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Research Article
Published: 26 Jan, 2018

Journal of Gynecology and Obstetrics Forecast

Female Genital Cutting: Issues and Perspectives

Ossai EN[1], Aniwada EC[2] and Nwobi EA[2]*

[1]Department of Community Medicine, College of Health Sciences, Ebonyi State University, Abakaliki, Nigeria

[2]Department of Community Medicine, College of Medicine, University of Nigeria Enugu, Campus, Nigeria

Abstract

Background: Female genital cutting is a form of discrimination against women based on inequalities between the sexes. One of the targets of Sustainable Development Goals is the elimination of all harmful practices including female genital cutting by the year 2030. The aim of this paper is to review relevant publications on female genital cutting.

Methods: A systematic review of literature was conducted. This included conference papers, technical reports, journal articles, abstracts, textbooks and internet articles.

Results: FGC is practiced for a variety of socio-cultural reasons and this varies from one country and ethnic group to another. It is practiced mainly in African countries. At present, an approximate 200 million women and girls have undergone the procedure and every year, an estimated 3 million girls are at risk of undergoing the procedure. Remarkably, it has no medical benefits and not supported by any religion. It also violates the rights of women and girls and its effects are irreversible hence it violates known principles of human rights. As a result, its continued practice is based on misconceptions. Even though global prevalence of FGC has reduced in the past three decades, this reduction is not the same in all parts of the world and is not commensurate with the increasing world population.

Conclusions: Based on the fact that cultural identity is stronger than individual interest, there is need for public education on the negative effects of female genital cutting. This will be of relevance in changing the behavior of the people leading to the abandonment of the practice. The involvement of men in the fight against female genital cutting is crucial based on their prominent roles as husbands, fathers, community and religious leaders. Education especially that of females should be given priority attention. Most importantly, any uncircumcised girl child is a strong positive investment in the discontinuation of the practice of female genital cutting hence efforts should be made to ensure that the girl child of today is not circumcised.

Keywords: Female genital cutting; Female genital mutilation; Female circumcision

OPEN ACCESS

Correspondence:
Edmund Ndudi Ossai, Department of Community Medicine, College of Health Sciences, Ebonyi State University Abakaliki, Nigeria.
E-mail: *ossai_2@yahoo.co.uk*
Received Date: *12 Dec 2017*
Accepted Date: *15 Jan 2018*
Published Date: *26 Jan 2018*

Citation: *Ossai EN, Aniwada EC, Nwobi EA. Female Genital Cutting: Issues and Perspectives. J Gynecol Obstet Forecast. 2018; 1(1): 1004.*

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Introduction

In some civilizations, some surgical procedures portrayed deep cultural and social implications. A very good example is the male circumcision which was a symbol of religious and ethnic identity and was of much significance in the political and social history of many people [1]. Female circumcision has a cultural significance as it manifested the sexuality of women and their reproductive role in the society. Unfortunately, from the dictates of public health, the circumcision of females is much more injurious than that of males [2].

According to the World Health Organization, (WHO) female genital cutting, (FGC) includes "all procedures that involves partial or total removal of the female external genitalia or other injury to the female genital organs for non-medical reasons [3]. The WHO further classified FGC into four types namely clitoridectomy, excision, infibulation and others [3]. This classification thus excludes the stretching of the clitoris and the labia minora as practiced in countries like Malawi, Burundi, Rwanda, Uganda and some communities in Nigeria. Female genital cutting is thus a non-therapeutic modification of external genitalia, an ancient practice that is rooted in culture [4]. It has also been referred to as female circumcision and female genital mutilation. It is presently termed female genital cutting and this is an attempt to remove the stigma associated with the term mutilation [5].

The WHO Classification of Female Genital Cutting [6]

Type I

Partial or total removal of the clitoris and/or the prepuce (clitoridectomy), when it is important

to distinguish between the major variations of type I mutilation, the following subdivisions are proposed

Type Ia: removal of the clitorial hood or prepuce only,

Type Ib: removal of the clitoris with the prepuce.

