Chapter 17
Participatory Intervention in Eliminating Harmful Traditional Practices:
A Review of Female Genital Mutilation Practices in Nigeria and South Africa

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ABSTRACT

Concerning female genital mutilation practice in Africa, much of the abolition approach has focused on mass-mediated approaches: heavy reliance on mass campaigns and enlightenment programs in the affected communities. However, little or no attention has been given to the cultural adherents/perpetrators of this practice. Thus, in order to achieve a pragmatic and sustainable outcome regarding this practice, this chapter intends to broaden the theoretical discourse (democratic participant theory), seeking to highlight participatory interventions to put an end to this harmful traditional practice in selected African countries (Nigeria and South Africa). Primarily, it intends to explore the concept of participation and dialogue by incorporating the concerted effort of all stakeholders, particularly that of the cultural adherents/perpetrators of this practice. Thus, in order to achieve a colossal decline in female genital mutilation in Africa, active participation/involvement of cultural adherents is pertinent.

INTRODUCTION

Female genital mutilation (FGM), otherwise known as female cutting or female circumcision is defined by the World Health Organization (WHO) as "all procedures which intentionally alter or damage the external female genitalia organs for non-medical reasons and which have no benefit for the health of young girls and women"(World Health Organisation, 1998, Toubia & Sharief, 2003). It is mainly classified into 4 types; Type I: partial or total removal of the clitoris and/or the prepuce (clitoridectomy),

DOI: 10.4018/979-8-3693-0624-6.ch017

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Type II: partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora (excision), Type III: narrowing of the vaginal orifice with covering by cutting and appositioning the labia minora and/or the labia majora, with or without excision of the clitoris (infibulation) and Type IV: all other harmful procedures to the female genitalia organs for non-therapeutic purposes, such as pricking, piercing, incision, scarification, and cauterization. It has also been defined as a cultural practice done to girls/young women to uphold a cultural practice of a rite of passage to womanhood and to curb sexuality" (World Health Organisation, 1998, Toubia & Sharief, 2003). Female genital mutilation is mostly carried out on girls between the ages of 0 and 15 years. However, occasionally, adult and married women are also subjected to the procedure. The age at which female genital mutilation is performed varies with local traditions and circumstances, but is decreasing in some countries. Therefore, social and cultural claims cannot be evoked to justify female genital mutilation (International Covenant on Civil and Political Rights, Article 18.3; UNESCO, 2001, Article 4 & UNICEF, 2005).Statistically, more than 200 million women and girls have undergone this practice and another 2million are estimated to experience it every year (World Health Organisation, 2023; Toubia & Sharief, 2003).

In other words, it (FGM) is any procedure that causes injury to the female genitals without medical indication (Epundu et al, 2018). This practice dates back to uncertain origin. Recent evidence suggests it pre-dates Christianity and Islam (Lane & Rubinstein, 1996). It was first practiced in African and European continents in countries such as Egypt, Ethiopia and Greece. Likewise, twentieth-century obstetricians in America were also reported to have performed FGM as treatment for clitoral enlargement, hysteria, lesbianism and erotomania.

In Africa, the practice of female genital mutilation (FGM) is prevalent and can be traced in 28 African nations. This is despite the fact that the use of nationality as a predictor is less significant as compared to the traditional culture. Statistics have it that each year, not less than three million women are circumcised, and more hundred million females have already been circumcised (Alhassan et al, 2021).

In Nigeria, recent statistics indicate that the practice is particularly prevalent, and still persists in Southern geopolitical zones of the country, among the Yoruba and Igbo ethnic groups (NPC, 2014; NBS, 2017; UNICEF, 2017). Although the commonest types practiced in Nigeria are types I and II, the other types of FGM (types III and IV) are also carried out, particularly in the northern parts of the country (Johnson & Mandara, 2004; 2012). While FGM is not considered to be wide-spread in South Africa; it is practiced in some parts of the Eastern Cape and Kwazulu-Natal (Immigration and Refugee Board of Canada, 2003). This is as reiterated by (Kitui, 2012) who stated that FGM remains one of the cultural practices embedded amongst the Venda community of North-East, South Africa. She explained that eight weeks or less after childbirth, Venda women undergo a traditional ceremony called '*muthuso*'. *Muthuso* is a process of cutting the vaginal flesh of the mother by a traditional healer. The flesh is mixed with black powder and oil and applied on the child's head to prevent *goni. Goni* has been described as a swelling on the back of a child's head. The Venda people believe that *goni* can only be cured using the vaginal flesh of the child's mother. Women who experienced FGM stated that they bleed excessively after the ceremony. Moreover, the women stated that there is no postnatal care in Venda. Consequently, the women use traditional medicine and sometimes this leads to death because of sub-standard treatment. Thus, there exists FGM in both countries.

In an effort, the World Health Organisation (WHO) together with other international bodies are aggressively making sure that this practice is eliminated or at best reduced to its barest minimum by collaborating with all stakeholders in the endemic area-this includes the perpetrators and cultural adherents of this practice (El-Defrawi, et al, 2001).

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