The effects of female genital mutilation among teenage girls and young women in Nigeria.

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Abstract
Female Genital cutting is a problem that has taken several dimensions and continues to be practised despite enormous efforts and resources invested by governments, non-governmental organisations (NGOs) and other stakeholders to ensure that the practice is discontinued worldwide. This study was conducted with the primary objective of assessing the views and perceptions of NGOs on the practice of female genital cutting in Nigeria. The study also examines efforts by civil society and the Nigerian government toward combating and eliminating the practice of FMC in Nigeria. Aside from the systematic literature review, a case study of ten NGOs was interviewed on the telephone. Findings indicate that girls being kept pure as virgins, protection of girls' reproductive potential, increase in fertility, aiding marriageability, traditional practice, and keeping with lineage practice are responsible for the practice in Nigeria. Few theories were reviewed, and research questions were designed in line with the theories. The approaches include the functionalist theory, cultural relativism, social theory and Feminism.

Key words: Female Genital Cutting (FGC), Non-governmental organisation (NGO), perception, legislation, awareness, Gender-Based Violence (GBV), practice, UNICEF, World Health Organisation (WHO), traditional, women, health, girls, circumcision.
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Chapter One

1.0 Introduction

The World Health Organization (WHO) defines the practice of female genital cutting as any non-medical procedure that involves removal, partial or complete of the external female genitalia or other injuries to the female genital organs (World Health Organization, 2011). Female genital mutilation/cutting violates women's and girls' rights since it can cause long-term physical and emotional trauma and many short-term and long-term issues. Examples of short-term immediate physical health consequences may include injury to adjacent tissue of the urethra, vagina, perineum and rectum, shock, severe pain, heavy bleeding, acute urinary retention, pelvic inflammatory disease, risk of contracting infections such as hepatitis B, difficulty in passing urine, loss of normal sexual function, cysts and abscess on genital, repeated pain during intercourse and menstruation, among others.

Long-term complications include urine retention and associated urinary tract diseases, infections, obstruction in menstrual cycles and other similar reproductive-tract infections, infertility, painful intercourse, psychological and sexual problems, and prolonged and obstructed labour (WHO, 2006). Also, the risk of transmission of the human immunodeficiency virus (HIV) is considered a factor in FGC. Furthermore, when girls are cut in group ceremonies, circumcisers use the same instrument on all the initiates. This practice tends to spread infectious diseases such as HIV. Furthermore, even after it has undergone a remedial process, an infibulated woman's damaged or shrivelled vulva has a
high possibility of being effortlessly torn during sexual intercourse, with an attendant vulnerability of HIV transmission by an infected partner.

In many civilisations worldwide, especially in Sub-Saharan Africa, female genital mutilation is common (Adinew&Mekete 2017). On the other hand, FGC has yet to demonstrate any known health benefits. However, scholars such as Daniyar et al. (2018) claim that it has major medical and psychosocial consequences, which include severe haemorrhage, shock, trauma, pain, sepsis, death, and long-term issues such as chronic pelvic pain, infertility, painful intercourse, reduced sexual desire, marital disharmony, emotional trauma, coital bleeding, increased need for an episiotomy, obstetric haemorrhage, and obstetric fistula (Yasin et al. 2018).

Furthermore, circumcised women have been reported to have higher complications in labour. (Epundu et al. 2018). Yet, despite all the adverse effects of female genital circumcision, the practice has continued, owing to its strong roots in cultural ideas (Odukogbe et al. 2017). According to the United Nations (2012), female genital mutilation is one of the harmful cultural practices that must be combated and eradicated in all countries, not just in Africa but also among African immigrant groups in Europe.

FGC is a practice that is practised in at least 28 African countries, as well as certain Middle Eastern and Asian countries. In addition, immigrant groups in Western countries, such as Europe, Canada, Australia, New Zealand, and the United States, have also been observed engaging in similar behaviour in their new home. About 140 million women and girls are exposed to FGC, with an additional 2 million being subjected to the procedure each year (Gomes 2018). According to statistics, the prevalence of FGM among adult Nigerian women is
56.9% in the South-West, 40.8 percent in the South-East, 34.7 percent in the South-South, 9.6 percent in the North-Central, 1.3 percent in the North-East, and 0.4 percent in the North-West (Daniyan et al. 2018). The practice's widespread popularity is based on various religious and socio-cultural factors. The urge to comply with societal conventions, gender identity, marital acceptability, social acceptance, virginity preservation, suppression of sexual desires, deep cultural tendencies, and religious instructions are only a few (Daniyan et al., 2017).