Type II

Partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora (excision). When it is important to distinguish between the major variations that have been documented, the following subdivisions are proposed.

Type IIa: removal of the labia minora only,

Type IIb: partial or total removal of the clitoris and the labia minora,

Type IIc: partial or total removal of the clitoris, the labia minora and the labia majora.

Type III

Narrowing of the vaginal orifice with creation of a covering seal by cutting and a positioning the labia minora and/or the labia majora, with or without excision of the clitoris (infibulation). When it is important to distinguish between variations in infibulations, the following subdivisions are proposed

Type IIIa: removal and apposition of the labia minora,

Type IIIb: removal and apposition of the labia majora.

Type IV

All other harmful procedures to the female genitalia for non-medical purposes, for example; pricking, piercing, incising, scraping and cauterization.

The removal of all or part of the clitoris otherwise called clitoridectomy is the mildest form of FGC and most commonly performed one in Nigeria. It is also referred to as female circumcision [7]. Clictoridectomy is the equivalent of the removal of the penis anatomically. Based on the fact that FGC has been known since the time of the pharaohs, type III also referred to as infibulation is sometimes referred to as pharaonic circumcision in Sudan and Sudanese circumcision in Egypt [8,9]. The word infibulation was derived from the latin word fibula, which was the brooch used by the Romans to fix the toga that was used on the genitals of slaves to prevent them from engaging in sexual intercourse. It involves the removal of the clitoris, excision and cutting of the labia majora to create a raw surface which is then stitched together so as to form a cover over the vagina. When it heals a small opening is left to allow for urination and menstrual flow. In northern Nigeria, however type IV genital cutting is performed by introducing corrosive material in the vagina known as gishiri or scrapping of the vaginal orifice known as angurya [10].

History of Female Genital Cutting

The origin of FGC is uncertain, even though it is thought to have existed in ancient Egypt, Ethiopia and Greece [11]. The Greek historians and geographers like Herodotus (425-484 BC) and Strabo (64BC-23AD) were of the opinion that FGC was practiced in Ancient Egypt along the Nile valley during the period of the Pharaohs, thereby pointing to Egypt as the origin of the practice [12]. In-fact there is evidence that it was first discovered in Egyptian mummies at about 200 BC [13], and the practice in Egypt then was as a sign of distinction. *It was also reported among the Romans where its purpose was to prevent pregnancy among the female slaves* [14]. Others trace its origin to Pre-Islamic Arabia and the Tsarist Russian federation. By the 1960s, records have it that Obstetricians in the United States performed clitoridectomy which is presently classified as a type of FGC but for a different purpose. It was used then to treat erotomania, lesbianism, hysteria and clitorial enlargement [15]. This also took place in some countries of Western Europe.

Even though the practitioners of FGC are of the opinion that it is supported by religion [3], the practice predated the Abrahamic religions [16], as it has been in practice before the emergence of the holy books, the Bible and Koran [17]. It is presently practiced mainly in countries of Africa, Middle East and Asia and in Africa, it is performed in a total of 30 countries mostly those in the west, east and north east regions of the continent. Currently, an approximate 200 million women and girls have undergone the procedure and every year, an estimated 3 million girls are at risk of undergoing the procedure [3]. FGC is also obtained in Europe and North America but such cases are attributed to immigrant communities from countries where the prevalence is high [3].

Reasons/Factors Associated with the Practice of Female Genital Cutting

FGC is practiced for a variety of socio-cultural reasons and this varies from one country and ethnic group to another. The main reason is that it is part of the history and cultural tradition of the community hence in communities where FGC is a social norm, the need to be accepted in the society has been attributed as one of the main reasons for continuing the practice [3]. However it is presently perceived as a good example of a severe form of discrimination against women based on inequalities between the sexes [3]. Benefits for FGC which reinforce its practice include the belief that it enhances the sexuality of men, regulates female sexual desire, has aesthetic purifying or hygienic benefits, prevents promiscuity and preserves virginity [18]. Its main aim is directed at the need for the social control of women's sexuality or with the preservation of virginity, simply as a kind of rite of passage [19].

