



FGM/C in Nigeria

Telling Stories, Raising Awareness,
Inspiring Change.





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This publication shares stories and findings gathered ethically through the period of the study on the practice of Female Genital Mutilation/Cutting within targeted communities in Nigeria.

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To the young girls and women whose lives have been scarred by FGM/C and yet found it worthy to share their truth with me, you all are my heroines.

Adaobi Nkeokelonye

Foreword

Female Genital Mutilation / Cutting (FGM/C) is the total or partial removal of the female external genitalia or any form of injury to the female genitals for cultural or other non-therapeutic reasons. It is practiced in many communities in Nigeria and other countries, with dire consequences for the wellbeing of women and girls.

The Nigeria Demographic and Health Survey 2013 indicate that one in four women age 15-49yrs have been mutilated. In many communities, it is considered an important cultural practice and social norm that regulates social relations and sexual behaviour. However, this understanding of FGM/C underlines it as a discriminatory practice aimed at preserving prevailing unequal power between women and men further exacerbating the low status of women and girls.

The 2012 United Nations General Assembly resolution aimed at intensifying global efforts towards the elimination of FGM/C has leveraged greater consensus action against the practice. As example of such initiative is the global joint UNFPA /UNICEF programme on accelerating the abandonment of FGM/C with a focus on catalysing behaviour change to end FGM/C. Major strategies of the programme include capacity strengthening of health workers to prevent and manage FGM/C survivors, research/assessment on FGM/C, social norms change campaign,

policy and legislative advocacy and documentation and dissemination of best practices.

This publication is a presentation of the human angle interest stories on experiences of survivors of FGM/C in communities where initiatives of the joint programme on FGM/C are implemented. It is intended to promote a deeper understanding of the practices and the factors including collective and individual behavioural patterns that drive the practice. We commend this publication to all who are interested in ending FGM/C for improved health and wellbeing of women and girls in Nigeria.



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Abbreviations & Acronyms

AHI	Action Health Incorporated	UNFPA	United Nation Population Fund
CSO	Civil Society Organisations	UNICEF	United Nations Children’s Fund
CHEW	Community Health Workers	VAPP	Violence Against Persons Prohibition
EBC	Ebonyi Broadcasting Corporation	VVF	Vesico Vaginal Fistula
FGD	Focus Group Discussion	WHO	World Health Organisation
FGM	Female Genital Mutilation		
FGM/C	Female Genital Mutilation/Cutting		
FGoN	Federal Government of Nigeria		
HRBA	Human Right Based Approach		
HIV	Human Immuno-Deficiency Virus		
KII	Key Informant Interview		
LACVAW	Legislative Action Coalition against Violence Against Women		
LGA	Local Government Areas		
MICS	Multiple Indicator Cluster Survey		
NDHS	Nigeria Demographic and Health Survey		
NBS	National Bureau of Statistics		
NCA	National Circumcision Association		
NTA	National Television Authority		
RVF	Recto Vaginal Fistula		
TBA	Traditional Birth Attendants		
UN	United Nations		



Executive Summary

Female Genital Mutilation/Cutting (FGM/C) impedes the attainment of a good standard of reproductive health for women and girls. It is estimated that two hundred million girls and women have undergone forms of FGM/C globally and 3 million girls are at risk every year (WHO, 2016).

The joint global programme on accelerating the abandonment of FGM/C is a consortium programme of UNFPA (United Nations Population Fund) and UNICEF (United Nations Children's Fund) focused on driving change towards the abandonment of FGM/C in 17 countries of the world where the priorities of the programme is being implemented. Initiated in 2007, the UNFPA-UNICEF Joint programme on FGM/C is a leading global programme in the abandonment of FGM/C practice around the world. It is strategically designed to deploy a human rights, gender-equality and culturally sensitive approach. Its holistic approach also focuses on the responsiveness of health and child protection systems to care for women and girls survivors of FGM/C. Building on existing commitments to abandon FGM/C, the Joint Programme partners with key actors and stakeholders in practicing communities in programme countries.

Critical to attaining the programme goals is the need for promoting learning and best practices to drive desired social change. In Nigeria, the Joint Programme acknowledges the importance of knowledge sharing in strengthening advocacy to different stakeholders and key actors on the realities of FGM/C and prioritizes strengthening health and community response to prevent, manage and abandon the practice of FGM/C

This publication further expands understanding of the practice of FGM/C in states with the highest prevalence rates across the South-East and South-Western regions of Nigeria. It highlights how the UNFPA-UNICEF Joint Programme is reaching the Nigerian communities through various interventions. It offers a human angle story and presents broader social contexts through the lens of individuals and community actors, taking advantage of their unique abilities to interpret their experiences. It is hoped that these stories presented in this document will help inspire action to end FGM/C in Nigeria.

Introduction

In highlighting how UNFPA –UNICEF Joint Programme is impacting the Nigerian communities, this publication expands understanding on the economic, social and cultural contexts in which FGM/C is practiced in Nigeria.

Purposed to present human angle stories, it adopts a creative approach using pictures and direct quotes extracted from the interactions with respondents in the different social dialogues undertaken.

It amplifies the voices of women and girls, community leaders, traditional circumcisers, CSO partners, media professionals and health care providers from different communities in Ebonyi, Imo, Osun and Oyo States of Nigeria as they share their understanding, perception and the rationale supporting their position on FGM/C.

The publication is structured to present analysis and stories with a focus on national status, types, procedures, timing, consequences, interventions, and way forward for FGM/C.

Data from desk review of related literatures and the Nigeria Demographic and Health Survey (NDHS, 2013¹) are used to intermittently support information gathered during interviews where necessary.

It is advised that more emphasis be placed on the contents of discussion while deemphasizing the location of respondents as there will be little or no relevance given to this order.

This study focused on understanding the economic, social and cultural contexts in which FGM/C is being practised. To achieve this, qualitative research method was adopted. A multi-phase approach was used; research tools such as key informant interviews, community town-hall discussions, focus group discussions, and non-participant observations were used.

The selection of the three states of Ebonyi, Imo, Osun and Oyo states was based on their high burden of FGM/C, which also informed their selection as target states for UNFPA and UNICEF Joint Programme for the abandonment of FGM/C.

Within these target states, the respondents were selected from the following communities:

- **Ebonyi state** - Abakaliki, Ohaukwu and Ikwo-Echialike
- **Imo state** - Amala community (Ngor-Okpala LGA), Agwa community (Ogwuta LGA), Ohaji Egbema (community??) LGA and Owerri (LGA?)
- **Osun state** - Bode Osi and Asa community (Ola-Oluwa LGA), Alajue community (Ede-South LGA) and Osogbo community (Osogbo LGA)

FGM/C Status in Nigeria

Female Genital Mutilation or Cutting (FGM/C) is the deliberate partial or total removal of the female external genitalia or other injury to the female genital organs for cultural or other non-medical reasons (WHO, 1997)².

Globally, an estimate of two hundred million girls and women are living with FGM/C. Nigeria currently has the third largest number of women and girls (about 21.6 million) who have undergone FGM/C in the world, coming after countries like Egypt and Ethiopia. The implication of this is that one in four women aged 15-49yrs has been mutilated.

FGM/C is a practice that transcends status, age and geography in Nigeria. Categories of the female population subjected to this practice include infants, teenage girls, brides and pregnant women. An analysis of data from the Nigeria Demographic and Health Survey (NDHS, 2013) shows that the practice is prevalent in the South-West and South-Eastern region of Nigeria³ with prevalence rates of 47.5% and 49% respectively. States with the highest rates are Osun (76.6%), Ebonyi (74.2%) and Ekiti (72.3%) while Katsina has the lowest rate of 0.1%. An analysis of these data and information from the Nigeria Demographic and Health Survey (NDHS, 2013) and the Multiple Indicator Cluster Survey (MICS, 2011)⁴ on FGM/C provides vital guidance for the design of interventions on the abandonment of FGM/C.

Contrary to many people's assumption, FGM/C is noted to be more prevalent in the urban area than the rural area with a difference of 13% rating (MICS, 2011). Likewise, the dynamics again changed in consideration of educational level as the practice increased by 11.9% from women without formal education to women with secondary education and above. The Multiple Indicator Cluster Survey study concludes that the prevalence of FGM/C in Nigeria is associated with age, education and wealth status.

Different types of FGM/C are practiced in Nigeria in line with the four categories recognised globally.

Type One known as Clitoridectomy involves the removal of some part or all parts of the clitoris in a female's genital, also the partial or total removal of the prepuce.

Type Two also known as the Excision involves the removal of all or parts of the clitoris and the inner labia surrounding the female vagina with or without removing labia majora which forms the larger outer lips of the vagina.

Type Three which is known as the Infibulation is performed by narrowing the opening of the vaginal orifice, creating a seal which is formed by the cutting and repositioning of the labia. The narrow hole is left tiny; not wider than 2-3mm, enough to at least allow the passage of fluid such as urine and menstrual blood. For this type of procedure, the vagina is only opened for the purpose of intercourse, childbirth or total defibulation. This type of infibulation is sometimes called Pharaonic circumcision.

With the emergence of more non-classifiable FGM/C; known and unknown, the Type Four has been recognised to consist of all forms of harmful procedures done to the female genitals for non-medical reasons. These include pricking, piercing, burning, clipping and scraping among others.

Prevalence of Female Circumcision by State

Percentage of Women age 15 – 49yrs who have been circumcised and percentage distribution of circumcised women by type of circumcision, according to states and regions, in Nigeria 2013.

State	Percentage of Women Circumcised	Cut, no flesh Removed	Cut, Flesh Removed	Sewn Closed	Don't Know/Missing
South – West Zone					
Ekiti	72.3	4.9	44.1	2.0	49.0
Lagos	34.8	2.3	70.8	4.4	22.4
Ogun	11.2	19.6	68.8	1.2	10.3
Ondo	45.0	4.1	50.2	1.1	46.6
Osun	76.6	3.4	85.2	2.9	8.5
Oyo	65.6	1.2	73.7	2.8	22.3
South-East Zone					
Abia	31.9	0.3	68.2	13.7	17.8
Anambra	23.4	6.6	47.6	5.4	40.5
Ebonyi	74.2	1.9	89.9	3.3	4.9
Enugu	40.3	1.1	89.9	5.7	3.3
Imo	68.0	16.4	70.2	5.1	8.3
South –South Zone					
Akwalbom	11.0	2.8	72.0	9.4	15.7
Bayelsa	16.2	12.7	63.6	20.1	3.7
Cross River	32.2	1.6	73.6	2.7	22.1
Delta	40.3	4.3	70.0	7.4	18.4
Edo	41.6	1.1	69.6	3.6	25.8
Rivers	14.6	5.5	45.4	8.2	41.0
North-Central Zone					
FCT Abuja	6.1	(2.2)	(69.4)	(3.4)	(25.0)
Benue	8.4	0.0	84.7	12.5	2.7
Kogi	1.7	*	*	*	*
Kwara	53.3	3.2	50.5	2.5	43.9
Nasarawa	9.0	3.5	61.2	22.3	13.0
Niger	2.5	(0.0)	(60.5)	(16.1)	(23.4)
Plateau	1.7	*	*	*	*

Percentage of Women age 15 – 49yrs who have been circumcised and percentage distribution of circumcised women by type of circumcision, according to states and regions, in Nigeria 2013.

