



Struggling in the Shadows: The Battle over Female Genital Cutting in Edo State, Nigeria (A Barbaric Culture)

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Abstract: Despite the enactment of laws and other interventions to eliminate or prohibit the practice, Female Genital Mutilation (FGM) still constitutes a significant human rights violation in Nigeria among the Edo people. In this study, the cultural and historical context, including health implications of FGM, was discussed, as well as the effectiveness of interventions and plans for its eradication. Using qualitative interpretation approaches, this study threads empirical, theoretical, and community perspectives on the activities and impacts of FGM. Findings illustrate the nexus of tradition, gender ideology, and resistance to change and suggest the need for multilevel strategies.

Keywords: FGM Esan, Barbaric Culture.

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1.0 Introduction

1.1 Description of the Practice of FGM

FGM is a longstanding cultural practice involving the partial or complete cutting away of the external parts of a girl's or woman's genitals for non-medical reasons (WHO, 2022). It is recognised as a human rights issue across the globe but is often justified on cultural, religious, and social bases (UNICEF, 2020; Gruenbaum, 2021). This practice is widespread in many African countries, including Nigeria, where it is socioculturally accepted (Okeke et al., 2012). FGM is not just a physical experience; it also has a strong psycho-social and emotional toll on women and girls (Odukogbe et al., 2017). According to the World Health Organisation (WHO, 2022), more than 200 million women and girls globally have undergone FGM, the majority of whom reside in FGM-practising countries (WHO, 2022). In Nigeria, FGM is linked with practices seen as endorsing purity, improving the marriageable prospects of girls, and maintaining the identity of a particular community (Adelekan et al., 2019). In Edo State, the practice of FGM is a salient example of a divergence between tradition and the shifting paradigm of ideas about women's rights and health (Gruenbaum, 2021). Also, understanding the history, impact, and efforts to end FGM is key to a broader understanding of societal values that uphold harm (Mackie & LeJeune, 2019).

1.2 Statement of Problem

However, FGM persists in Edo State despite the influence of both national and international campaigns because traditional culture endorses it, the enforcement of the law is weak, and awareness about the negative medical effects is low. The practice itself is detrimental to both women and girls and also leads to disparities in gender and social discrimination (UNICEF, 2020; WHO, 2022). Even today, it is not yet known what local community dynamics persist in the practice of FGM, nor what the effect of interventions that followed it. However, the study generated the following questions:

1.3 Research Questions

- What are the cultural, social, and economic determinants of FGM in Edo State?
- What is the effect of legislation and community-based enforcement on FGM prevalence in the past ten years?
- How can FGM be eradicated in Edo State?

1.4 Research Objectives

The main objective of the study is to examine Struggling in the Shadows: Over Female Genital Cutting in Edo State, Nigeria (A Barbaric Culture). The specific objectives are:



- to determine the sociocultural factors associated with FGM in Edo State.
- to calculate the proportion of the decline in FGM prevalence between 2015 and 2025 due to legal and community-based interventions.
- to recommend steps based on evidence toward the eradication of FGM in Edo State.

1.5 Significance of the Study

This study will offer some explanations for the persistence of FGM in Edo State, assessing the impact of interventions and providing recommendations for policymakers, NGOs, and community leaders. It will contribute to the worldwide debate on the elimination of harmful traditional practices and women's rights.

1.6 Scope of the Study

The time frame of the study (2014 – 2024) corresponds to a decade of the implementation of the Violence Against Persons (Prohibition) Act and increased anti-FGM initiatives in Edo State. It considers rural and urban populations as well as trends and challenges to ending FGM and change.

1.7 Area of the Study

The research is set in Edo State, Nigeria, covering a range of Esan communities with different FGM traditions and intervention settings.

2.0 Literature Review

2.1 Conceptual Review

FGM is a recognised method of intervention that involves partial or total excision of the external genitalia of women for reasons that are not medical and are often regarded as a form of gender-based violence and abuse of human rights (WHO, 2022; UNICEF, 2020).

2.2 Historical Context of FGM in Edo State

Origin: FGM has historical antecedents that date deep into the history of Nigeria, Edo State in particular, and the practice differs from one ethnic group in Nigeria to another (Okeke et al., 2012). Its origin is multifactorial, influenced by culture, religion, and social factors (Gruenbaum, 2001). Religion, culture, and tradition in sustaining this practice record that other cultures have offered religious, cultural, and traditional justifications for this practice in some communities in Edo State (Adelekan et al., 2019), and the adaptation behaviour is influenced by pressure to conform to sociocultural norms (Mackie & LeJeune).