In some cultures, it is seen as a way of cleansing the female genitalia. This is because the clitoris is partly regarded as the "female penis" based on its shape. In effect, FGC is performed as a way of ensuring the purity of the woman thus increasing the chances of being married [20]. This is because the clitoris is considered toxic and if perchance the newborn baby touches it in the course of delivery, the baby may die [16], hence genital cutting of the clitoris is seen as a sign of purification. In Nigeria, some of the reasons for FGC include custom and tradition, purification, family honour, hygiene, aesthetic reasons, protection of virginity, and prevention of promiscuity. Others include increased sexual pleasure of husband, enhancing fertility, giving a sense of belonging to a group and increasing matrimonial opportunities [21]. Furthermore, the members of practicing communities believe that the procedure guarantees safe labour [22,23].

The factors that sustain the practice of FGC are cultural and this supports the convention hypothesis. The convention theory postulates that practices informed by convention will either persist indefinitely or stop instantly when a large proportion of the populace involved simultaneously decides to discontinue the practice [24]. An example of this is the ending of the foot-binding practice in China

in the 20th century. The practice which persisted for over a thousand years stopped within a generation and this was as a result of pressures from an internal Chinese and missionary initiated anti-binding movement. This eventually led to the end of the practice [25].

It has been identified that cultural identity is of immense value to everyone and the urge to defend this identity become very intense when a group like the Africans have been faced with colonialism. It is also important to the immigrants as they are faced with a culture perceived to be superior and also when change does not go in the direction of those that hold social power like the men. The summary is that female circumcision is perceived as part of the socialization of girls into acceptable womanhood [2]. Thus in very poor societies, the extended family is the principal source of social and economic security hence women have very few forms of support outside marriage. Female circumcision is thus the physical manifestation of the marriageability of women because it marks the social control of their social pleasure (clitoridectomy) and their reproduction (infibulation). Based on the fact that cultural identity is stronger than individual interest, it may take time and much new information for people to abandon traditional customs [2].

Kenya has had a long history in its bid to bring FGC to an end, between 1930 and 1950, it was symbolized as a tool of resistance against colonial government and also as an assertion of African nationalistic identity [26]. Similar attitudes persisted in post-colonial Kenya, for example the mass demonstrations against the FGM law of 2011 were thought to be instigated by government appointed local chiefs [27]. Also, politicians accommodate the practice or may be unwilling to fight against the practice of FGC within the periods of national elections [28]. The prevalence of FGC in Kenya is however declining and this may be attributed to legal and policy response to the practice [29]. For example, the prevalence of FGC among women aged 15-49 years in that country declined from 38% in 1998 to 21% in 2014 [29].

Many contextual factors anchored on gender inequality form the focus for the perpetuation of FGC. For example, in highly unequal societies, gender prescriptions demand that girls are virgin prior to marriage [30,31], the chastity of women and their practice of monogamy while in marriage [30]. This thus guarantees the sexual availability of females to their male partners and the raising of legitimate male heirs for the sake of the husband's patrilineage [31]. Other motivations linked to this same factor include concerns about the marriageability of girls and their social acceptance and the fear of a loss of protection by other women and the community at large if a girl fails to have FGC [32].

Men whose partner commits sexual infidelity are at risk of cuckoldry, which is an unintended investment in genetically unrelated offspring. It has been estimated that 1-30% of children are fathered by extra marital copulation [33]. It has also been reasoned that because of this high reproductive cost of cuckoldry that men evolved "anti-cuckoldry techniques" in-order to frustrate their partner's sexual infidelity [33]. Because the practice of FGC may have been linked to male anti-cuckoldry instincts, FGC may be perpetuated at the cultural level, (cultural tradition) because of the patrilocal and patrilineal nature of some societies like the Igbo people in southeast Nigeria. This may explain why the women will encourage a female relative to undergo FGC since it will increase her marriage ability under the context of a male dominated society.