1.1 Definition of Concepts
Before outlining the aim of this thesis, I find it important to provide a working definition of the key concept (i.e., Female genital mutilation) that runs throughout this study. In female genital cutting, all surgical procedures involving the partial or complete removal of the external genitalia and other cuts and bruises to the female external genitalia conducted for cultural or other non-therapeutic reasons are included.

**TYPE 1:** In type 1 of this procedure, the hood or the entire cervix, or a component of the cervix, is eliminated. In Type 2 of the practice, only the clitoris itself is removed.

**TYPE 2:** This is a more painful procedure that involves the removal of the clitoris as well as a partial or complete excision of the labia minora, depending on the situation.

**TYPE 3:** This type is known as infibulation. Type 3 FGC is the most severe form of the condition. Removal of the clitoris, labia minora, and adjacent medial section of the labia majora and stitching of the vaginal entrance, leaving a hole the size of a pinhead to allow for the flow of urine and menstrual blood throughout the procedure.
TYPE 4: To form the seal, type 4 refers to the cutting and repositioning of the labia minora and labia majora and the sewing of the seal. In addition, performing non-medical procedures on the female genitalia such as pricking, piercing, incising, scraping, and cauterisation is included.

1.2 Aim of the research
The primary objective of conducting this study is to understand why FGC is still widely practised in Nigeria. Specifically, the study seeks to examine and comprehend the public or societal perception of FGC in Nigeria. Relatedly, the study aims to examine efforts by civil society and the Nigerian government toward combating and eliminating the practice of FGC in Nigeria.

1.3 Significance of the study
While warning that female genital cutting is on the rise among Nigerian girls aged 0-14, UNICEF released a press release on the International Day of Zero Tolerance for Female Genital Mutilation 2022, revealing that rates have risen from 16.9% in 2013 to 19.2% in 2018, which is a "worrying trend," according to UNICEF. According to UNICEF, female genital mutilation (FGM) is still prevalent in Nigeria. An estimated 19.9 million survivors are, making Nigeria the third-highest country with the number of women and girls who have had FGM worldwide (Theleadnews 2022). A lot of girls are being deprived of access to their youthful education, health and life’s ambitions day in and day out due to damaging practices like FGM, said UNICEF Representative in Nigeria Peter Hawkins in the release, adding that not only does the performing FGM lacks health benefits but that it greatly causes physical and psychological trauma to the affected girls and women. It is a practice that no longer has a place in our
society and must be abolished, as many Nigerian communities have already pledged.” - According to TheLeadNews (2022).

It is also critical to examine empirical evidence to determine how far community-led initiatives to end FGM in Nigeria have progressed. Also, other methods of eradicating the practice in Nigeria would be investigated as the findings could be helpful to other nations if replicated. NGOs, Government and Civil Society Organisations (CSO) have played an essential role in creating awareness of the consequences of female genital circumcision in Nigeria and worldwide where the practice exists. As such, the role of these stakeholders in unravelling the perceptions of people surrounding FGC shall be understood clearly and better.

1.4 Thesis Outline
This research consists of six chapters. Chapter One, the introduction, covers the background to the study, statement of the problem, aim and objectives of the study, significance of the study, and organisation of the chapters. On the other hand, Chapter Two is concerned with the literature review and the role of NGOs and Civil Societies in Nigeria. Chapter three focuses on the theoretical Framework. Theories relating to the topic under consideration. Chapter four is the methodology which consists of the description of the sources and method of data collection, model specification and method of data analysis. Chapter five is the empirical analysis and results. In chapter six, perceptions are obtained, and the data collected is analysed and presented. This chapter shall present the findings from the case study interview conducted and analysis of the study from both the NGOs, Government and CSO perspectives. Results shall also be
discussed. Chapter six's final chapter deals with the summary, conclusion, and recommendations.

Chapter Two

2.0 Literature Review

In this chapter, I review previous research relating to the FGC. Specifically, the systematic review focuses on three issues that form the epicentre of this thesis, notably why FGC is still practised in Nigeria, people's perception of FGC and the effort made by both government and civil society to eliminate the practice. Worth mentioning is that this review engages with comparative literature that draws on several parts of the world, including sub-Saharan Africa, particularly in Nigeria and the Middle East, where such FGC is considered to be pervasive.