State	Percentage of Women Circumcised	Cut, no flesh Removed	Cut, Flesh Removed	Sewn Closed	Don't Know/Missing
North-East Zone					
Adamawa	1.0	*	*	*	*
Bauchi	5.2	10.6	59.1	0.0	30.3
Borno	2.3	*	*	*	*
Gombe	2.9	(65.4)	(12.5)	(0.0)	(22.1)
Taraba	2.9	(13.2)	(42.9)	(6.5)	(37.4)
Yobe	2.6	(9.9)	(45.9)	(1.2)	(43.0)
North-West Zone					
Jiwaga	39.4	5.7	74.8	3.3	16.2
Kaduna	25.1	36.2	37.1	21.1	5.5
Kano	40.9	1.9	27.0	3.1	67.9
Kastina	0.1	*	*	*	*
Kebbi	2.6	(10.7)	(14.8)	(19.3)	(55.2)
Sokoto	3.0	(3.5)	(2.7)	(0.0)	(93.8)
Zamfara	1.7	*	*	*	* ⁵

A Story of Resistance...

The Olola

Somewhere in the rural town of Alajue, beneath the south-western sky, sprawled the home-
stead of the Olola. The man sat with an air of
importance, his face seemed distinguished. It
was not the beauty of one from a kingly line-
age, but he carried himself with some impor-
tance. On his right cheek were four vertical
lines and on the left, eight horizontal lines.

'An Olola is incomplete without his mark, its beauty gives us pride' he said with
a proud smile caressing the scarifications on his face.

He is the heir of a larger Olola family. He had become the custodian of an im-
portant cultural heritage. The aura around him was that of authority, he knew
how to do what only few can. The children running across his home hailed him
'Baba Olola'; the whole village knew him.

'I dare not abandon the cultural values of my ancestral home. In the days gone,
each household was marked by their trade; the blacksmiths had their trade, the
hunters had their trade, circumcision was ours, we alone did it.'

On the raffia mat just opposite him were snails in their shells, salt tied in a trans-
parent bag, palm oil in a green Schnapps bottle, granulated charcoal, green
vegetables, and local soap; he had just been paid. The parents of the newborn
girl paid ahead for the traditional surgery on her genitals.

'On this trade, I built this house, sent my children to school but now our trade
has gone bad. The new law has put a ban on skin mark; they say facial scarifica-
tion was a good thing then, but now it has become too painful to be different'.

There was a moment of silence as he stared long into space with a forlorn
look. Though he tried to smile, his eyes told of someone who was locked in the
chamber of thoughts. Then he spoke again.

'I am also told not to circumcise females again, I am troubled at the danger;
our daughters will be like dogs. This abolition will not work; it is dangerous for
a woman to have a clitoris!

FGM/C: Procedures

In the South-Western Yoruba speaking region of Nigeria, the traditional circumcisers who specialize in circumcision of both male and female genital are called the 'Olola'. In the South-Eastern regions, the traditional birth attendants (TBAs) remain identifiable as the indigenous practitioners. These circumcisers serve as custodians of information on procedures and often times the history of circumcision.

A common characteristic observed amongst the circumcisers is their shared passion about health and cultural preservation. Majority of them have little education and do not appear to have any form of formal medical training.

Findings from social dialogues undertaken during this study, show that practitioners have no uniformed procedures for circumcising women.

There is a notable inconsistency in the types of FGM/C practiced even within the same state or community. While one practitioner attest to cutting off the clitoris, another shares that he cuts the prepuce and not just the clitoris. Enquiries with health practitioners, especially midwives, that have experience of examining the genitals of mutilated women validates this inconsistency. There is no formalized way of circumcising women in Nigeria but there are similarities in the way FGM/C is performed.

Non-medically approved tools and procedures have been adopted across different communities for FGM/C and this predisposes survivors/victims to varying forms of grievous consequences at the time of mutilation or in the future.

I stopped school at Standard Six, though I went for some auxiliary programme, I was taught the practice of circumcision by one Mr. Joseph years ago. He too was a circumciser.

- Olola, Alajue Community.

In the 9 years I have practiced as a midwife, I notice that there are no specific types of cutting. Some women have their labia minora cut, some have only half of it cut, and others are sutured while others have their clitoris nipped or cut out totally.

~Midwife, Owerri.

FGM/C: Procedures



Image 1: Sample tools used by circumcisers for the female genital cutting procedures.

'I use a 'special scissors' to cut and smears from the snail to clean the genitals after cutting.'

'I use a knife made by the village blacksmith and use traditional medicine to make it heal.'

'We can use razor blade to cut; some of us use fermentation from charcoal or palm oil or snail juice to heal.'

'I use the sharp blades to cut. But to stop the vagina from bleeding, I use juice from herbal medicines like Cassava leaves'

Consultative discussions with the practitioners' shows that the same culture of non-uniformity in procedure is noted in adopted instruments/tools and the choices of local anaesthesia utilized for FGM/C. Different forms of local leaf; cassava leaf, fermented charcoal, snail juice, herbs and more are used to treat injury from the procedure. Their efficacy cannot be guaranteed medically as they have not been subjected to any known formal medical tests for verification. Such unhygienic practices portend harm to women and girls and can lead to long life debilitating conditions including the infections such as HIV (Human Immune-deficiency Virus)⁶.

Medicalization of FGM/C had been proposed by some medical professionals as a way of bringing some standard and reducing complications of FGM/C. Arguably a breach of ethics as medicine must not be used for harmful purposes, this phenomenon has been observed around communities in Africa⁷. The head of a community in Imo state, South-Eastern Nigeria shares that reactions to campaigns highlighting the danger of the unhygienic practice had caused a shift in demand for medicalization of FGM/C. As a result of this campaign, parents began to abandon the services of traditional practitioners. Alternatively, they sought for the services of midwives, auxiliary nurses and Community Health Workers (CHEW) for the circumcision of their children.

Midwives in the communities attest to their being besought by parents of female children for circumcision. Some of them claim to have undergone training for performing FGM/C as auxiliary nurses.

A retiring midwife in Amala rural community shared a validating experience, *'I am a former midwife; a trained auxiliary nurse since 1984. As an auxiliary nurse, I learnt the procedure from the midwives when I trained. Parents bring their children to me both male and female for this purpose.'*

Findings from this study revealed that the need to provide a hygienic environment and the assurance of some form of anaesthesia encouraged patronage of health clinics and paramedics for FGM/C. The medicalization of FGM/C due to perceived negative health implications may be addressing the immediate consequences of the procedure (pain and bleeding) but it aids in obscuring the long term consequences and human right violations underlying the process while also tarnishing the integrity of the health care communities.



In my community, there were high rates of child deaths due to circumcision. When we promoted hospital circumcisions, the deaths reduced.

~ Amala Community Leader.

CHEWs here adopt Lignocaine or Xylocaine to stop the pain. They use adrenaline and vitamin K to control the bleeding. This way, they encourage young mothers to continue circumcising their babies as it appears safer with them.

~ Community Worker, Abakiliki

FGM/C: The Ancestors' Gift

As an Olola, I was born into this practice. I do not know the history; but can I say it is as old as the tradition of tribal mark on faces.

~Circumciser, Osogbo.

Female circumcision is as old as mankind; handed from one generation to the other. Even I the king cannot trace its root. My mother does not know this too.

~King of Amala Community.

For a practice that is deeply entrenched in social cultural systems, there appeared to be no traceable origin attributed to FGM/C. Discussions with interviewees reveals that the antecedents of FGM/C remains unknown. There are no tribal memories to explain it; the history of FGM/C is so far away vanished without trace but the practice continues to coil into the future.

In very traditional societies, it is offensive to question tradition, one can only sustain it. Thus Community leaders and practitioners themselves are unable to share the history of FGM/C. Most of them never inquired about this very important piece of history. The history of this practice eludes even the oldest respondents who ideally are known to be custodians of this cultural practice.

Present day renditions of oral histories in poem, folklores and local songs also have little or nothing to offer in preserving the history of FGM/C. While the history may be lost, the reason and justification of FGM/C is not. It is easily explained in practicing communities as 'the ancestors' gift'.



I am the son of an Olola, my father was the village chief hunter, but my mother hails from an Olola family. It is a lineage thing. The tradition of Olola dates far back in history. In the olden days, through the design of the facial scarification, you could tell an Olola. See my face; I have four marks on my right, I have eight marks on my left. That is the mark of an Olola. Growing up, I didn't know that the design of my facial mark meant that I was an Olola until I was made fun of.

I am the last of 11 children from my mother, but I did not eventually become a practicing Olola. I am now 74yrs old, I had three female children between 1971-1975 and none of them were mutilated. Obviously, I do not like the practice. I have been doing underground campaign against it. I came into limelight 1993; I was approached by a LGA chairman's wife to do a Jingle on FGM. She found it an irony that I had the mark of an Olola and yet campaigned against it.

So far my latest jingle was produced for the UNFPA-UNICEF Joint Programme on FGMC. Every morning, at quarter to 7am when it is announcement time in Osun, it is played on the radio.

~ Chief Alabi Ogundepo

Media Professional currently supporting the promotion of the abolishment of FGM/C in Osogbo , Osun State.

FGM/C: A Source of Livelihood

I no longer charge money, yes it used to be =N=5 some twenty years ago, then some time back, it was =N=500 but I do it for free now, it is my own way of being relevant with little contribution towards sustaining our communal culture. I am a farmer now, which is how I raise income.

~Olola in Osogbo.

I have never solicited for patronage; I do not ask or beg the parents to bring their daughters to me. It is the parents and the girls that come themselves.

~TBA in Ohaukwu Community



Demand and supply is the backbone of any trade. With the FGM/C culture, this model has been observed. As with other types of trade, FGM/C is governed by the law of demand and supply. The suppliers in this case are the practitioners while the demand comes indirectly from the society and directly from parents of prospective survivors of FGM/C.

FGM/C as a trade is one that is either inherited or learnt. Practitioners thrive on the monetary and non-monetary benefits attached to the practice of cutting both male and female genitals; some of them include body scarification and tribal marks. The charges which has continued to change incrementally over the years is in most cases enough to serve as a major source of income for some of the practitioners while others seek alternative sources of income.

