the Bini tribe as it relates to FGM. Sociodemographic data of sampled respondents were also collected. In the end, various sections of the questionnaire were subjected to statistical analysis, while expressing results in simple percentages to extrapolate the effect of FGM on the socio-cultural well-being of the people. Following careful observation, study found that about 74.5% of the respondents supported that till date, the Bini's support cultural norms than global best practices on FGM as stipulated by the World Health Organizations (WHO). Whereas, about 55.7% of the subjects opposed to this. Study also observed that the social implication of FGM on the girl child within captured area is evident in their sexual life as about 40.6% of the respondents posited that the average Benin girl who underwent FGM is likely to lost control of their libido with time; even in their matrimony, while 29.2% however opposed to this. Planned health education campaigns are recommended to elude the drawbacks of FGM and hazards of continuation of this practice in current communities that practice FGM.

KEYWORDS: Female Genital Mutilation, Benin, Socio-Cultural, Tradition.

INTRODUCTION

Also known as female genital mutilation [FGM], Female circumcision or cutting [FC]; FGM is a common practice in several countries across the globe, especially Africa.^[1,2] The World Health Organization (WHO) defines it as a procedure by which the female external genitalia is partially or totally removed with excruciating pain and injury to the female genital organs, either for cultural or non-therapeutic reasons.^[3] There are four major types of FGM. While Type I (Clitoridectomy) involves the partial or total removal of the clitoris; an erectile and hypersensitive part of the female genitals and prepuce, the surrounding skin fold in some cases; Type II procedure Excise partially or totally, the clitoris and labia minora, with or without the majora.^[1,3] Type III (most severe) on the other hand Infibulates and narrows the vaginal opening through a covering seal by cutting

and repositioning the inner or outer labia, with or without removing the clitoris.

In African mythology, FGM practices are deeply rooted in gender disproportion, cultural exclusiveness, as well as in the beliefs and practices of purity, restraint, aesthetics, class and reputation. It acts as a testament for the control of women's libido and sexual desires, promoting fidelity and chastity, and is often encouraged by both women and men.^[3,4]

The cultural and traditional elements of FGM reportedly vary across ethnic enclaves,^[5] with procedures reportedly observed across ages of six and eight, and a few cultures preferring it at birth, menarche, or before marriage.^[5] FGM is often time undergone alone, with the aid of special instruments.^[6] The procedure is almost always performed in ceremonial manners with music notes,

food, and gift items as the process unfolds. Till recent times, FGM is still in active practice across six states of the federal republic of Nigeria with relatively stable prevalence rates over time.^[7,8]

In Edo state for instance; where FGM and related practices was banned in October 1999, traditional sceptics have however condemned the ban, with some applauding it as a good step in the right direction. To this point, there exist a lacuna in an all-inclusive knowledge base on the socio-cultural response on FGM practicing communities in Nigeria and Edo State in particular, even with the recent legislations (Nigeria’s 2015 VAPP Act) that calls for the elimination of FGM practices by 2030, with no rigorous review and intervention models within the country.^[9] Current study was therefore devised to provide a unique opportunity for spawning such vital information on the effect of FGM on socio-cultural activities of Edo state and Nigeria in general.

AIM OF STUDY

This study aimed at examining the socio-cultural implications of FGM on the norms and values of Bini residents in Oredo Local Government Area of Edo State, Nigeria. Specifically, the study;

1. Determined if FGM still exists and is currently being practiced in Edo State
2. Evaluated the social and cultural impact of FGM on the girls in Ordo Local Government Area of Edo State.
3. Determined the difference(s) between cultural beliefs and FGM and their Elicit importance to the Bini culture.

MATERIALS AND METHOD

Research Design

This study adopted the survey type of research design as it is exploratory in nature and consist of data gathering from a large number or respondents, strategically investigating and conceiving answers to research questions or problems.

RESULTS

Table I: Biodata of respondents.

Variables	Attributes	Frequency	Percentage
Age	30 – 40	122	57.5
	40 – 50	42	19.8
	50 – 60	28	13.2
	60 – 70	18	8.5
	70 and above	2	0.9
Religion	Christian	148	69.8
	Muslim	26	12.3
	Traditional	36	17.0
	Others	2	0.9
Educational qualification	SSCE and below	56	26.4
	OND	18	8.5
	HND	28	13.2
	B.Sc.	84	39.6

Study Population

The population for this study comprises of Bini residents in Oredo Local Government Area of Edo State, literate and non – literates who are conversant with the cultural practices and norms of the ancient Benin kingdom as it relates to FGM.

Sample Size

A total of one hundred and fifty (150) participants (sample) were drawn from the population of Bini indigenes who were resident in Oredo Local Government Area of Edo State; the study area. This sample was drawn to reflect the various segment of the population without any form of bias.