2.1. Reasons why FGC is still practised

Several studies identified socio-economic and demographic determinants as a lack of full awareness of the magnitude of the FGC problem and the consequent negative physical and emotional health outcomes (Mberu 2017; Al Awar et al. 2020). Making money from the practice was particularly a factor in the South West sub-region of Nigeria. In addition, the level of educational attainment is found in several studies to be associated with FGC, with more educated women less likely to circumcise their daughters (Siddhanta & Sinha 2016). Yet, other studies identified women who were cut, women with no or low education, older women, and those in the poorest households as more likely to favour FGC and cutting their daughters (Obaide, 2020). More associated facts are lax
implementation of the law and people’s habits of not speaking up or lacking free expression (Gomes 2018).

FGC is mostly practised in southern Nigeria (Okeke et al. 2012). But with about 200 million people, Nigeria has the highest absolute number of cases of FGM in the world, accounting for about one-quarter of the estimated 115–130 million circumcised women worldwide (Siddhanta & Sinha, 2016). In Nigeria, FGC has the highest prevalence in the south-south (77%) (Among adult women), followed by the south-east (68%) and south-west (65%), but practised on a smaller scale in the North, paradoxically tending to in a more extreme form (Okeke et al. 2012). The national prevalence rate of FGC is 41% among older women. However, prevalence rates progressively decline among young women groups, and 37% of circumcised women do not want FGC to continue. About 61% of women who do not want FGC said it was a bad, harmful tradition, and 22% said it was against its religion. Other reasons cited include medical complications, painful personal experiences, and the view that FGC is against the dignity of women (UNICEF 2001). Nevertheless, there still exists substantial support for FGC, especially in places where it is enormously engraved in the local customs of the people.

FGC is regarded as a custom or a good tradition and has to be protected as a superstitious belief practised for the preservation of chastity and purification, family honour, hygiene, aesthetic reasons, protection of virginity and prevention of promiscuity, increasing the sexual pleasure of husband, enhancing fertility and increasing matrimonial opportunities. Other causes are to prevent mother and child from dying during childbirth and for legal bases, such as the ability or fitness of one to inherit property if not circumcised (Okeke et al. 2012).
However, FGC is often routinely performed as an integral part of social conformity and in line with community identity (Odoi 2005). Disparities in the practice of FGC exist. The popularity in various states spans about 62 per cent in Imo State compared to just one percentage in Gombe and Adamawa states. The prevalence of FGC is highest in the South East (35 per cent) and South West (30 per cent) and lowest in the North East (6 per cent) (UNICEF 2022).

2.2. Public or societal perception of FMC

FGC is widely practised in many Nigerian cultures and is considered essential for women's socialisation, curbing their sexual appetites and preparing them for marriage (NPC Nigeria 2014). In a study of circumcised women's attitudes towards female circumcision in a Nigerian community where the practice is accepted, Briggs (1998) showed that 62 percent of the 100 interview subjects from all social strata favoured the practice as an instrument for controlling female sexuality and cultural pride. According to Bodunrin (1999), FGC is identified simply as a cultural obligation and cleansing rite, with people describing it as female circumcision, believing it is equivalent to male circumcision. Mockery, loss of respect, and reduced marriage offers are social sanctions against non-circumcised females in Nigerian cultures where FGC is practised (Briggs 1998).

According to Omigbodun et al. (2020), understanding FMC's socio-cultural determinants is key to identifying the factors that continue to drive it. Anuforo et al. (2004) suggest that FGC is viewed as a non-negotiable rite of passage into womanhood that improves the social value of a woman in every society where it is practised. There is great superiority placed on the ability of women to marry and in the belief that FGC ensures purity and protection for the girl-woman
before marriage (Inhorn& Buss, 1993). Furthermore, Mackie (2003) observed that the importance of a daughter’s marriageability far outweighed the importance of health, consent, and maintenance of body integrity. Boddy (1982) described FGC as a practice that protects and prepares the woman for motherhood and ensures fertility. This line of argument stems from one of the theories of purity.