Diverse perspectives exist with regards to the profitability of the practice. Some practitioners claim that the practice is no longer a profitable trade while others think it is still profitable. From observation, the perspectives on profitability are often shaped by other variables such as increased cost of living and perhaps the declining value of the Naira.

Some practitioners however do not find this as a source of income but as their way of contributing to the preservation of their cultural heritage. They also enjoy the privilege, relevance, status and recognition that accrue as a result.

The law of demand acknowledges that the higher the price of goods, the lesser people will demand of it. With the FGM practice the price has remained relatively affordable,

the trade had in the past achieved equilibrium as the practitioners enjoy a steady supply and demand.

Practitioners argue that the trade attracts clients and they do not have to go soliciting for business. This can be understood given the pull and push factors of the FGM/C practice as a social norm and cultural practice.

The practice enjoys some form of credibility with the formation of organizations akin to unionization at local, state and national level. Acknowledging this, the Osun state government in 2014 made a call to the National Circumcision Association in Nigeria to stop FGM/C practice in the state during the UNFPA-UNICEF organised inauguration of the state technical working committee on elimination of FGM/C.

A statistical exploration of on-going FGM/C practice shows that over 3million girls in Africa⁸ will be circumcised annually. Nigeria contributes a fair share of this. While this may seem to portend more business and income for practitioners, it is evident that the market has experienced a shift.

Parents who had in the past years sought for medicalized FGM/C and more so the many anti-FGM/C interventions have contributed strongly in negatively changing the lot of this trade.

'We have an association of Olola. We have our gathering every Friday at Oke-Oja where we determine trade price and ethics of practice.'
'The Ololas meet, we have a body. Over the years, even with female circumcision, our daughters had children easy without complication. The problems we are observing on female circumcision only began because our market was infiltrated. Had it been that there was no infiltration, the practice of female circumcision is not bad. We are still working this out in the organization.'

~ Circumcisers in Alajue and Osogbo Communities



A Story of Continuity...

Like Mother Like Daughter

With her baby girl strapped to her back, the young woman walked briskly to Ochenwa's home. A knock at midnight, Ochenwa rose from her bed to usher the visitor in. She recognised her; their bloodlines crossed two generations ago.

'What brings you this late my child?'

'By the 8th day after her birth, I knew she was ripe; it was time to circumcise her' she said looking at the sleeping child now lying in her arm.

'Two days ago, I took her to Nurse at the Community Health Centre. This new nurse turned me back. Ugly nurse, I could wipe away all her beauty with a wet cloth. She said, "Take your child home, we no longer do it". She said nothing more but returned to her work leaving me as helpless as I remain now.'

'Ochenwa help me, if you do not, I shall go to the next village to cut her.' The young mother pleaded with tears in her eyes.

'Have you not heard? You must have come from the city. Since the people of the book visited the Chief, things have changed. The sound of the town crier's gong now disturbs my dreams. His voice wounds me and the message it carries stabs my trade.' Ochenwa muttered.

The young woman whispered, she murmured, and then she exclaimed. 'I heard! May their earth split in quarters if I stoop to obey them! For years I sought for a child, where were they when I was ridiculed because I could not conceive? I could not conceive because I was not circumcised early.' When I finally conceived a son, he died at birth when my clitoris touched his head. You Ochenwa saved me with a cut. Now I am a proud mother of a daughter, do you want her future to be like her mother's? Please save her now, the time is ripe.'

Town crier has announced that anyone caught circumcising a female child will pay N2,000. Ochenwa thought about the cycle of poverty that had gripped her home since the abolition. '*We get the tubers of yam easily and the fowl too. But to get N2,000 in Izzu is hard.*' None of her creditors will accept yams in lieu of the money she owed, not even the roofer coming at noon tomorrow.

'You should return home now, go, gather the money, do not forget the yam tubers and the fowl. In the morning, just before the sun pours down its noontide rays, I will cut her'. Ochenwa said.

FGM/C: A Time to Cut

Knowledge of the season of the year, period of day and most importantly the age for circumcision of girls and women is vital for programming and planning interventions that would contribute to ending FGM/C.

To show the social acceptability of FGM/C, some communities practice the circumcision of their girls/women with special ceremonies marked in diverse ways. While there are differences, there are also similarities in the way female circumcision is conducted across communities.

Through community dialogue engaged in across regions, it is established that there is a consensus on preference for conducting female circumcision; never at sunset but always at sunrise. Circumcisers prefer to get busy at the crack of dawn, just when half the sun ascends over the horizon.

While the raining season may be preferable, in all seasons of the year, the sun-heat is mostly avoided for practice of circumcision of girls and women.

The age for female circumcision differs. The Nigeria Demographic and Health Survey (NDHS, 2013) indicate that 82% of Nigerian women undergo FGM/C before the age of five. This is validated by the community discussions undertaken for this study. Interviewees agree that a girl child qualifies for FGM/C from the 8th day of birth up until her adult years. FGM/C is performed – depending on the traditions of a community – during the first weeks of life, childhood, adolescence, in teenage years and during pregnancy.

In the communities visited in Imo state, parents and practitioners are unanimous on the 8th day conventional practice for the female child. Delays are rare in communities within this state, except in cases where a child is sick, in which case she is cut on regaining her health. Babies whose mothers died at their birth are often not cut for a longer time as

It is done in the morning, very early before mid-day. If we circumcise them under the heat of the sun, it will make the person weaker. Though we do this in all season, we usually prefer to do it during the raining season because when the weather is cool, then the human body is also cool.'

~TBA, Ikwo.

The church was a major reason why some people did not circumcise their children in the time I was born. Though all of my siblings were circumcised, I was not because then my mother said I was a sickly child. I remained a tiny baby for a long time.

So in my later years, when it was time to deliver my first child, my mother informed my husband and I that I would be unable to have my baby through natural birth because I was not circumcised. She advised Caesarean operation instead.

When it was time, I went ahead to have my baby naturally and had even nine more children after. All deliveries happened through natural birth.

I think we can save female children the pain.



~ Lady Constance Ukwuoma

Member, Amala Women Organisation,
Ngor Okpala Community, Imo State.

FGM/C: A Time to Cut

'I remember I was five because my younger sister who was born five years after me was an infant. Mother had her in her arm when we arrived in the hospital that day. The nurses cut both of us. In the days to come, I could pass urine comfortably so they thought I had healed. One day a metal swing handrail I was playing with reopened the scar and there was blood everywhere. I returned to the hospital, I have not forgotten.'

'When they cut me, I was 16yrs old. It is the tradition of my people in Ohaukwu. It was done in my father's yam barn. My circumciser was a woman; it was just me and her there. I was cut with a new razor blade. The blood gushed out, it continued and I was bleeding until day break. When you are circumcised, you lie still; you will not go to the farm or anywhere. I was pampered with any food I choose but I had no appetite to eat them.'

'I was cut at the age of 19 years in 2010. In my community, there is a common way of doing it. That was how they did it to me too. To hold you from moving, apart from the circumciser, there are always five people; two to hold your two hands separately, two to hold your two legs, spreading your thighs apart firmly and one to sit on your chest to avoid you from seeing the cutting. When I bled, they used juice from cassava bark to stop it.'

~Circumcised Girls and Women.

'It is dangerous for pregnant women to deliver babies with their clitoris intact, to avoid this, we circumcise them during pregnancy. This is done at any season in the year, but we also ensure that we circumcise them in the 4th or 5th month of the pregnancy because at this time, the baby is formed and will not be lost.'

~TBA, Ikwo.

they are perceived to be vulnerable and likely to die too. Any form of vulnerability suffered by a female child can indeed inform the decision not to mutilate her.

The process of capturing the lived experiences of FGM/C itself among the survivors was a major challenge during this study. The difference in cultural practices is observed in the fact that a majority of women and girls especially from the South-Western states could not recall their experience considering that they were mutilated as infants. Women and teenage girls who could narrate their experience of FGM/C were mostly from the South-Eastern state of Ebonyi where the practice of FGM/C was done for girls at an older age.

Whereas some women and girls can share their experience of FGM/C as teenagers, there was also a group of women who indicated that they were cut during pregnancy. Aside the known short and long term consequences of female circumcision, there are peculiar health implications of cutting a woman during pregnancy. It can lead to complications in pregnancy especially with possibility of severe haemorrhage, genital infection and stillbirth.⁹

The mutilation of women in pregnancy has no age limits and includes teenage girls or pregnant adult women who for one reason or another may have missed the opportunity of being mutilated at an early age.

'I am 19yrs old. I got pregnant as a 17yrs old student for my fellow classmate. My parents said I got pregnant because I was uncircumcised. So in May 2013, by the 4th month into my pregnancy, I was circumcised. It happened in my father's barn in the backyard of our home. After the cutting, I didn't really bleed as I only saw small bleeding. I suffered pain for one week of which I couldn't walk. I was massaged with hot water every morning and evening until I felt better.'

'I was circumcised in 1998 during the fourth month of my first pregnancy. I was then 18years old. Being that I was married, a celebration followed immediately after my circumcision in my father's house. I remember that day very well, after the cutting, they killed chicken and used it to cook yam. I couldn't eat it as the pain was too much. I was one week indoors and it took two weeks before the pain subsided.'

FGM/C: The Ceremony Of Mutilation

In many communities, FGM/C had often been marked with some cultural celebration. As part of their cultural heritage, practicing communities mark FGM/C on selected days with special celebration.

Though the ceremonies continue at present it is currently being practiced in a slightly different way. Public celebration of FGM/C has reduced. In most places, the venue for mutilation has shifted to more private spaces. The venues now vary mostly from the home of the practitioner to the home of the client's parents or grandparents.

However, some communities strive to maintain the social relevance of FGM/C by insisting on the practice of group mutilation with or without ceremonies. This is evidenced in some of the narratives of young girls who were mutilated recently in the company of other girls.

Other rituals are attached to the actual mutilation ceremony to make it appealing. In Ohaukwu, Ebonyi state for example, the circumcised girl is adorned with body decorations. Through the healing period, coloured powder is rubbed over her body for easy identification.

In Ikwo also of Ebonyi state, extended rites are observed for FGM/C in a bride-price-like ceremony. Gifts of money, clothing and other valuable from the family of a groom to the family of the mutilated bride are exchanged. The presentation of this gift is often marked with a ceremony after the mutilated girl is fully married and pregnant. Such rites make FGM/C very attractive as it is perceived to be prestigious and a status determinant by the community at large; this therefore discourages efforts to abandon FGM/C.

In the olden days here in our community, a day is set aside when Ololas come in all their majesty. People came with snail and oil which are put on display. Daughters will then be laid on plantain leaves for circumcision. Then it was in the public, nowadays, it is not in the public anymore.

~Community Worker, Osogbo.