Sampling Technique

Using the simple random sampling technique, this study selected a part of a population for the purpose of this Research, this method was adopted due to its relative ease and affordability, providing quick opportunity to pick from the entire population of study without any form of bias.

Method of Data Collection

Study adopted both primary and secondary methods of data collection. Basically, the primary method consists of the use of well-structured and validated questionnaire and in-depth interview. The gaps which existed after the administration of the questionnaires were filled with interview conducted during the study. Only personals with deep understanding of Bini traditions, who are possibly custodians of the Bini culture were interviewed. The secondary sources of data collection include Journal, books and articles / publications.

Analytical Approach

Obtained collected from respondents were subjected through statistical measures of central tendencies and average values (means) obtained after proper sorting. Data was then represented in frequency distribution table, analysed, interpreted and presented using simple percentage.

	M.Sc.	20	9.4
	Ph.D.	6	2.8
Tribe	Benin	112	52.8
	Esan	42	19.8
	Owan	24	11.3
	Etsako	16	7.5
	Others	18	8.5
Residential area	GRA	14	6.6
	Ikpoba Okha	2	0.9
	Ologbo	4	1.9
	Oredo	182	85.8
	Ughelli	10	4.7

Table II: Implications of FGM on Culture.

		Frequency	Percentage
Do you believe in FGM	Yes	92	43.4
	No	120	56.6
Do you know the importance of FGM on the Benin culture	Yes	114	53.8
	No	98	46.2
Do you believe that the people of Benin respect their culture more than the practice of FGM	Yes	160	75.5
	No	52	24.5
What is the relationship between FGM and the Benin culture	No response	122	57.5
	Circumcision	24	11.3
	Identity	6	2.8
	No Relationship	42	19.8
	To Control Prostitution	18	8.5
Despite the importance of FGM, do the Benin still practice FGM	Yes	120	56.6
	No	92	43.4

Table III: Influence of Benin Culture on FGM Practice.

Variables	Attributes	Frequency	Percentage
To what extent are the Benin ready to practice FGM against their culture	A large extent	138	65.1
	Very large extent	74	34.9
	Extremely large extent	0	0.0
Do all Benin believe in their culture	Yes	76	35.8
	No	34	16.0
	Not fully	102	48.1
Do all Benin give their cooperation/consent during the practice of FGM	Yes	34	16.0
	No	178	84.0
	Not fully	0	0.0
Are the Benin ready to forgo their culture and obey the practice FGM	Yes	50	23.6
	No	162	76.4
Do the Benin strongly belief in their cultural value	Yes	170	80.2
	No	42	19.8
Despite the importance of FGM, do the Benin still want to obey the FGM or obeying their culture	Yes	116	54.7
	No	96	45.3

Table IV: Values of Bini People on FGM.

	Yes	No
Do the Benin Value their culture more than the practice of FGM	158(74.5)	54(25.5)
Do the Benin still practice FGM	118(55.7)	94(44.3)
Do the Benin respect and obey their traditional ruler rather than the WHO law?	146(68.9)	66(31.1)

Table V: Social Implication of FGM on the Girl Child.

	Yes	No
Do the Benin that girls who are circumcised are likely to be a prostitute	86(40.6)	126(59.4)
Do you believe that girls who are not circumcised enjoy sex	94(44.3)	118(55.7)
Do you believe that girls who are circumcised enjoy sex	62(29.2)	150(70.8)
Do you believe that girls who were not circumcise stay more in their matrimonial home	60(28.3)	152(71.7)
Do girls from Benin culture have any choice of being circumcised	112(52.8)	100(47.2)
Do the Benin parents believe more in their culture rather than the World Health Organization about FGM	134(63.2)	78(36.8)
Do girls who are not circumcised command respects in the society	90(42.5)	122(57.5)
As a girl, have you been circumcised	74(34.9)	138(65.1)

DISCUSSION

As a common practice in several African countries, the introduction of female genital mutilation [FGM] has spark divergent debates to the crems of religious and socio-economic practitioners across the globe. To the World Health Organization (WHO), be it for cultural, ethno-religious or non-therapeutic reasons, FGM is a painstaking procedure that involves partial and/or total removal of the external female genitalia with perturbed conscious injury to the female genital organs.^[3] It (FGM) is traditionally practiced with partial or total incision or excision of the female external genitalia for a non-therapeutic reason, usually without their consent. FGM is common in Africa with varying prevalence in different countries, though the incidence is reducing due to human rights issues and tremendous advocacy for its elimination by non-governmental organizations, it is however underreported in many African countries especially where it has been declared illegal.