Results from Nigerian studies found that some of the reasons for keeping the practice in place were to keep girls pure as virgins, protect the girls' reproductive potential, increase fertility, and aid the childbirth process (Anuforo et al., 2004; FMOH, 2013). There are beliefs among practising communities that uncut women have higher rates of stillbirths because if the baby’s head touches an uncut clitoris, death will occur (Anuforo et al., 2004). However, controlling the sexuality of women and reducing their desire for sex to protect them were reasons for sustaining the practice in several other cultures (Anuforo et al., 2004; Boddy, 1982). For married women, a reason for the continued practice of FGC is that it limits the desire for sex due to pain during sexual intercourse and reduces the tendency for extramarital sex (Omigbodun et al., 2020). Furthermore, FGC is believed to make the woman more attractive physically and socially and make the genitalia more attractive (Anuforo et al., 2004; Boddy, 1982). Studies from Nigeria, The Gambia, Sri Lanka, Sierra Leone, and Egypt found that FGC is believed to ensure girls’ health, pubertal maturation, and genital cleanliness (Kallon&Dundes, 2010).

On the other hand, some schools of thought suggest an association between FGC and Islam. Silverman (2004) posited that Islamic texts do not provide any reason to support the practice, and in Nigeria and most of Africa, the practice occurs
across most religions and cultures. In Nigeria, prevalence rates are lowest in predominantly Muslim populations based in the Northern region and highest among Christian populations in the Southeast. Other reasons offered for the sustained practice of FGC are the appeal to social cohesion: social ceremonies that involve the participation of the entire community surrounding the process of FGM/C. In Southwestern Nigeria, the cutting coincides with the naming ceremony of the baby girl, while in the Southeast, a girl who has just undergone the procedure is provided with special food, is allowed to rest for a whole week, and is surrounded by girls who have had FGC dressed in colourful clothes (Anuforo et al., 2004). In Sierra Leone, the cutting is part of an initiation process into secret societies, in which the girls are taken into the forest for several weeks (Ahmadu, 2000, 2007; Kallon&Dundes, 2010). Leaders of the society emphasise that the essence of the process is to give the girls a sense of belonging.

2.3. The efforts by civil society and the Nigerian government towards combating and eliminating the practice of FGM in Nigeria. The major crucial interceding measures were enlightenment and training drives circumciser transformation advocacies, health, legal and human rights, and attitudinal reform actions. In addition, the review identified a coalition of international agencies, the diplomatic community, national and state government agencies and officials, non-governmental organisations (NGOs), civil and traditional societies, and the media that have been important voices in campaigns and interventions to eliminate the challenge of FGM.
UNICEF (2022), in a statement at an event marking zero tolerance for FGC in Abuja, Nigeria, said it was initiating a community-led movement to eliminate FGC in five Nigerian states where it is highly prevalent: Ebonyi, Ekiti, Imo, Osun and Oyo, lamenting that nearly 3 million girls and women would have undergone FGC in these States in the last five years. According to the statement, “The Movement for Good” will reach 5 million adolescent girls and boys, women – including especially pregnant and lactating mothers – men, grandparents, and traditional, community and religious leaders, legislators, justice sector actors, and state officials through an online pledge to ‘say no’ to FGC. The movement will mobilise affected communities for concrete action at the household level to protect girls at risk of FGC. In addition, it will challenge misconceptions about FGM and the discriminatory reasons it is practised and break the silence around the practice together with communities (UNICEF 2022).

It is true that tradition and culture are important aspects of any society in helping to mould the views and behavioural patterns of the society; some traditions and cultural beliefs and practices like FGC are harmful and must be abolished (Ahan 2012). There is a need for legislation in Nigeria with health education and female emancipation in society. Therefore, the process of social change in the community with a collective, coordinated agreement to abandon the practice “community-led action” is essential (WHO 1995). With improvement in education and social status of women and increased awareness of complications of FGC, most women who underwent FGC disapprove of the practice, and only very few are prepared to subject their daughters to such harmful procedures (Mandara 2004).
The need for a woman to have a good education and be well informed while still actively engaged in social and economic endeavours creates empowerment which makes her able to value and grasp the risk of detrimental practices like FGC and see it as unnecessary procedure and refuse to accept such harmful practice and refuses to subject her daughter to such an operation. In 1994, Nigeria joined other members of the 47th World Health Assembly to resolve to eliminate FGC. Steps were taken so far to achieve this include establishment of a multi-sectorial technical working group on harmful traditional practices, the conduct of various studies and national surveys on harmful traditional practices, launching of a regional plan of action, and formulation of a national policy and plan of action, which the Federal Executive Council approved for the elimination of FGC in Nigeria. In Nigeria, FGC is being tackled by WHO, United Nations International Children Emergency Fund (UNICEF), Federation of International Obstetrics and Gynecology, African Union, the Economic Commission for Africa (ECA), and many women organisations.