FGM is a cultural practice that was commonly represented as a girlhood ritual, a marker in the transition to womanhood (Gruenbaum, 2021). But it is linked with notions of purity, chastity, and social acceptance (Odukogbe et al., 2017). FGM is often perceived in many communities as making girls more marriageable and acceptable to community members (Adelekan et al., 2019). And the traditions are inherited from one to the other; it is hard to escape or break the cycle (Mackie & LeJeune, 2019). The sanctions for nonconformity are social exclusion, outcast, and possibly death. (Berg & Denison, 2013). The evolution of FGM in Edo State has changed like other facets of societal living with respect to attitudes, enlightenment, and health (Adelekan et al.,

2019). While traditional forms such as excision or infibulation are still being practised. We have the impression that the pendulum is being pushed toward milder forms (Odukogbe et al., 2017), and civil society is making little headway, at least in raising awareness about the health dangers (Berg & Denison, 2013). However, many practices are still shrouded in public and some silence in certain societies (Gruenbaum, 2021), and there is much work yet to be done for balancing tradition and modern health (Mackie & LeJeune, 2019).

2.3 Theoretical Review

The Social Norms Theory explicates that FGM is a social practice backed by shared beliefs about social acceptance and marital ability (Mackie and LeJeune, 2019). FGM, in **feminist theory**, is conceptualised as the outcome of patriarchal control over the female body (Gruenbaum, 2021).

2.4 Empirical Review

In Nigeria, FGM has reduced in some areas due to campaigns and enlightenment, and still predominates in Esan land in Edo State because traditional leaders promote the practice (Okeke et al., 2012; Odukogbe et al., 2017). Current literature from Edo State has described an increase in the incidence of FGM despite the legal reform and intervention by nongovernmental organisations (NGOs); however, there is a lack of enforcement (Adelekan et al., 2019). FGM is sustained by a toxic mix of culture and tradition, social pressure, and ignorance around health and sex. While punishment-based interventions are undoubtedly effective, programs that combine punitive measures with interventions towards social norms should be prioritised (Berg & Denison, 2013).

2.5 Health Consequences of FGM

The health risks of FGM are extensive and pose immediate as well as long-term health implications as follows:

Immediate Dangers to Health: FGM, for instance, cause bareness, excessive bleeding to death, pain, and infection (Odukogbe et al., 2017). The use of soiled tools can introduce harmful pathogens that cause infections equivalent in severity to those in the hospital (WHO, 2022). Sepsis or shock leading to fatal consequences could occur (Adelekan et al., 2019). Psychological trauma can lead to symptoms of acute stress, anxiety, and distress (Berg & Denison, 2013).

Physical and Psychological Long-Term Effects: FGM can cause Chronic pain, recurrent urinary tract infections, and complications during childbirth are a few of the long-term sequelae (Odukogbe et al., 2017). Genital scarring and damage can cause dyspareunia (painful intercourse) and affect women's sexual health and relational autonomy (Gruenbaum, 2001). Survivors often experience permanent trauma, such as anxiety, depression, and post-traumatic stress disorder (Berg & Denison, 2013). Stigma and isolation may, in turn, compound these challenges (Adelekan et al., 2019).

Reproductive Health Effects: FGM has been linked to obstetric problems, such as prolonged labour, fatal distress, and routine cesarean (Odukogbe et al., 2017; WHO, 2022). It can also cause obstetric fistula, a debilitating condition that causes incontinence and ostracisation (Adelekan et al., 2019; Gruenbaum, 2001). FGM

affects not only individual persons but also their families and the community (WHO, 2022).

2.6 Strategies to Combat FGM in Edo State

Significant work has been done to reduce the prevalence of FGM in Edo as awareness of the consequences of FGM increases (Adelekan et al., 2019). Stakeholders include government organisations, NGOs, and CSOs (Berg-&-Denison, 2013).

Legislation: Nigeria passed the Violence Against Persons (Prohibition) Act in 2015, which includes a provision that criminalises FGM and other forms of violence against women and girls (UNICEF, India, 2020). These national policies are reinforced by existing local laws in Edo State (Adelekan et al., 2019). Both Queensland and the Northern Territory have legislation; yet enforcement remains challenging, and support for advocacy will be required, with community collaboration, for effective progress (Okeke et al.).

Involvement of NGOs: This will inform us how other critical stakeholders can facilitate promoting gender equity through such an intervention. NGOs and CBOs have embedded themselves in anti-FGM activities and engaged in grassroots campaigns, education, and services to address women with FGM (Berg & Denison, 2013). Despite this, the impact of outreach programs to change local norms and values by advocating for women's rights and health proves abortive (Gruenbaum, 2001). Several studies have been made possible through ACPs that contribute to respect for cultural identity and do not harm health through engagement with traditional leaders (Adelekan et al., 2019).