Igbo oral tradition has it that FGC reduces woman's sexual arousal and prevents extramarital sexual behavior, this view is consistent with the traditional understanding of the ancestral origin of FGC n many cultures [34]. Although FGC is common in most Igbo communities it has been found that not all the women undergo FGC [35]. The reasons for this remain unclear. It is however on record that most Igbo communities do not force but encourage people to undergo FGC. Because FGC is performed more at an early age it is the family members that ultimately determine whether young girls should undergo FGC. Thus it is the extended family that influences lives of Igbo people including aspects related to marriage choices, fertility, sexual life and parenting [36].

The Igbos in southeast Nigeria places great social restrictions on the sexuality of women. For instance while there is mild objection when unmarried women participate in casual sexual exploits, everyone detests infidelity among married women [36]. Also, married women are expected to be faithful to their partners while it is socially acceptable for their husbands to have extramarital affairs [36]. The result is that women have difficulty in remarrying because the Igbo society frowns upon divorce making divorce rates in the region relatively low [37]. Female sexuality is highly restricted in the Igbo people [36], and these attributes encourage the practice of female genital cutting.

Based on the above observations, men could be of relevance in the fight against FGC due to their frontline roles in the demand of the practice as husbands, fathers, and community and religious leaders [38,39]. There is evidence that educated and urban elite men are less supportive of FGC when compared with the women [40]. From the findings of a systematic review, it was found that the support of men for FGC is often exaggerated as some still perceive the practice as harmful to women with the attendant loss of women's' sexual pleasure as well as the sexual dissatisfaction of men [39]. The fact is that men may invariably approve the practice of FGC simply as a social necessity even though they disapprove of it however the immense social pressures on the men help to sustain it [39].

Epidemiology of Female Genital Cutting

FGC is an ancient tradition with strong linkage to cultural and ethnic identity thus the prevalence of FGC varies from one region to another. For example, African countries of Somalia, Egypt, Sierra Leone, Sudan, Mali, Eritrea and Ethiopia account for 70% of all global cases of FGC [4]. The practice is almost universal in Somalia (98%) and Guinea, 97%, very high in Mali, 89%, Egypt and Sudan, 87% and relatively low in Senegal, 25% and with a 1% prevalence in Cameroon, it is almost non –existent [41]. Nigeria based on its large population and its acceptance of FGC has the highest absolute number of cases of FGC in the world [42]. In Nigeria, the prevalence of FGC is 25% and the prevalence in higher in the southern part of the country when compared with the north and also in the urban more than the rural areas [10].

FGC is mostly carried out before the fifteenth year of life [3]. It is performed on newborns, at menarche and prior to marriage. Girls undergo genital cutting mainly between the ages of 6 and 12 years [16], in which case it is usually done individually but in some areas it is performed in groups of girls or of women. In some instances villagers assemble girls and celebrate their rite of passage with food, song and gifts [11]. In Nigeria, female circumcision occurs mostly during infancy. Also, four in five women (82%) who have been

circumcised had their circumcision before the fifth birthday while a minor proportion (7%) undergo the procedure at age 15 years and above [10]. There is a belief also that majority of girls from immigrant communities in a number of western countries who are meant to undergo genital cutting in these countries are sent to their countries of origin usually in Africa for the performance of the procedure [43].

Complications of Female Genital Cutting

The practice of genital cutting is mostly carried out by traditional circumcisers who have other key roles in the communities like attending to childbirths [3]. In so far as the procedure is mostly performed by unprofessional people, it is also without anesthesia and under poor sanitary conditions, without antibiotics and with crude instruments such as broken glass and knives [44]. The WHO has thus affirmed that there are no health benefits associated with FGC rather it impacts negatively on health by interfering with the natural functions of the bodies of women and girls [3]. The immediate complications of FGC include severe pain, hemorrhage, tetanus, shock that could also lead to dead. In the long run, it could cause urinary problems, scar tissue and keloid, sexual problems, increased risk of childbirth and psychological problems [3]. It is based on these that FGC is regarded as the act of violence against women and girls that violate their human rights [3].