Intensifying the level of education of the general public at all levels has been done to emphasise the dangers and undesirability of FGC. The Action platform in a Beijing conference called for the eradication of FGC through the enactment and enforcement of legislation against its perpetrator (World Health Organization 1995). However, there is no federal law prohibiting FGC practice in Nigeria. This lack of laws prohibiting FGC practice in Nigeria is the main reason for the slow progress in reducing the prevalence of FGC. The prevalence of FGC overall has declined very little (Yoder and Khan 2007). The prevalence depends on the level of education and the geographic location (UNICEF 2005). At the grassroots, efforts should be taken to join in the crusade to say "NO" to
FGC anywhere it is practised among our people. It is crude, dangerous, wicked and unhealthy. Any religion does not require FGC, and there is no scientific evidence that women who have been mutilated are more faithful or better wives than those who have not undergone the procedure.

2.5. Legislation against FGC in Nigeria

The prohibition of FGC was enacted by 26 countries in Africa and the Middle East, but the legislation varies from country to country (United Nations Children's Fund 2013). Some countries restrict the practice of FGC in totality, while some restrict the practice in government health facilities and by medical practitioners, for example, in Mauritania (Okeke et al. 2012). In most African countries, legislation against FGC involves all age groups. In contrast, in some non-African countries like the United States and Canada, the FGM/C is only illegal among minors (United Nations Children's Fund 2013). The penalties for violating the legislation against FGC also vary between countries. While some penalise the circumcisers only, others penalise the person responsible for the circumcision. Some even include anyone aware of the procedure being performed but fails to report it (United Nations Children's Fund 2013). Despite all these, FGC has only reduced insignificantly because most of the laws are not complemented by measures to influence the cultural and religious expectations of the communities within its comprehensive social context (Johnson & Okon 2012).
Chapter Three

3.0 Conceptual Framework

This study uses four theoretical frameworks: functionalist theory, cultural relativism, social theory, and Feminism perspective in the preceding section and elaborates more on my chosen theory.

3.1. Functionalist theory

Durkheim's functionalist theory views or sees society as a function of a moral entity that brings in the collective values and the order of priorities that the members of the society agree to use to substantive elements of functionalism. Replacing reality for representation, he ushers the society’s roles and bond realistically to verify the social justification or function of FGC. FGC is notorious for its psychological and health consequences. This provides a test case of functional analysis, being something that is widely regarded as unnecessary and socially harmful. Durkheim reveals that ritualistic ceremonies having a number of social functions vary with the nature of the particular ceremony being performed. Durkheim classified four functions of moral entity as follows: Disciplinary function; preparatory function; cohesive function and revitalising function. In the Weberian Social Action model, it is believed and argued that all human action is directed by meaning, and in order to understand and explain an action, the meanings and motives that underlay it must be evaluated and appreciated in the first instance (Haralambos, 1990). Weberian social action theory pin-pointed three types of distinguished actions founded on meaning through which they could be well grasped. They are; Effective, Traditional and Rational actions respectively. All of the specific kinds of measures are geared towards issuing a certain reason for compliance that births a
distinct type of institution. In view of this theoretical model, it shows the importance of how society influences the subjects, and meaning attached to FGC. Thus, individual behaviour that is related to the choice and commitment to practice of FGC, the perception of FGC as functional to the individual and society are undoubtedly determined and moulded within the context of their societal norms and values acquired through socialisation.