Campaigns, education, and awareness: Education is a strong weapon in the fight against FGM. Interventions in Edo State have emphasised the health and human rights consequences of the practice (UNICEF, 2020). Workshops, seminars, and community discussions are also used to educate both men and women on the dangers of FGM (Berg & Denison, 2013). Most schools have been the focus of education, with gender equality and reproductive health being part of the curricula from a certain point of view (Gruenbaum, 2001). Educating the youth and promoting discussion aims to eradicate FGM within the cultural setting of Edo State (Adelekan et al., 2019).

3.0 Methodology (Explanatory Qualitative Approach)

This study is qualitative and designed as exploratory in nature to explore and gain insight into the perpetuation, dynamics, and intervention concerning FGM in Edo State. For instance, a qualitative approach is particularly appropriate to study complex social phenomena involving multiple connections among culture, psychology, and community (Berg & Denison, 2013).

3.1 Materials and Methods

Data Collection: The data used in the preparation of this study were collected through semi-structured interviews, FGDs, and participant observation. The participants included FGM survivors, community elders, traditional FGM practitioners, health professionals, bureaucrats, and a few village administrators in the FGM Mansion area. Purposeful selection ensured a range of perspectives in urban and rural areas (Gruenbaum, 2001).

Paper Interviews: Participants were given a voice to share their lived experiences of FGM, their perceptions of what FGM means culturally, and the extent to which interventions have an effect (Adelekan et al., 2019).

Focus Groups: Group interviewing helped to reveal community norms, attitudes, and social pressure.

Observation: Watching community meetings and campaigns against FGM led to awareness in the advocacy process (Okeke et al., 2012).

Analysis: Thematic analysis was used to analyse the transcribed material and explore similarities and emergent themes regarding motivators, outcomes, and responses to FGM (Berg & Denison, 2013). The triangulation of sources improved the validity as well as the richness of the findings (Odukogbe et al., 2017).

Ethical Issues: The present study received ethical approval from the regional ethical committees.

Consent: All participants were informed and consented, and privacy and confidentiality (to protect the sensitivity of FGM were maintained (UNICEF, 2020).

Rationale: This is a qualitative explanatory design used to capture the lived experiences of individuals and communities as well as to describe the importance of FGM and why it is practised or decreases in importance in a given sociocultural setting (Gruenbaum, 2001; Berg & Denison, 2013).

Discussion: The fact that FGM is still being practised in Edo State, Nigeria, is an indication of the complicated nature of tradition, gender expectations, and societal values. There have been no changes to legislative action and advocacy; persistent beliefs and lax enforcement are barriers to their elimination. Multilevel, layered, culturally sensitive intervention strategies are needed to address these social norms that support FGM.

4.0 Conclusion

The act of FGM remains a major issue in Esan, Edo State, Nigeria, and in some parts of the world (Odukogbe et al., 2017). Although there are clear health risks associated with FGM and it is a violation of women's rights, the practice was rooted in deep-seated cultural values and social expectations (Gruenbaum, 2001; Mackie & LeJeune, 2009). As we have discussed in this study, the short- and long-term effects of FGM are grave, affecting not only the health and mental health of women but also the broader society at large (WHO, 2022). Importantly, the anti-FGM agenda is not one of legality or health, but rather a human rights stand (UNICEF, 2020). The new laws against FGM are a good development and are a step in the right direction; however, legislation on its own can never root out this practice. Broad and coordinated initiatives that include all parties, governmental and non-governmental organisations, community leaders, and society at large are necessary to produce a cultural change away from harmful practices (Berg & Denison, 2013). Enforcement of law, Education and sensitisation are key in this transformation. Through educating communities about the costs and consequences of FGM, the rights of women and girls, and the power to ask continued probing questions and propose alternative ideas that conflict with the motifs legitimising FGM (Gruenbaum, 2001). Community leaders should have open dialogues about the myths of FGM and the benefits of

quitting the harmful act (Adelekan et al., 2019). All Edo people and the law enforcement agencies should rise to resist FGM. Everyone's voice, whether speaking in favour of or against the practice, is all that matters. Together, we can build a world where women and girls are healed from the pain and shame of FGM. We must stand together to defend the health, dignity, and rights of every woman and girl in our communities. It's time to act; let's join hands and eradicate FGM.

5.0 Recommendations

- Scale up community awareness and dialogue under the leadership of traditional and religious leaders.
- The enforcement of anti-FGM laws should also be deployed more robustly, and better provisions should be made to protect individuals who provide information concerning FGM.
- Increase services for survivors, including psychosocial support and legal aid.
- Integrate FGM more explicitly into the school and youth services curriculum.
- Establish partnerships with the government, NGOs, and international community agencies and donors to mobilise resources.

6.0 Contribution to Knowledge

The study is a decade review of FGM practice in Edo State and highlights the need for culturally sensitive, community-based intervention. It constitutes an instrument to measure the effectiveness of anti-FGM conventional strategies and to contribute to the international reflection on harmful traditional practices.

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