'I was circumcised in 2010 at the age of 20yrs. I was a student in the computer school then. I was educated. My grandmother told me I will be barren if I do not circumcise. I believed it was true since other elderly women said so. I, my sister and cousin was taken to our grandfather's barn behind the house. The circumciser was a woman in her 70's. She asked each of us to undress and sit over an already dug mini grave with thighs spread out. Using different razor blades, she cut us all.'

'I had just returned from school sometime in August when I was taken unwillingly to the place of circumcision. We were a total of nine girls brought out to be circumcised. There are other people present too as each of us will be held down by five grown women while we were cut.'

~Circumcised Girls from Ikwo and Ohaukwu

FGM/C: The Ceremony Of Mutilation

The circumcision of the girl child has some rites. So whenever a circumcised girl marries, the husband is expected to reward the parents of his wife for circumcising her. This he will do with some prized gifts. For the girl's father, he will present drinks and money. Half of the money is shared between the wife's father and the kinsmen. The other half will be shared by the wife and her mother. On this day, the wife and her mother will also receive gifts of clothes. This is always a big merry event where people come together to eat and drink.

~ Women's Leader, Ikwo.

'I learnt from the church that female circumcision was not good, I was not willing but my father overpowered me with the young men he sent to catch me.'

'My relatives caught me and circumcised me by force. It was 15yrs then.'

'I always knew circumcision will be painful. I did not want to be circumcised. I only complied for the sake of tradition which states that if I had children uncircumcised, it will be a sin against the land.'

'I was told to get ready immediately, there was no prior notice. I was only 16yrs, my voice alone didn't count. There was contestation between my older siblings in the city and my parents who sought to honor tradition. That day, tradition won.'

~Circumcised Girls and Women from Ikwo and Ohaukwu.

Narratives on FGM/C, presents girls and women as resistant to the process. While this is the case for some, some people's experience contradict this belief. Findings reveal that some survivors willingly accept to go through the process in expectation of the social rewards. For this group of willing girls and women, they do not hesitate to share their readiness to do it again and to also ensure their daughters are mutilated. This may be adduced to the deep socialization process that women and girls are subject to in communities and families.

Within the case study communities, many other girls and women expressed unwillingness and a total lack of justification for FGM. Evident from their stories is the reality that in the face of culture and social pressure a girl's willpower accounts for little to determine the course of her life and protect her bodily integrity.

The cultural elements of FGM/C has over the years posed a challenge to its abandonment, The value given to cultural practices in most African countries like Nigeria is noteworthy. Like Religion, culture remains an important part of the people's identity. Hence whatever the community validates and embraces as their culture is often approved and consequently presents a strong opposition to change. This is a major factor that perpetuates the incidence of FGM/C in communities of practice in Nigeria,

Since I started working on FGM issues in 2003, we have identified FGM as a major disempowerment issue for women. In Ikwo community, teenage girls and women are circumcised and this is an experience most of them look forward to. To them, it is about performing an honorable rite that assures them of pride, identity and a sense of belonging to their socio-cultural group.

~Community Worker, Owerri.

I was circumcised at about the age of five. I remember it still. It was in the morning. When I was brought in from my grandfather's yam barn that day, my father asked me the time. I said I did not know, so he told me it was 8am. I was cut before 8am that morning.

The place of circumcision was in grandfather's yam barn. My paternal grandmother had taken me there and not my mother. When we arrived, my maternal grandmother was waiting already, she was the circumciser. She had dug a mini grave. They asked me to undress; Grandma who brought me removed my pant and asked me to sit over the hole with legs apart. In her hand was a new razor blade. With it, she cut my clitoris which dropped into the hole. 'Your dripping blood must touch the earth' she said. After I bled on the earth, she squeezed the juice from a herb she held to drop on my vagina. 'This juice will stop the bleeding' she said as she covered the grave with the little heap of earth on the side.

Back at home 'Odo' and 'Ufio' was used to adorn my body. That way, everyone will know I was freshly circumcised. It is the tradition of this land. I remained in pain for over a week. As a student, I had to stop school for some time. Our schools understand and respect this cultural practice.

After I resumed work as an auxiliary nurse at the Little Seed Maternity Home, I learnt that female circumcision does no good; it causes obstruction of labour. But in the village, we are told that the uncircumcised will suffer childlessness.

I have since shared my new learning with my mother. 'You are too young to understand a tradition that precedes your birth' she responded. My mother still does not believe that circumcising the female has any consequences. Perhaps it is you health workers she may listen to and believe.

I have seen and now believe that circumcising the female child is bad, it has consequences. Now that I know the consequences, I am afraid of childbirth. I planned to have four babies when I get married, for the fear of what I know, I think I will reduce it to two kids only.

~Chinenye Onwe , Ohaukwu.



FGM/C: A Daughter's Love Gift

'It is believed that if a girl is not circumcised, the clitoris will cover the vagina and prevent childbirth.'

'Our people believe that a clitoris which is uncut will kill a child if it touches the baby's head.'

'I learnt that if I am uncircumcised, it will cause me to be barren; circumcision is a cure for infertility.'

'Our forefathers told us that if a girl was uncircumcised, she will grow to be promiscuous.'

'FGM has a history with Yoruba culture; our forefathers did it to curb infidelity.'

'As a king, I learnt from the elders that the reason for circumcision is that it stops promiscuity, it also beautifies the woman's body.'

'The belief that the clitoris grows and must be controlled helps to drive the practice here. It is believed that if not controlled, it will be like the Penis.'

'Equality is a reason, if you circumcise the male children, why should you not circumcise the female?'

'An uncut clitoris is unhygienic; it will make the girl continue to itch, her genitals will be unsightly and dirty.'

'The clitoris and labia viewed by some as the male parts of a woman's body can enhance a girl's feminine beauty.'

'It shields the woman from having high sexual drive.'

FGM/C is believed to be a daughter's love gift, shrouded by the virtuous interests of the state, culture, community, family and sometimes religion. The belief that the practice is religiously significant has in many places justified its continuation. Whereas some will argue or justify the practice on religious grounds, practicing communities understand FGM/C purely as their socio-cultural norm.

Following desk review of literature, there has been consistencies with regards to the purpose of FGM/C. Members of practicing communities express belief in its ability to enhance marriageability, maintaining girls' chastity, fertility, hygiene and aesthetics while for some it sustains the cultural rites of passage for the girl child.

Through different community discussions, reasons on why FGM/C thrives were sought. Such inquiries were purposed to inform us on the existence of new motives and the relevance of existing motives.

An analysis of the catalogue of reasons elicited as shown above indicates that while they are mostly familiar, some of them are premised on myths and the need to avoid labelling and stigmatization.

In many places, these myths have thrived and strongly informed decisions on mutilation. In the South-West for example, it is believed that if the cut clitoris is not properly disposed and is eaten by a dog, then the already circumcised woman will be inflicted with promiscuity like a dog.

In these communities, circumcision is used as a parameter for measuring promiscuity. Fidelity for them is guaranteed once the clitoris is cut off. It will be common to hear the local slurs used on women from communities that do not practice FGM/C. For instance in the Yoruba speaking Ijebu Community of South-Western region where FGM/C is not practiced, their women are referred to as *'Ijebu onibo 'ndi'* (The Ijebu with a gun in her genitalia).

Such is also present in the South-Eastern region where in some cases it pressures unwilling parents to mutilate their daughters. An uncut girl in some communities is referred to with derogatory names such as *Akpap*¹⁰.

Reasons so far given for the practice of FGM/C may appear dismissible but it is worth noting that within the community spaces where they are relevant, they are potent enough. Being that most families will not want to be responsible for jeopardising the future of their children, parents are quick to conform to the expectations of their time.

Infertility is another factor that drives FGM/C in some communities. It is believed that a woman who have not been mutilated is more likely to be infertile than one who has been cut. In a patriarchal society like Nigeria where a child is the best assurance of security for most women they will do everything recommendable to avoid the contempt of barrenness.

Largely, the adoption of FGM/C appears to be driven by fear and not facts. There is thus far no scientific basis or evidence base for all claims and reasons given, which have succeeded in driving the practice of FGM/C in different communities. In the end, tradition continues to form a shield behind which many inexplicable practices such as FGM/C is hidden.

10 A derogatory word in Izzu dialect in Ebonyi state used to address uncut girls.

'When we cut out the part of the female genitalia in our community, we give it back to the family to bury it in a place where dogs cannot eat it. If a dog eats it, the girl will eventually become promiscuous.'

'Where parents do not want to bury the cut clitoris, we always advise them to hide it between the cracks in the wall. A dog must never eat the clitoris; it is not a good for the girl.'

~Oloas from Alajue.

'I had to do it to my daughter, if I did not circumcise her, her mates will make fun of her for having a long clitoris dangling like small penis outside her body'

'I circumcised my daughter at 8yrs old, I wanted her to marry and not be promiscuous. She married at 15yrs, if I had not done that, she will be un-marriageable.'

~Parents of Circumcised Girls

'A night before our circumcision, mother informed me and my seven sisters that we should be prepared at day break as we will all be circumcised. We all refused. She threatened us with barrenness, so we went that morning; seven of us.'

'Having been married for over 9years without a child, my mother had come to advise me to go on a second circumcision to help enlarge the hole in my vagina as she suspected that the hole was too small after my circumcision as a child. I was desperate for a child so I was willing to go along with her. It took the intervention of my husband to stop us. He claimed that if he could penetrate me, then the hole was big enough. But my mother was insistent until I finally conceived without help.'

~ Circumcised Woman & Girl, Abakiliki.



I grew up uncircumcised. And then as a 17 years old school girl, I got pregnant for my fellow school mate. 'You got pregnant because you were not circumcised!' That was the response my parents gave me.

As it remains the tradition of our people, in the fourth month of my pregnancy in May 2013, I was circumcised. At the backyard in my father's yam barn, five women held me down; two to my hands, two to my legs holding my thighs wide apart and one seated on my chest. The circumciser cut me.

The bleeding was small but the pain was much. One week pain was what I sustained. Every morning and evening of that week, I was constantly massaged with hot water, I couldn't walk.

The month came for me to deliver my baby. The baby was unable to come out. After one day of pushing, the traditional birth attendant took me to the hospital. The Midwives noticed that my vagina had closed up due to the circumcision; hence I suffered from birth obstruction. After two days, I finally delivered my baby through a caesarean section.

Since my circumcision, sexual intercourse with my baby's father who I eventually married became painful. Even after delivering my baby, it has remained painful.

~ Odumeke Confidence, Ikwo.



Consequences of FGM/C

Evidently, unlike the male child, there is no proven health benefit derived from mutilating the female child. In the absence of benefits, there are consequences.

The consequences of FGM/C can be psychological, physical, sexual and social. In general, FGM/C compromises the reproductive health of women and girls. The cutting of the female genital interferes with the natural functions of the female body resulting in immediate and long term complications.