Medicalization of Female Genital Cutting

Medicalization refers to the practice of FGC by any cadre of healthcare provider and by virtue of this; the procedure could be performed in a clinic, at home or elsewhere all in a bid to make the cutting of female genitals safer. This is because the procedure will be done under anesthesia and there may be fewer or no complications. The WHO opposes the medicalization of FGC [3], and this is based on ethical grounds. Also, medicalization is perceived as a way of perpetuating a practice that should be eradicated [45]. There have also been postulations that physicians have an important role to play in eliminating FGC by educating the populace [45,46]. There is however the Green Top Guidelines which was designed by the Royal College of Obstetricians and Gynecologists on the practice of FGC. It recommended that all clinicians should be aware of the complications of FGC and that Gynecologists, Obstetricians and midwives alike should receive mandatory training on FGC and its management [47].

In nearly all countries, FGC is usually performed by traditional practitioners, in Indonesia, more than 50% of girls have the procedure performed by a trained medical personnel [41]. In Nigeria, traditional agents perform the majority of female circumcisions [10]. An approximate 87% of girls aged 0-14 years and 80% of women aged 15-49 years were circumcised by a traditional agent while a minor proportion, 12% of girls and 13% of women were circumcised by a medical professional [10]. Among the different types of traditional agents, 84% of girls aged 0-14 years were circumcised by a traditional circumciser and 3% by a traditional birth agent. Also, 72% of women aged 15-49 years were circumcised by a traditional circumciser and 7% by a traditional birth attendant [10]. In Egypt, records have it that over a ten year period from 1995 to 2005, that there was an increase in the proportion of FGC performed by medical personnel from 55% to 75% [38].

International Response to the Effects of Female Genital Cutting

The WHO held the first International conference on female circumcision in 1979 in Khartoum, Sudan and the recommendation of the conference was the total eradication of the practice [5]. The World Health Assembly passed a resolution (WHA61.16) in 2008 on the elimination of FGC. The resolution centered on the need for the involvement of all sectors, health, finance, justice and women's affairs in the fight for the elimination of FGC. This was followed by a similar resolution by the United Nations General Assembly in 2012 [3]. In September 2015, the global community adopted the Sustainable Development Goals (SDGs) which aims to eliminate all harmful practices such as child, early and forced marriage and FGC by the year 2030. This is one of the targets of the 5th goal and thus signifies the political will of the International community towards ending the practice of FGC in all corners of the world [41].

It is important to note that the Women's decade of 1980-1990 created attention to issues of gender inequities and their effects on the health of women. By the 1990s, the concept of women's rights as human rights was introduced and gender based violence was accepted as a violation of human rights at the 1993 World Conference on Human Rights in Vienna. It was this Vienna Declaration that took the position that traditional practices such as female circumcision were violations of human rights [48]. Just as a follow up, the International Federation of Gynaecology and Obstetrics in 1992 issued a joint statement with the WHO on female circumcision. Before this, a law has been passed in Sweden in 1982 making all forms of FGC illegal, of which the United Kingdom did likewise in 1985.

The Contradictions

The WHO has been consistent in its view that there is no medical benefit inherent in the practice of FGC [3], yet this practice has persisted over the years despite advancements in education, health and economic status of the people engaged in the practice [49]. FGC has been associated with cleanliness and beauty [3], thus changing the perception of beauty in communities in which it is practiced. This is irrespective of the fact that the female external genitalia are a hidden part of the body hence an entire private entity. The result is that even though the global prevalence of FGC has reduced in the past three decades, the progress is not evenly spread among the countries and even at that the progress in not in line with the increasing population growth in the world [41]. Since the practice is sustained by social convention [3], in communities where FGC is almost universal mothers do not oppose the practice for their daughters [4], and this could be explained by the prevalence of FGC in Somalia which is 98% [41].