FGM is often performed by a nonmedical practitioner with the aim of fulfilling religious or cultural rites and sometimes for economic benefits with the resultant acute, intermediate and late complications.^[6,7] It is sometimes performed by medical practitioners when it is speciously believed that its medicalization reduces the complications associated with the practice. The sensitivity of FGM is amplified when compared to male circumcision and voluntary alterations of the female external genitalia like piercing and tattooing as similar practices. The magnitude of the physical and psychosocial consequences of FGM outweighs the presumed benefits of the procedures highlighting the need for improvement of the multiple preventive measures by all the stakeholders and in all the sectors. To this point, current study was undertaken to examine the impact of FGM on the cultural norms and values of the Bini people of Oredo Local Government Area of Edo State, Nigeria.

This study drew a total of two hundred (200) participants to reflect the various segment of the population in Oredo Local Government Area of Edo sate, Nigeria. These subjects were randomly group with the adoption of both primary and secondary methods of data collection using the questionnaire and in-depth interview.

From our socio-demographics, a total of one hundred and twenty-two 122 (57.5%) of sampled respondents were of

the age range of 30-40 years, with 42 (19.8%), 28 (13.2%), 18 (8.5%) and 2 (0.9%) being within age brackets of 41-50, 51-60, 61-70 and 71+ years respectively (table I). on religious believes, a total of 148 (69.8%) and 26 (12.3%) of sampled subjects were Christians and Muslims respectively, while African Traditional Religionists accounted for about 36 (17.0%) of the total sample (table I). Also, a close look at the result reveals a 56 (26.4%), 18 (8.5%), 28 (13.2%), 84 (39.6%), 20 (9.4%) and 6 (2.8%) qualification levels of SSCE, OND, HND, B.Sc., M.Sc. and Ph.D. degrees respectively for sampled subjects; while 112 (52.8%), 42(19.8%), 24 (11.3%), 16 (7.5%) and 18 (8.5%) of participants were Benin, Esan, Owan, Etsako and Other tribes respectively. Also, about 14 (6.6%) of the participants lived in GRA, whereas, 2(0.9%) lived in Ikpoba Okha, 4(1.9%) in Ologbo and environ, with majority 182(85.8%) in Oredo and 10(4.7%) were indigenes of Ugheli, Delta State.

Several reports have it that FGM is performed at varying age groups, from the first week of life, during infancy, before puberty, before the first childbirth and other periods in the woman's life, depending on the location and major reason underlying the practice across Africa.^[10] It is usually performed individually but can be done in groups of girls or women. In Africa, specific rates from studies done by the United Nations shows it to be more in children.^[11] The body further projects that over the next decade 30 million girls less than 15 years old are at risk of FGM. Within each country, there are wide differences in the types of procedure and prevalence of practice as the state specific figures reveal for the states in Nigeria.^[12] These figures contrast with those obtained in 2013 for the same geopolitical zones of the country but by the fourth Nigeria Demographic and Health Survey.^[10]

The cultural and traditional components of FGM vary between ethnic enclaves.^[12] The procedure is routinely carried out between the ages of six and eight with a few cultures preferring to cut at birth, menarche, or before marriage.^[9] Mutilation is more often undergone alone, but can occur in groups, using same instruments on more than 40 women.^[13]

A closer look at Table II shows the obtained responses on the importance of FGM on the culture of the people. From the table, a total of 92 (43.4%) of the responses

believed in FGM as against the 120 (56.6%) responses that opposed to it. Of these responses, about 114 (53.8%) appeared to be very knowledgeable on the importance of FGM to the Benin culture as against the 98 (46.2%) that were not conversant with it. From our result, a great percentage of respondents (160 of 75.5%) supported that the people of ancient Benin kingdom strongly believe and honour their culture on the cultural practices and norms as it relates to FGM, while a lesser number of them (52 of 24.5%) opposed to this view. This is indicative that FGM remains an important aspect of the culture of these people till recent times.

Previous reports on the prevalence of the various types of FGM varies geographically across the African continent, with Type I reportedly mostly practiced in Ethiopia, Eritrea and Kenya; while Type II appeared prevalent in regions of West Africa such as Benin, Sierra Leone, Gambia, Guinea and Nigeria.^[5] Also, according to UNICEF's global databases of 2016, the practice of FGM on girls up to fourteen years old is most prevalent in Gambia (56% of the age group), Mauritania (54%) and Indonesia (49%).^[14] among 15 to 49-year-old females, FGM is mostly heavily practiced in Somalia (98%), Guinea (97%) and Djibouti (93%).^[15] Midwives or trained circumcisers travel across several villages, conducting the surgery without anesthesia, antibiotics or sterile equipment.⁵ Although the majority of women in many of these countries now believe the practice should be ended, some still believe in the tradition. Further complicating efforts for its global eradication, the majority of girls and women in Guinea (76%), Mali (73%), Sierra Leone (69%), Somalia (65%) and Egypt (54%) still support the tradition.^[16] These reports are partly in concordance with the findings of this study.