The immediate effects vary from shock, severe pain, bleeding, temporary paralysis, urinary obstruction, and injury to surrounding areas of the vagina. The procedure also immediately exposes girls and to blood-borne viruses such as Human Immuno-Deficiency Virus, Hepatitis B and C among others.

Girls and women, who shared their ordeal, informed that they experienced paralysis and inability to pass urine for days. This is validated by the fact that practitioners assume a cut girl is healed once they are able to pass urine. For many, healing was not quick as it took a few days or weeks to happen.

Most mutilated married women report indifference and a lack of enjoyment of sex. While an insignificant number share that they still enjoyed sex, others report they suffered dyspareunia.

FGM/C impacts on the social life of girls and women. This happens in diverse ways depending on different communities. Community based studies within the South-Eastern Nigerian states reveal that within communities where girls are circumcised after the age of 5 years or as teenagers, absence from school is suffered through the length of time it takes for them to heal. Similarly, in the case of grown women, indirect consequences of FGM/C are the social exclusions they may suffer.

'After the circumcision, as blood was gushing out, I couldn't walk anymore. I was carried into the house where I was confined for days. I could not urinate for almost 5days. The pain continued for 2weeks.'

'When I was circumcised, the pain was too much. It took over a week to urinate and over a month to heal properly. All of these times, I was indoors.'

'As a circumcised girl, you have to lie still; you will not go to the farm or school. They pamper you with many kinds of food you cannot eat. The pain takes away your appetite'

~Circumcised Women and Girls

'Sex is ok, but it is usually demanded by my husband. I have never asked for it or bothered about it anyway.'

'I give in to sex with my husband as his right, not necessarily because I want it.'

'I find sex quite enjoyable, though there are times when I experience pain and I suspect it might be due to the circumcision.'

'I do not notice anything, I enjoy sex a lot.'

'Since my circumcision, sexual intercourse with my baby's father who I eventually married became painful. Even after delivering my baby, it has remained painful.'

Consequences of FGM/C

While we try to communicate the consequences and share the fact that FGM/C has no medical or health benefit, it is not always accepted. They still cannot link the consequences to the practice. In these places, if a child dies as a result of FGM/C, that child is spiritually diagnosed as 'Ogbanje' or 'Abiku'. It is believed a child is not supposed to die of circumcision.

~ Director of Child Development, Ebonyi State.

Long term complications of FGM/C may include recurrent bladder and urinary tract infection, cysts, infertility and higher risk of childbirth complications and new born death. There are other complications associated with FGM/C such as prolonged and obstructed labour especially among primigravidas, resulting in tear, obstetric fistula which could either be VVF (Vesico Vaginal Fistula) or RVF (Recto Vaginal Fistula).

It can be argued that FGM/C has significant linkages with MMR (maternal mortality rates) as one of the most common causes of maternal death is obstructed labour. Renowned gynaecologist Dr. Lawrence Longo¹¹ discussing Nigeria's maternal mortality rate shared that, 'a frequent cause of obstructed labour is the hardened scars of excision operations that prevent dilation and often result in tears and injuries of the mother and sometimes death of both mother and child.' Being key indices for measuring the state of maternal

I serve as the head of clinical services in the National Obstetric Fistula Centre, Abakiliki; the first federal fistula centre to be established in Nigeria. In the past year, we have repaired up to two hundred and fifty cases here, in a month we could conduct an average of thirty repairs.

In the time I have worked here, I have barely seen a patient that doesn't have a form of cutting in their genital as a result of FGM/C. About 95% of all Fistula cases we treat have one type of FGM /C or another. FGM/C is more of an indirect cause of Fistula. While the direct cause is mostly obstructed labour, FGM/C exacerbates it, predisposing a woman to VVF or RVF.

By accessing timely obstetric care and obtaining a caesarean section when labour is obstructed, Fistula can be prevented, but here women suffer stigma if they have their babies through caesarean section. All of these pose a medical and social problem as women living with Fistula, being incontinent, are isolated sometimes as outcasts in the society.

Through the 'Pull Effort'; a project of the government in collaboration with UNFPA-UNICEF, awareness creation gave room for women suffering for years to come to this centre for free repair. The trend is reducing. Now we work towards mitigating reoccurrences while we aspire to have a fistula-free generation.

~ Dr. Kenneth Chinedu Ekwedigwe is a Gynaecologist currently chairing the medical advisory services of the National Obstetric Fistula Centre Abakiliki.



health, MMR in Nigeria is declining but remains significantly high as Nigeria remains one of the six countries which account for 50% of global maternal deaths.

The consequences of FGM/C have been established. Through various anti-FGM/C interventions like the UNFPA-UNICEF Joint Programme, these consequences are being communicated to individuals and communities. The reactions to such valuable knowledge have not been generally positive. While many accept as valid the fact that FGM/C – apart from impairing wellbeing-- is a major disempowerment issue for women, others do not. For the non-accepters, other explanations are often given for the negative effect of FGM/C.

For example consequences are redefined superstitiously with no linkage to the act of mutilation thereby creating opportunities for victims to be labelled. By adopting supernatural causality that clearly has no natural or evidence-based linking to the event, these irrational beliefs are often accepted without question.

Where superstition is not applicable, individuals and practitioners justify their position on upholding the practice of FGM/C on experience. They have enormous records of family and friends who have undergone FGM/C without experiencing the established consequences. Through different dialogues with practitioners across different communities, a significant occurrence happens to be that to their knowledge, none of their clients have experienced any negative consequences. To buttress their position, most practitioners will often share thousands of examples of women and girls who have delivered safely and lived healthily despite being circumcised.

Amongst FGM/C survivors, there are adherents who continue to advocate for the practice on the grounds of tradition and fertility. Others perceive the assertions on FGM/C consequences as a political position and another form of cultural colonization by the western countries that impose their ideologies on poor communities.

Pockets of resistance persist across some of the communities, but there is also a growing willingness to abandon the practice of FGM/C. Many people have challenged this trans-generational practice, causing a positive mind-shift critical for ending FGM/C.

'I do not believe in the consequences of circumcision even though I hear of it. I hear it causes difficulty in child birth, I am not concerned about the effects really as I have seen none among women I circumcise, I cannot link it. I was circumcised and everything happened to me normally. I also circumcised my own children myself, if I thought it was bad, I will not.'

~Circumciser, Ikwo.

I was circumcised at the age of sixteen and I had my first child at the age of twenty. So far, I have got eight children including a set of twins. I delivered all my children at home in my room, all by myself with no help of midwife or doctors. I experienced no difficulty in labour. I only sought help in cutting the umbilical cord at each birth.



I do not see a problem with female circumcision; I only see a problem arising as a result of bad cuts by an untrained circumciser, which alone can have consequences.

Presently, I have four daughters. I have not circumcised my daughters because I am a Christian and my church preaches against it. As a leader of a faith group for women in this district, I should not be found practicing FGM/C.

~ Ijeoma Nwaorie is a leader of a Women's Faith group in Ikwo-Echialike Community, Ebonyi state

In many cases, it is not the direct negative experience of FGM/C that is driving the mind-shift; it is the massive campaign against FGM/C that is succeeding in making people aware of the consequences therefore informing their decision to discontinue the tradition.

At a community town hall meeting in Osun state, residents gathered along with the traditional, religious and opinion leaders to continue on-going discussions on the abandonment of FGM/C in the state. To show their commitment to change, Community leaders and members renewed their pledge to support the total abandonment of FGM/C in their villages. In validation of their support, young mothers turned up to parade their infant daughters who had not been circumcised.

Thanks to the massive awareness creation on the consequences of FGM/C by the UNF-PA-UNICEF Joint Programme, many female children born after the commencement of the campaign in this community have escaped FGM/C.

'I have now learnt that circumcision is bad. I always say 'had I known, I would never have allowed my mother to convince me. I will not circumcise my child, even under pressure, I will not. They have cut me, I know the pain now, I will not allow a repeat.'

'I will never circumcise my child; I will steal or hide my daughter away from my family rather than succumb to pressure of any kind.'

'I do not know how I feel now, but I am sure I will not circumcise my child. I want to support this campaign to end FGM; I certainly don't want to cut my child.'

'New babies are no longer circumcised in our family, when and if I have a daughter, I will not circumcise her too.'

~Anti –FGM/C supporters.



I am a trained FGM Champion currently working in Kalaberi beach. I visit families and talk to residents of the community on the abandonment of FGM/C.

In Kalaberi, there is a tradition of giving boiled palm fruit to their babies for between a fortnight to one month after birth. They give the babies breast milk, water and palm fruit because they say it is their tradition and their parents taught them it is good for the child. Simply put, they do it because their fathers did it. Likewise they practice FGM/C because their father's did it. When I talked to them about the palm fruit practice, they listened, they are abandoning it. Now I talk to them about the abandonment of FGM/C, gradually they are abandoning it too.

Here in Kalaberi, parents say the clitoris causes itching and promiscuity, this has driven the practice. I tell them that itching can be as a result of poor hygiene while also there are lots of circumcised girls that are promiscuous.

In the primary health centre, we have been engaging women during antenatal and post-natal especially when they come for immunization. Despite our campaign, some young women still cut their daughters since their mothers-in-law insist. There have been consequences; a child was circumcised not too long ago, she almost bled to death, I managed it. The other child who was circumcised was not cared for and her vagina closed up.

As an FGM Champion, I monitor every female child born in the community from her day of birth visiting the homes of new mothers to ensure that the female daughters are not circumcised. With our intervention and the new knowledge, they are abandoning it. Just like the palm fruit tradition that is ending, FGM/C too will end.

~ Mrs Getrude Ikeji is a Nurse who serves as an FGM Champion in Mgbala Primary Health Centre, Kalaberi-Beach in Ogwuta LGA, Imo state.

A Story of Deviance...

Daughter, Blow against these Walls!

'You will not touch my Daughter!' Asa screamed at her mother in-law, Ireti.

'Do not let me speak a second time, bring my grandchild to me here now!' Ireti screamed back looking in the direction of her daughter-in-law standing in the doorway of the adjoining room.

'You and this evil woman you brought here cut my first daughter Ada. She nearly bled to death, now you want my second daughter? Never again! If you want a child to cut, have for yourself a daughter to practice your evil tradition on. As for mine, I now know enough and no one will touch her.'

The air was charged between the two women, an invisible battle line was drawn but none of them was ready to cross it. They rather choose to fight with their words.

'Watch your tongue young woman, she is not "this evil woman", she is a renowned birth attendant. Perhaps if you had gone to her, you would have delivered like the Hebrew women. Now you have your stomach slashed all over just to bear us two children. Be it known to you that none of that will happen to my grand-daughter. I am here to ensure that. Neither will she grow up promiscuous...'

'I say Amen to your prayers Mama. But you shall not lay a finger on my daughter until that woman leaves my home.' Asa said looking at the two women with disgust. 'Next, she will remind me it is the tradition in Osogbo.' She murmured.