FGC is a violation of the rights of women and girls. It also violates the right to health and the right to life [3]. As a result, it is not in tandem with a series of human rights principles [50]. The procedure is irreversible and its effects on the women and girls last their entire lifetime. This explains why there are many international and regional human right treaties and consensus documents that support calls for its abandonment. For example, a prospective study by the WHO in six African countries revealed that obstetric complications are significantly higher in women with FGC. Also, women with type III FGC has a 30% higher risk of Cesarean section and a 70% increase in postpartum hemorrhage compared with those that have their genitals intact [51].

Expectedly, some African countries have enacted laws against FGC and such policies have been extended to the developed world such as the FGM act in the United Kingdom. These laws made it illegal

for a woman to be subjected to FGC. Despite the several laws against the practice it has not caused any great changes in the performance of the procedure, for example in the United Kingdom, the FGC laws have not been used to successfully prosecute anyone till date. Based on this, the use of laws alone have not reduced the frequency of practice of FGC, however it encouraged its underground practice [52]. Use of the laws may also not be able to change the behaviors that necessitate the practice however it should be the support of the communities for the sake of long standing behavioral change [53]. In all, government efforts have not yielded the desired benefits simply because some governments have not addressed the issue in totality as it is often perceived as a private act of individuals and family members. For example, even though in Nigeria the government has recognized that FGC is a harmful practice meant to be eliminated there is no specific federal law that has been promulgated for the prosecution of offenders so as to ensure that it is no longer practiced even though some state governments have initiated laws against it [54]. In essence, FGC should no longer be seen as a traditional custom but the problem of modern society in Africa and due to globalization in western countries also.

It has also been postulated that most governments have lacked the political will to make use of available mass media like the radio, television and newspapers to create awareness and enforce the abandonment of FGC [5]. This perhaps have resulted in the continuous spread of misconceptions that have eventually led to the perpetuation of the practice. For example, a known traditional circumciser in Edo state, Nigeria was of the opinion that an uncircumcised woman is a dog and also regarded as a slave in the olden days [55], and up till today many people still hold on to this view. In some cultures where FGC is practiced, it is also believed that the clitoris have the tendency of protruding between the legs which may become an embarrassment to the woman and an ugly sight for the sexual partner [56], yet this is not true. There is evidence that there is no relationship between FGC and the sexual behavior of women in Kenya and Nigeria, and these points to the fact that the practice of genital cutting cannot control the sexual activities of women [57], yet that is one of the reasons for its continued practice.

FGC also has economic implications. For example, in a study in six African countries, the costs of FGC related obstetric complications on an annual basis amounted to I$3.7 million and ranged from 0.1 to 1% of government spending on health for women aged 15-45 years [58]. The cost here is presented in International (purchasing power parity) dollars (I$), which adjusted for the cost of living in each country. The implication is that based on a population of 2.8 million women who were in that age group in the six African countries, a loss of 130 000 life years is expected owing to association of FGC with obstetric hemorrhage and this is the equivalence of losing half a month from each lifespan. Thus the costs of efforts by government to prevent FGC should be taken care of by the savings from preventing obstetric complications [58]. Also, in a study among immigrant population in United Kingdom, using the sexual quality of life–female questionnaire, FGC significantly reduced women's sexual quality of life. This has the likelihood of affecting the general well-being of women with far reaching social implications [32].

In southwest Nigeria, the belief that circumcised females get married much easier than the uncircumcised ones is a barrier to the eradication of FGC [59]. Similarly, in one region of Ethiopia, marriageability was the main reason for continuing the practice of FGC whereas in another region it is to make the girls calm, sexually inactive and faithful to their husbands. However, it was revealed that young men in both regions preferred to marry uncircumcised girls [60]. In Ethiopia also, FGC is considered as a contributory factor to the high maternal mortality in that country hence a major public health problem. Furthermore, it affects the physical and mental well-being of more than half of the Ethiopian population and thus a negative impact on the socio-economic development of that country [61].