The complexity of FGM in its relation to urban and immigrant health is comprised of a combination of concerns that center on gender equality, religious freedom, cultural traditions, and societal norms.^[17] Therefore, maintaining this tradition remains of utmost importance to many individuals whose region once practiced it. These issues form a dynamic that thrives within immigrant communities that make it increasingly difficult to eradicate the procedure.^[17]

Table III shows the extent to which the Binis are ready to obey their culture rather than FGM practice. From the responses, it is seen that majority 138 (65.1%) of Benin's are more likely to comply to the FGM practices than their culture, with 74(34.9%) responses to a very large extent. It was also noticed that 76(35.8%) of the Benin's believe in their culture, 34(16%), while 102 (48.1%) were not fully reported. It was gathered that 50(23.6%) of Benin's are ready to forgo their culture and obey the practice of FGM, majority 162(76.4%) disagreed. Again, a huge number of respondents 170(80.2%) posited that the Benin's strongly believe in their cultural value, while 42(19.8%) disagreed. It was reported by majority 116(54.7%) that despite the importance of FGM, Benin's

still want to obey the FGM than their culture. Whereas, 96(45.3%) disagreed on this. Furthermore, respondents indicated that the reduction of female sexuality (61.4%) followed by tradition and customs of the Binin (14.9%) were the reasons for practicing FGM. Outcome of this study disagree with that of previous reports by Fold'es *et al.*, (2009), who conducted a similar study among Germans from 1998 to 2009.

FGM is performed in developing countries with the most occurrences reported in sub-Saharan Africa, the Middle East, and Asia. These countries have many FGM victims, as the procedure produces a three-pronged platform that makes eradication difficult. FGM has deep sociological roots that create societal norms in order for families to be accepted by the communities. The social conventions place pressure on parents to perform FGM on their daughters in order to prepare them for marriage and adulthood. Its cultural significance leads to the notion that it maintains girls' chastity, preserves fertility, improves hygiene, and enhances sexual pleasure for men.

FGM is utilized as an initiation rite of passage to womanhood and aims to ensure premarital virginity and marital fidelity by reducing her desire for extramarital sexual acts. When the vaginal opening is altered to create a smaller orifice, the fear of opening it further discourages extramarital sexual intercourse.^[18] Parents and religious leaders enforce circumcision throughout their communities in order to ensure the next generations of children maintain tradition. The combination of these aforementioned factors creates a dynamic that renders FGM a public health concern that requires cultural competence to address.^[13]

Table V of current study shows the social implication of FGM on the girl child. From the table, it is reported by 86(40/6%) of the respondents that Benin girls who are circumcised are likely to be a prostitute, 94 (44.3%) reported they believe that girls who are not circumcised enjoy sex, while about 62 (29.2%) reported their believe that girls who are circumcised enjoy sex, about 60(28.3%) however reported that girls who were not circumcised stay more in their matrimonial home, 112(52.8%) reported that girls from Benin culture have choice of being circumcised, 134(63.2%) reported that Benin parents believe more in their culture rather than the WHO about FGM, 90(42.5%) reported that girls who are not circumcised command respects in the society, 74(34.9%) reported they have been circumcised.

Current study has revealed a significant association between FGM and female sexual function, where reduction of all aspects was obtained (namely desire, arousal, lubrication, orgasm, satisfaction and pain). Here, the total score of female sexual function for cases was significantly lower than their control of libido, implicative of more sexual drive. An Egyptian report of 2001 had proven that women with FGM have higher rates of dyspareunia with lack of sexual drive, explaining

a possible predisposition to fibrosis and rigid scar tissue occasioned by narrowing of the vaginal orifice and muscular spasm to cause painful intercourse.^[5] These physical factors will predispose to psychological one, where the painful experience will result into loss of sexual desire and satisfaction. Report from this study is in line with that of El-Defrawi *et al.*, (2001).

CONCLUSION

Female circumcision is practiced in many regions throughout Africa, Asia, and the Middle East. Studies have however reported that the highest prevalence rates are found within the Horn of Africa. From current study, FGM has been associated with medical, sociocultural, economic and educational consequences in the ancient city of Benin, Edo State of Nigeria. Elimination of FGM is therefore proven to be possible through directing resources in an efficient manner, targeted towards intervention programs on cultural and ethnical proponents. Thus, future research should explore the effects of intervention strategies to prevent FGM among the Binis, and Africans by extension.

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