'Yes, Yes! I heard you alright, it is our tradition. Our ancestors did it. We inherited it. You should go and teach your people to do right. I can tell that you have the little penis dangling between your legs still. Little wonder you could not deliver like a real woman, we are not surprised you tied my son down by getting pregnant so he will marry you... it is the way of women from clans that don't cut their daughters. Look here; I had three kids, only one of them survived; that is your husband. If I had a daughter, I would circumcise her.' Ireti said with a long hiss, now fanning herself with the edge of her wrapper.

The Birth Attendant wearing a befuddled look had quietly watched the two women battle with words. Finally, she found her voice and tried to convince Asa. 'My child, do not believe in this new teaching of Oyinbos. We circumcise to ease the pain of child birth; if a woman is circumcised, she wouldn't have caesarean operation. I too was circumcised, my sisters were all circumcised and there was no issue of difficulty in childbirth among us. Nowadays, you city girls are being slashed in the stomach to deliver babies; it was not so in the beginning, our ancestors were wiser.'

'Your ancestors did not ride in big lorries,' replied Asa, 'they did not drive cars and seek shelter in beautiful houses, why did you not come here with camels? Why do you despise cooking with firewood? Your ancestors did not send their children to school and hospitals, why did you send your children to school even abroad, why do you own a car,? I belong to the new world, let this matter die, never again will my daughter be circumcised.'

FGM/C Focused Intervention

At different levels, there is a growing consensus that the practice of FGM/C continues to represent a violation of the human rights of women and girls. Beyond endangering their sexual, reproductive health and rights, it represents a form of gender-based-violence.

The UNFPA-UNICEF Joint Programme on FGM/C, Accelerating Change, is presently a leading initiative at global and national levels. Beginning from 2014, the joint programme has been supporting Nigeria in ensuring that the country abandons the practice of FGM/C through the adoption of a culturally sensitive and human right-based approach to address social and cultural norms that drive the FGM/C practices.

The Joint Programme is currently working in high burden states of the federation namely; Ekiti, Oyo, Osun, Imo and Ebonyi states. Collaborations between state governments and CSOs have been engineered to adopt various interventions and produce fruitful outcomes.

Through its coordination, national - and state - level technical working committees have been established with stakeholder consultations going on in the focus states. With the operationalization of the state platforms on FGM/C issues, capacity building activities have been executed, empowering critical stakeholders with information and skills to campaign for the abandonment of FGM/C in their different communities.

The capacity of health workers have been strengthened for the management and treatment of FGM/C complications. Likewise, hundreds of women and girls have received information and services on FGM/C in line with other sexual and reproductive health education.

The UNFPA/UNICEF Joint programme drives social change in focus states through its community education. Beyond achieving the education of thousands of young people



Our state government now takes issues of FGM/C seriously. As part of their sustainable intervention, we have been trained as FGM Champions; I am the FGM Focal person for Ohaji Egbema LGA.

In my community, all FGM Champions; men and women, go from house to house to counsel women with FGM/C complications, and to, monitor newly-born baby girls to ensure that they are not circumcised. Every week, the FGM Champions in this region send their feedback to me.

I think this government's intervention is effective. In the early days, the mothers use to confront us but now many of them are sober.

A traditional practice cannot be stopped automatically; it will be a gradual process. Right now, the FGM Champions are also engaging mother-in-laws in discussions when they visit households. I believe we will see the end of FGM/C.

~ Doris Okorocho is the FGM Focal Person in Ohaji Egbema LGA, Imo state.

on the need to abandon FGM/C, likewise reaching community and religious leaders, an impressive outcome is the declaration by 36 communities in Nigeria of their abandonment of FGM/C.

Similarly, through various sensitization activities, circumcisers in different communities have been engaged to drive behaviour change. Adopting the pledge technique, many circumcisers have pledged publicly to abandon the practice.

In collaboration with the state governments in the focus states, FGM Champions have been trained and strategically located in various communities with high prevalence of FGM/C to drive household level discussions on FGM/C.

The unprecedented attention given to the FGM/C campaign via the media is impressive and strategic for driving the desired behaviour change. News articles highlighting the campaign messages have been published and widely circulated. Through different radio and television programmes, the campaign messages gain wider reach from the city centres into the interior.

The magnification of the campaign messages through the media is notable in different states and regions. In the South-East, messages are spread through platforms such as the state-based National Television Authority (NTA), and Ebonyi Broadcasting Cooperation (EBC).

The strategic involvement of the media at different levels informs the wide reach of messages developed by media professionals. Public service announcements are tailored to fit the local audience. The use of the local dialects for example ensures that people in the urban and rural areas are reached.

Every morning, at 6.45 am during the public service announcement on radio stations in the South-Western state of Osun, a UNFPA-UNICEF Joint Programme on FGM/C campaign message is aired.

Every Saturday by 10am on NTA channel 43, a programme called 'Every Woman' is broadcast discussing all forms of harmful traditional practices. This is followed by another one at 11am called 'Odi nma ezi na uno' on EBC. These programmes encourage conversations around FGM/C while disseminating the campaign messages.

~Community Worker, Abakiliki.

A Story of Change...

New Morning... New Song.

The night rain had come and gone. At sunrise, there were drops of water on the mango tree and the earth was wet. It was the rainy season. The weather was cool, the human body was cool too. His infant daughter's body was cool and not irritated by sweat. There could be no better time in the day than this to take her to the Olola. The little child was sleeping peacefully on her mother's bed when he walked in. Should he wake her or not? A smile cracked his face as he looked upon her in endearment. Oh! How he loved his daughter...his first child. The sound from the Radio distracted him; he had almost forgotten it was on.

'The voice of Alabi filled his home; the same one he heard on the city radio in Osogbo yesterday, it had now reached his hometown in Owode. The message ruffled him 'Stop Female Circumcision...Female circumcision is very dangerous, this culture is taking lives, so, let's abandon it.'

He paced around his room, and then he sat on the wooden table, fingers sliding back and forth across his forehead with eyes closed. He had bought the snails, and the oil. Had he not returned home late from the city, he could have taken her to the Olola at sundown yesterday. 'This child is too beautiful, she will grow into a damsel and the men will come after her, it cannot be helped. But how can I change my mind, what will her mother think of me? A weakling!' He shook his head. Yet, Alabi's message called for reason; promiscuity was in the head, not in the vagina. 'Why should I harm this innocent child? No, no...no, I shall rub minds with her mother.'

The next morning, the weather was still cool, so was his daughter's body. But the snails cooked with the oil made for a delicious dinner the night before. It was 6.45am when Alabi's voice filled his home again. This time, he was not ruffled; he clicked his tongue, savoured memories of the taste of the snails and hummed along;

Yoruba ORIN

LILE: E ma ko'la abe f'obinrin mo o
Asa yii n mu wa d'omodebinrin Loro
EGBE: E ma ko'la abe f'obinrin mo.
IJALA Yoruba jogun asa!

Asa to dara ti o labawon
Opolopo asa a wa da lori ka le pe laye sehun ire
Ama awon asa kan nbe to ye ka mu kuro lona
Ila abe kiko f'omodebinrin lewu lopolopo
Asa yii n fa kukuru emin, e je a koo ti patapata
Baa ba n da'be f'omodebinrin, iya la fi n j'omo tuntun
Tita riro ni ka ro ni abi toju ara ikoko ti n s'eje woru
Afesi arun idoti le fe s'oju ila naa, a waa deran ipa
Eran ipa si n p'omo ni rewerewe ni

Kokoro aifojuri si le bo s'oju ila, ko d'ena omo bibi tabi ko fa kogboogun arun
B'abe ikola ba seesi fa 'hun to wulo sonu labe
Bo ba san to d'apa, o le ja si'ku ori ikunle f'alaboyun boju apa ba faya
Ma je n gbo p'omo ti o da'be nii gbe'gba iregbe,
Opo omobinrin to d'abe lo ti gboyun oge
Opo lo ti d'olowo o Nabi
UNFPA peluu UNICEF ajo agbaye lo pawopo ti nkilo pe
E ma ko'la abe f'omodebinrin mo, ewu po nbe!!!

English SONG

LEAD: Stop female circumcision,
this culture is making our female children suffer
CHORUS: Stop female circumcision
MESSAGE: Yoruba inherited culture,

Good culture that has no blemish,
Most of our culture is based on how to live long and make good impact,
But there are some culture that endangers life and need to be eradicated.
Female circumcision is very dangerous,
This culture is taking lives, so, let's abandon it.
If we circumcise a female child, we are just torturing the innocent child
Is it the pains we are to consider or the gushing of blood from the child's private
part?
Diseases and dusts might enter through the circumcised part turning it to tetanus,
And tetanus kills children at a tender age.

Germs can also enter through this opening and result to infertility in the future
or result to HIV.
If the circumcision blade mistakenly cuts off the useful part of the private part,
If it heals and become a scar, it might result in death at childbirth if the scar tissue
tears.
Don't let me hear that the uncircumcised females are those that are not faithful
and responsible
Many circumcised female have gotten unwanted pregnancies, many have become
prostitutes.
UNFPA and UNICEF in a joint country programme is using this medium to warn
us to stop female circumcision, it is very dangerous!!!



I am the State Coordinator of the Young Men Network Against Sexual and Gender Based Violence in Imo state. Over the past six months our organisation has been working on FGM/C issues. We visit communities to hold discussions on FGM/C. Findings show that men are not the major drivers of FGM/C, but we have been engaging them in discussions considering that they are major decision makers.

Some of the men say to us, 'why are you campaigning against this? Has your clitoris been cut before? Now you demonize circumcision and next you will justify same sex marriage.' But we are encouraged by the changes we see.

Recently, we started a radio programme that ran for 30minutes every week. We have it run for four weeks, incorporating a phone-in session. The initial responses we got reveal that some people are bent on sustaining this on cultural grounds. Over time, the responses have been encouraging; many are now willing to abandon FGM/C.

~ Okpala Nnaemeka Martin, State Coordinator, Young Men Network Against Sex and Gender Based Violence in Imo state.



FGM/C: The Role of Law

The realization of women's reproductive and sexual health right is key to their wellbeing and that of their families and communities at large. The practice of FGM/C continues to violate the dignity and human rights of girls and women. While several interventions are being adopted to address the practice, the role of law cannot be over-emphasized.

Events have proven that FGM/C cannot be addressed in isolation; thus legal frameworks were developed to support the achievement of the desired change. At the time of this research, the Federal Government of Nigeria (FGoN) had enacted a National law empowering citizens with a legal tool that can be used in fighting the practices. On the 25th of May 2015, Nigeria passed the VAPP (Violence Against Persons Prohibition) Bill which includes a national banning of all forms of FGM.