Different researches have produced different results in relation to female genital cutting. For example some findings revealed that FGC decreases women's sexual satisfaction, the frequency of orgasm and sexual desire [32,34], while others were of the opinion that there is no association between women who underwent FGC and the occurrence of premarital sex or sexual satisfaction [62,63]. Also, the assumption that women who are circumcised have sexual problems or cannot achieve orgasm lacks evidence irrespective of whether science or anecdotal evidence is the basis of comparison [2]. It has also been found that there was no association between FGC and coital frequency by logistic regression analysis. This is because the extent to which women can control coital frequency is unknown and there is an opinion that fertility desires may override any negative effects of circumcision on sexual pleasure [64].

The New Frontiers

Reproductive health is one of the prerequisites for sustainable development and FGC is an essential component of reproductive health. Aware of the harmful effects inherent in the practice of FGC, the global community in 2015 adopted the Sustainable Development Goals (SDGs) and one of its targets is to eliminate all harmful practices including FGC by the year 2030. This is one of the greatest commitments of the international community towards ending the practice of FGC globally [41]. Thus, it has been posited that emphasis on the negative impacts of the practice of female genital cutting on individuals, families, the health system and community will be of relevance in its eradication [65]. This is based on the observation that there is a negative correlation between knowledge of the adverse consequences of FGC and its approval and practice [66].

Laws and campaigns against the practice have recorded few success stories in the fight towards eliminating the practice. For example, the practice of FGC in Upper Egypt remained high despite the enforcement of law thus necessitating that public health awareness and change of attitudes regarding FGC will be more beneficial [67]. It has also been said that community factors have a more meaningful role to play than individual efforts in the distribution of practice of FGC [54]. This could explain why a good success story was reported in a community in Senegal where a community led approach was effective in eradicating the practice of FGC [68]. Thus participation in anti FGC interventions is negatively associated with the practice and intention to circumcise one's daughters [69]. Based on the above observations, continued dialogue with religious leaders and community members was advocated so as to gain support in-order to discourage and finally ban the widespread practice of FGC. Similarly, the need to involve men in intervention efforts has been emphasized so as to bring about the desired change in behavior of the local community [69].

Eradicating FGC also has some economic benefits. Unfortunately, efforts at fighting FGC have not attracted commensurate financial

investments. In this vein, the economic benefits should readily come to mind [58]. There may thus be the need for researchers to focus on the socio-economic realities of the practice since in context, in societies in which this practice exist the people perceive it as being economically viable based on the concept that it increases marriage ability [70]. This has necessitated the call for a multi-sectorial approach in the fight against FGC including the use of good quality research, best prevention strategy and strong advocacy [71].

Education especially that of females have a crucial role to play in efforts at eliminating female genital cutting. For example, in a study in Lagos, Nigeria it was found that higher levels of maternal education were significantly associated with reduction in practice of female genital cutting [72]. Also, an educational intervention programme was found to be successful in improving knowledge and attitude of women toward female genital cutting [73]. Interestingly, in Nigeria, daughters of women with more than a secondary education are less likely than daughters of women at lower levels of education to have been circumcised [10]. Perhaps, the socio-economic status of parents may be of importance too, as daughters in households in the lowest wealth quintile in Nigeria are more likely to have been circumcised than those in the highest quintile [10].

Furthermore, the current circumcision status of a woman is an important factor in determining the continuation of the practice of female genital cutting [74], as the circumcision status of the mother predicts that of the daughter [75]. In Nigeria, among all age groups, the prevalence of circumcision is higher among girls whose mothers were circumcised than among those whose mothers were not [10]. Thus intervention programmes aimed at decreasing female genital cutting should be directed at changing the attitude of mothers towards female genital cutting and hence the pressure on them to circumcise their daughters [76].

Conclusion

Based on the fact that cultural identity is stronger than individual interest, there is need for public education on the negative effects of female genital cutting. This will be of relevance in changing the behavior of the people leading to the abandonment of the practice. The involvement of men in the fight against female genital cutting is crucial based on their prominent roles as husbands, fathers, community and religious leaders. Education especially that of females should be given priority attention. Most importantly, any uncircumcised girl child is a strong positive investment in the discontinuation of the practice of female genital cutting hence efforts should be made to ensure that the girl child of today is not circumcised.

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