The signing of the VAPP bill into law is a major victory, a landmark event in the lives of women and girls across the country as it protects them from all forms of violence that impedes their enjoyment of total wellbeing. It offers a charter to engage legislative actions against all perpetrators of violence, especially violence against women.

The enactment of this bill is an appreciation of the efforts of the UNFPA who have since 2008 provided technical and financial support to LACVAW (Legislative Action Coalition against Violence against Women) towards the enactment of the bill. It also demonstrates the commitment of the FGoN to improve the quality of life for the country's women and girls.

It is expected that the enactment of the VAPP law at the national level will catalyse the adoption of the legislative provisions at state level across the country, but this has not been the case in many states. While some states are in the process of adopting it, others are not. So far, out of the 36 states in Nigeria, only 10 states have adopted state level legislations that ban FGM/C. Policies that complement laws, supporting the elimination of FGM/C also exist within some states.

Adoption and implementation of the law remains a challenge. The challenge revolves around religious conflict, ignorance of the existence of law, cultural inhibitions among others. An example is notable in the experience of the South-Eastern Imo state where the VAPP law was enacted in 2012 only to be repealed in 2013 as it was labelled an abortion law by the opposition. Imo state law on VAPP remains in an intransigent position. Another example is the situation in Ebonyi state where FGM/C has been banned legally, but there has been no criminal proceeding in spite of on-going FGM/C practices in their communities.

The need therefore arises for state governments to strengthen and popularize existing laws with emphasis on enforcement to ensure the VAPP law doesn't become a paper tiger but a potent tool useful in protecting the rights of women and girls especially with regards to FGM/C.



Working on the FGM/C issue for over a decade now made me realize it is a major disempowerment issue for women and girls.

In our organisation 'Development Dynamics' we believe that FGM/C has only health consequences and no benefit, so we are working towards the abolishment of FGM/C. Development Dynamics has been promoting the enactment of the Violence against Person Prohibition Bill in Imo state.

It was finally enacted into law on 29th May 2012 but repealed in October 2013. Unfortunately it was branded a pro-abortion law by a religious group. The bill did not really promote abortion; it was only mentioned with reference to rape incidences. Comprehensibly we have a strong Catholic presence here.

We have now removed the section; we have started renegotiating with the legislature. But our legislatures seem more commercial. If we do not address FGM/C with the law, we are only joking.

~ Dr. Jude Ohanele, Programme Coordinator, Development Dynamics in Owerri, Imo State.



FGM/C: The Emerging Trends

Over the years, a lot of resources have been invested in the anti-FGM/C campaign. Some of the interventions initiated by the UNICEF - UNFPA Joint Programme on FGM/C have been highlighted above. Most of their projects identified, is being executed in partnership with the state government and civil society organisations who beyond implementation are gradually taking ownership.

Through implementation, there have been some expected outcomes in line with the programme's theory of change. While pockets of resistance still exist, there are significant mind-shift among people who formerly were pro-FGM/C and now anti-FGM/C.

Likewise there are unexpected outcomes. Establishing how the anti-FGM/C projects have impacted people hence translating into behaviour change was important and captured in the enquiries that informs this writing. Essentially, enquiries were made to ascertain if and what the emerging trends may be as a result of the intensive campaigns on-going in project states.

Reactionary behaviours have been observed in almost all the states visited, being an indirect response to the interventions put in place within the communities. People in a bid to protect culture or personal values have responded by establishing new ways to cope with the changes being imposed on their old way; new forms of genital mutilation are being adopted.

Also circumcisers are naming a price for change, for many of them, an alternative source of income should be provided in replacement for the abolished one.

The circumcised girls who have become aware of the impending consequences of FGM/C express their regrets through choices they make. For many of them, reducing the number of children they will want to have is their way of managing their fears and worry.

New practices are emerging particularly in response to the communication and legal elements of the interventions. This poses critical questions on the power the law has to confront and defeat certain cultural practices. Within the context of FGM/C, a reflection on whether the law is enough is important.

The realization of the declaration of total elimination of the FGM/C practice and its implementation is good. But an examination and understanding of the new attitudes so far provoked by anti-FGM/C interventions is very important in knowing the price of the social change we seek.

Can law with its attribution of rights and wrong, exoneration and punishment, be used to eradicate a cultural practice?

*~ Isabelle R Gunning.*¹³

Response to Legal Interventions

The achievements made so far on FGM/C have not been in isolation of the laws incorporated into the interventions. Many adherents of FGM/C make reference to the law as the only single reason why they have abandoned the practice and not necessarily because there has been the occurrence of a mind-shift.

There are reactionary responses to the law banning FGM/C in different communities. It is observed that while many people claim they are conforming to the law in communities where there have been resolutions to abandon FGM/C, in practice they are not. This is apparent in the fact that within such communities, a few babies have been secretly circumcised. While parents and circumcisers can declare publicly that their communities no longer practice the circumcision of the female child, an examination of some infants in those communities tells a different story.

A community worker shared his experience of working in one of such communities, facilitating a capacity building exercise for traditional birth attendants and midwives. The participants all gave a chorus NO to his question on if the community still practiced FGM/C. Fortunately some of them were present with female babies who were just a few months old. On examination, the babies happened to be circumcised. This changed the narrative.

Although the law exists and resolutions are being made in many communities, there has been no criminalization of anyone within the context of contravening the law on the abandonment of FGM/C. However the knowledge continues to provoke different reactions.

The law is a necessary tool to bringing about social change, but it is not more valuable than a sincere declaration to reverse the norm by communities and their members as a result of value shift or behaviour change. Such intrinsic change remains critical to bringing the practice of FGM/C to an end.

A Plea for alternative income

During community discussions with traditional rulers from the different communities engaged, a common factor was a general plea for the provision of a new source of income for practicing circumcisers in exchange for their practice which is being outlawed in the states and communities. Recalling the fact that most circumcisers attest to making significant income from this practice, the ban poses a major challenge to their livelihood.

Giving insight to the effect of the ban on the livelihood of the community members who survive on this practice, a traditional ruler shared an analogy of taking away a tradition of using chewing stick without offering a tooth brush and paste. According to him, most of them rely solely on their practice to sustain their families.

'I think their awareness of the law banning female circumcision is now making some of them to lie about their practice. More so it appears that the younger a child is, the more likely the act will be veiled'

'These days, some parents migrate to other communities where the law is permissive of female circumcision to circumcise their daughters. Others who have the financial advantage also import circumcisers from other communities.'

'In my community, I have observed parents who are ashamed of bringing their child suffering from an immediate consequence of female circumcision carried out in secret. They are ashamed of being blamed by the health practitioner and the law.'

~Community Workers

These days, when parents bring their children to me, I tell them, 'Go back home, the government has stopped it; it is illegal to circumcise'. I now engage in petty trading, I enjoy my trade but I have got little capital to build this as a full time business.

In this community, circumcisers have taken circumcision as a trade in stock. Therefore we must give them something if we are taking what they have. You cannot take the chewing stick from them without giving them a tooth brush and a paste.

~Community Leader, Amala Community

FGM/C: The Emerging Trends

I am a daughter of a circumciser. When I was 20yrs old, my eyes began to hurt. After several consultations, I learnt that the eye pain will only stop when I take up the knife as a circumciser, so I started female circumcision at the age of 20. Even if I want to stop now, I cannot stop because circumcision is innate; it is my destiny. Yes the FGM focal person here got me eye glasses and eye drop, to stop the pain. But I know circumcision is in my blood, the only way out for me is to remain a circumciser, and no amount of money offered can stop this now. I do not go to church, I may consider going, and maybe it will help.

~Circumciser, Ikwo.

'We believe that the clitoris grows and therefore it must be controlled. If you do not mold the clitoris, it will grow long like the penis and look ugly. It has to be moulded into a beautiful shape, this is what 'icho nma' does.'

'By massaging the clitoris when a girl is young, the nerves that excite is gradually broken away to ensure it doesn't excite when the girl is growing up.'

~Mothers and Mother In-laws of female children

'This is performed by using hot water soaked in a towel to douse the vagina area while massaging it.'

'In cleaning the genitals of the female child while bathing her, we use our fingers to massage the clitoris until it feels smooth and begins to take shape. We don't cut anymore.'

'Our use of Vaseline to massage our daughters genital is mostly for beautification and making her look beautiful down there.'

~Mothers and Mothers- in-law

Validating this, some circumcisers themselves also joined in appealing for support to build alternative source of income. As discussed earlier, findings show that some circumcisers have sustained themselves and their families solely on the income generated from traditional surgeries such as female circumcision among others.

Most affected are the TBAs and the Midwives who have mostly doubled as circumcisers in many communities. In communities where they have also been banned from delivering babies, they suffer a complete loss of income. In some states interventions are designed to address this, offering the TBAs incentives for bringing pregnant women to the health facilities closest to them for delivery of their babies.

Generally, it is perceived that a small business fund to substitute their original source of income will help dissuade circumcisers from continuing in the trade.

Whereas an improved livelihood from an alternative income source may help, it is observable that some circumcisers are purely not doing this as income but for other reasons. Some of them have done this as a form of service to their communities, serving as a custodian of a cultural heritage. Some remain loyal to the trade for superstitious reasons and are unwilling to give it up for anything.

Some of the circumcisers have expressed in subtle ways their unwillingness to quit the practice totally. This is because of the relevance and validation they gain in the community; being a circumciser connotes power and status.

Interventions that consider providing small business funds or an alternative source of income must therefore be tailored specifically for those who need it. For the adherents of female circumcision, other forms of mediation should suffice.

An Alternative Practice

A growing practice noticed especially in South-East is the increasing formalization of a non-invasive form of FGM/C. Though this is not a new practice (it has been practiced in pockets of culture where genital cutting was not a norm), attention is drawn to it by the increased and formalized use by mothers and mother-in-laws that have the responsi-

bilities of bathing the baby. The given names differ; in the local dialect within Imo state, some call it 'Igba Aka' while others call it 'Icho Nma.'

Findings show that while there is no generally accepted reason why this non-invasive practice of 'Igba Aka' and 'Icho Nma' is done, there are two dominant ones. Some mother's share that the practice is meant to beautify the genitals of the female child, another shared that it will help dampen the nerve in the clitoris.

This practice is performed in different ways. While some massage the genitals of the female child, supposedly moulding into a desired shape with their fingers only, some others include the use of hot water or ointments.

The awareness of this practice appears to be widespread especially within the South-Eastern region states. The willingness of respondents to discuss this practice without reservations tells that it enjoys some level of social acceptability among them.

A community worker who also happens to be a father of a female child that has experienced this explained that such practice is done within spaces where men do not participate. As a result, many men are not aware except for very few who are observant.

While the intentions attached to this practice - mostly acclaimed as beautification - appear harmless, the health consequences are not known. Where further in-depth studies is conducted on the 'Igba aka' and 'Icho nma' practice with its variant, it will help to establish the long term effects on the total wellbeing of the female child.

Fear of Child Birth

For most circumcised women and girls, the awareness on the consequences of FGM/C appears to be the commencement of a new type of trauma, upsetting the bliss of their ignorance. While psychological consequences of FGM/C have often been limited to the trauma of the pain and shock emanating from the procedure in many literatures, an emerging psychological consequence amongst young women is the fear of child birth. This was most observable among women and girls ones (both married and unmarried) who are yet to bear a child.

Men are often unaware of the practice of FGM/C as it happens in spaces they do not participate in; like bathing the child. From my meetings with traditional rulers who are mostly men on the abandonment of FGM, their response is often that such practice no longer exists among them. Unlike the male child who has a visible organ, the female child does not, so a lot is hidden. Were it not for my awareness, it would have happened in my home again. Many times, when they bath my newly born daughter, she cried so much. I was told it was because she hates water, but the truth is that they were harming her genitals with the practice of 'igba aka'. Thus the experience of bathing becomes traumatic for such a child. The practice of 'igba aka' is almost 90% prevalent in Imo state, and for me, this is a form of genital mutilation that should stop.

~Community Worker, Owerri.

'Now that I have learnt the consequences of female circumcision, I am afraid of child birth. I always thought of having four babies when I get married, but now I think I will reduce it to two. This is just because of my fears.'

'I am now afraid of Child birth; I am afraid. I do not know if I will survive the tears or if my child will live. With what I know now, at least I am sure child delivery will be more painful than normal for me because I was circumcised.'

'I got married this year, but I am worried about having a child. Last month, I had a miscarriage; I couldn't help connecting it to the fact that I was circumcised a few years ago. I planned on having seven children, now I have reduced to four for the fear that I might have a tear. From my experience as an auxiliary nurse, I know that the uncircumcised often have safe delivery while the circumcised woman suffers a lot.'

~Circumcised Girls & Women

FGM/C: The Emerging Trends

Awareness creation on the consequences of female circumcision has received remarkable response. Most significant is the message on the impact female circumcision can have on the process of child birth. Many women now know that complications arising from obstructed labour which can lead to tears and fistula are associated with FGM/C. An unintended reaction to this awareness on consequences of FGM/C is the growing fear of pregnancy and child birth harboured by younger women as they reflect on these possibilities.

Generally, women and girls who aspire to have children had this fear in common. Most of them also hung unto reducing the number of babies they intend to have as their survival strategy.

While this can be judged as positive with consideration to fertility reduction; especially if it is practiced on a large scale by many young people, the cradle of the decision cannot be overlooked. A fear informed decision also has consequences. Addressing the psychological needs of the young women who are victims to FGM/C is paramount to their healthy living and that of the communities at large.



In communities where FGM/C is practiced to prevent promiscuity, families cut their daughters to prevent them from having a child at home; which will reduce their eligibility for marriage. This also is an act of love to protect their daughter's future.

So, if we want these families to abandon the practice, we need to understand that FGM/C is a social norm that community members follow in the belief that others expect them to follow it. In this case, compliance is motivated by expectations of social rewards for adherence and social sanctions for non-adherence. Families that conform are rewarded with respect, while the individual and family maintain their social status.

Since this is the case, we should remember that in communities where FGM/C is practiced, no one family would easily choose to be a deviant and abandon the practice voluntarily because it would affect the marriageability of their daughters.

To address this practice, the unit of change should be the entire community. So, our major focus will be to use community dialogues to enable community members to reflect on FGM/C, until they make a declaration to reverse the norm. The strategy should be based on consultation rather than condemning their norm as harmful.

~ Mr. Benjamin Mbakwe, Programme Director, Community and Youth Development Initiatives (CYDI) in Imo State.

WAY FORWARD: Building Bridges, Breaking Barricades

Presently the largest global initiative to promote abandonment of FGM/C, the UNFPA-UNICEF Joint Programme on FGM/C: Accelerating change will continue to play a key role in creating a shift in the future and consigning FGM/C to a place in history. To achieve its goal in Nigeria, the Joint Programme takes into consideration the importance of knowledge sharing in strengthening advocacy as it continues to build bridges and cut barricades while identifying strategic allies and institutions.

Considering the resources invested so far towards the eradication of FGM/C in Nigeria, it is commendable to share some landmark achievements. The signing of the VAPP Law in Nigeria will remain a memorable event in the lives of women and girls, appreciating the efforts of organisations that have been at the forefront of improving the quality of life for Nigerian women and girls. As a result, the Anti-FGM/C legislations have been growing in different states in Nigeria. As our studies observed, the law stands as a strategic tool for dissuading the practice of FGM/C. But on the negative side, among adherents, it's also tending to drive FGM/C practice underground in some communities. A better understanding of how laws contend with cultural practices in different spaces is therefore important in designing further interventions. While more states are being encouraged to adopt the FGM/C law through different partner intervention, emphasis on enforcement is important.

As one of its interventions, the UNFPA-UNICEF Joint Programme in Nigeria has adapted the pledge technique that ensures circumcisers or practitioners take a public pledge to resign from the practice and take measures towards its abandonment. This pledge technique has worked for honourable persons; it means less for the others. It is needful to align such interventions with existing belief systems relevant to the communities and



Building Bridges, Breaking Barricades

individuals respectively. This implies that stronger partnerships should be formed with religious institutions to achieve greater impact.

The belief that the FGM/C practice is religiously significant has often been used to justify its continuation; likewise the belief that it contradicts religious tenets has instigated its abandonment in many cases. Through social dialogues, older women who have remained uncircumcised attest to their parent's faith as responsible for their uncircumcised status. Religious institutions continue to emerge as very strategic ally in driving behaviour change. They accounted majorly as reason why most families defied the practice of FGM/C which is a social norm in their community. For many, the pulpit remains one of the most credible platforms. Hence utilizing religious leaders and their platform in the campaign against FGM/C will avail much.

The culturally sensitive approach adopted by the UNFPA-UNICEF Joint programme is laudable. Going forward, it is important that communication initiatives adopt approaches that are apolitical and not perceived to be an imposition of western values. FGM/C abolishment campaigners have been accused of being part of an agenda that is polemic on African culture and promoting another act of cultural colonialism. Adopting tailor made communications that are sensitive to the language of target communities or at best strikes a neutral tone will go a long way in shifting focus from politics and morality towards health and wellbeing of women and girls.



Noteworthy is the fact that FGM/C has survived mostly because it has been tied to trans-generational values of marriage, sexual purity, and religion among others. It may have been difficult for any family to stand up against FGM/C considering its social value. A lot of sensitivity is required in programming to achieve a communal resolution to work towards a value shift. In communities where circumcision is conducted as a rite of passage, proposals for alternative rituals can be made. Cultural rights of passage can be observed without cutting, nicking, or any other practice that becomes an act of mutilation. Communities could therefore be encouraged to promote a ritual without cutting.

This study re-established that women remain the primary social group that perpetuates the practice of FGM/C. A lot of sensitization is still required to achieve behaviour change in women, appropriate investments in education, economic and psychological will aid in building a larger resistance for this practice. Provision must be made for intensive life skill and psychosocial support for young women who are currently traumatised by their awareness of the consequences of FGM/C and therefore taking trauma informed life decisions.

The voices of women remain the best advocacy tool, many of them remain the living proofs that the practice of FGM/C is driven by fear and not facts. However, the importance of Male Involvement cannot be over-emphasized. While men are proven not to be the major drivers of FGM/C, they are major decision makers whose silence can be interpreted as consent. Programmes engaging fathers and men to support the eradication of FGM/C in their communities will help in ensuring that FGM/C does not cross the millennium bridge.

Beyond contributing to the body of knowledge on the practice of FGM/C in Nigeria and highlighting how the UNFPA-UNICEF Joint Programme is impacting the Nigerian communities, this publication sought to present the economic, social and cultural contexts in which FGM/C is practiced. Through the human angle stories presented along with the findings, it is evident that FGM/C practice is deeply embedded, hence it is expected that change may be slow but certain. To achieve the desired change, FGM/C must therefore remain on the agenda for public health response. Collective action is essential to achieving an FGM/C free generation.

A Story of Courage...

We have come to heal!

Loose skeins of smoke from the cooking fire thickened the air where they gathered, but the night was bright as the moon shone down on them.

'I sought for one; the whole of you gathered...
I sought for one; the whole of you gathered...
I sought for one; the whole of you gathered...'
Sorom sang with a voice laden with sorrow.

She was not easy on the eye. No smile cracked her face.

The other young women sat around her listening to a song they could not join in.

The young women of the clan had come to comfort the seven daughters of Ijendu. All seven sisters sat still, the decorations on their bodies marked them out. There was silence; the mood in the room was tense.

A few nights earlier, Ijendu had informed them that at dawn, they must be prepared for the rite. They had all refused. 'I will curse you all with barrenness!' she had shouted, as she left the room, 'and be mindful not to let your father know, it is the secret of women.'

Turn by turn they took them at dawn, when Father was away. Their captors, six grown women; two to hold each hand separately, two to hold a leg apiece, spreading the thighs apart firmly, one to sit on their chest and hold their head in place, and one to cut.

All was now done but that pain, oh that pain...Each girl felt her soul leave her body!

The room smelt of a familiar pain, one that each woman knew.

Now what happens when sisters sit in circles?' One asked breaking the silence with a hope to cheer them up.

'They always praise their brothers' one responded,

'No, they share their pain' another said,

'No, they come to heal,' yet another said as they all nodded with approval.

'When we were young, we saw the world through simple, hopeful eyes. This pain makes things different.' The youngest one said feeling her scar.

'To heal a wound, you need to stop touching it.' The eldest warned.

'As time flows, these pain and its memories will dissolve.' Another said to comfort herself.

With a calm but sure voice, Sorom who was still humming to the song in her head finally spoke. 'Time is not a healer, time does not heal; it just muffles pain.

We can do more than waiting for time my sisters. This pain has been prolonged by those who have the power to end it. Tomorrow, send for Father; send for the women's leader, gather the people. I will break this silence; I will share the secrets of women. May we be the last to know this pain.'



I have a lot of children, while some are circumcised, others were not because they have been educated on the consequences of FGM/C, and they choose to be different.

Now that I understand that it causes a lot of damage to our daughters, I will be educating members of my community to stop female circumcision. I promise my community will stop female circumcision.

~ **Chief Eche Nwancho** is the Community Leader of Enyibuchiri Alike in Ikwo LGA in Ebonyi State.



*Yesterday is now a tale,
today new stories are growing.*

The End





UNFPA - because everyone counts

The United Nations Population Fund:
Delivering a world where every pregnancy
is wanted, every child birth is safe and every
young person's potential is fulfilled.