3.2. The theory of cultural relativism and FGC
Cultural relativism asserts that no culture is superior to another and that, as a result, each culture must be respected, conserved, and free of outside influences. In Africa's culture, cultural relativism is most visible in adopting harmful traditional practices such as female genital mutilation (FGC). According to Ahan (2012), FGC is caused by cultural, religious, and social elements inside families and the surrounding community. FGC is culturally preserved in Africa; it is a habit passed down from older generations to new generations for cultural reasons. FGC is used to protect women's virginity and prevent them from becoming promiscuous in some African communities (Ekwueme et al. 2010). It is used to protect women's chastity to prevent them from becoming promiscuous to others (Ekwueme et al., 2010). (Dalal et al. 2018). FGC can be used for a variety of reasons. One of the reasons for FGM is steeped in custom; for example, to marry, a girl must be "pure," and these people, like Africans, feel that the only way to do this is through FGC (Ahan 2012). One of the reasons FGC is still practised in most African societies is that it is seen as an essential part of African culture that must be preserved. As a result, efforts to abolish FGC must be handled with caution so that it is not perceived as a deliberate attempt to impose foreign culture on African women. While it is vital to
maintain African traditional culture, it is also essential to recognise that harmful traditional practices (such as FGC) that violate women's and girls' rights should be avoided. It is safe to infer that FGC as a body alteration is a cultural product, but it is a habit that does not justify it on practical or health grounds.

3.3. The social theory
Due to the relative weight of attitudes and normative concerns, the intention to perform a given act is observed in social theory. According to Packer (2005), attitudes are determined by one's perceptions of the consequences of one's actions. One example of normative considerations is social pressure to perform or not perform a specific behaviour. According to Barth, consciousness and purpose affect human behaviour (1982). It's explained by the actor's grasp of the relationship between an action and its exact effects and the utility of those outcomes in terms of their values. The impressions of people in the community influence one's behaviour and way of life. In the ideas outlined above, individual behaviour is explicitly influenced by the present social circumstances (Packer 2005). A network of socio-cultural norms in a person's environment influences their behaviour and decision-making. Female circumcision is still commonly encouraged in Africa due to social and cultural norms. The family and community are the most powerful transmitters and guardians of norms. Female circumcision is passed down through the generations as a family tradition. The concept of universality and cultural relativism in human rights must be considered while discussing FGM.
3.4. Feminism and FGC

The feminist dispute over women's rights as human right raises a slew of cultural, political, social, and economic issues (Ahan 2012). Given the constantly changing social conditions of globalisation and cultural change, women, particularly in developing nations, confront ongoing obstacles in maintaining tradition. When maintaining a custom involves human rights violations, these problems can become life-threatening, and female genital mutilation is one of the traditions that can jeopardise the lives of women and girls who participate in this practice. One of the most important initiatives for feminists, according to Morrison (2008), is the eradication of FGM as a detrimental practice and the promotion of women's empowerment and integration in all countries.
Chapter Four

4.0 Research Design

4.1 The research onion
As seen in figure one (1) below, the research onion is the brainchild of Saunders et al. (2012). The research onion describes the Framework for examining and planning numerous research areas to develop a robust research design. The researcher can use the research onion to guide them through all phases of building a research methodology.

Figure 1: Research Onion adapted from Saunders et al. (2015).

4.1.2 Research Philosophy
In the research, a researcher will undoubtedly make assumptions (Burrell and Morgan 2016). These assumptions aid in developing research topics, selecting relevant techniques, and interpreting findings (Saunders et al., 2007). The study's research philosophy is made up of these assumptions. Therefore, it is vital for researchers to have explicit knowledge of their research philosophy, according to Saunders et al. (2015). Furthermore, according to Lee (2012),
choosing a research philosophy that will aid in executing and applying evaluation and findings during the research process is crucial for successfully guiding a research project. Therefore, interpretivism shall be the guiding philosophy of this study (Saunders et al., 2015).

4.1.3. Research approach

The second most important layer of a research onion is the research approach (Saunders et al., 2015). According to Bryman (2012), a research technique is crucial in aligning the study framework with viewpoints that will aid in discovering effective ways of applying theories that would help the research achieve its goals. According to Saunders et al., the deductive and inductive approaches are the two fundamental methodologies (2009). A deductive technique uses a "top-down" strategy to create hypotheses from existing theories, starting with the general and working down to the specific (Bryman 2015). Deductive techniques focus on formulating hypotheses based on existing theories and then devising a research strategy to test these hypotheses (Wilson, 2010). On the other hand, the inductive strategy is a "bottom-up" approach that starts with observations. It then constructs ideas resulting from the observations, eventually leading to the research's conclusion (Saunders et al., 2015). Both inductive and deductive methods shall be utilised to achieve this study's objectives. This study utilises the inductive strategy to achieve the objectives of the study.

4.2 The Research Strategy

The research strategy outlines how the researcher intends to complete the project (Saunders et al., 2007). Experimental design, survey design, archival research, case study, ethnography, action research, and grounded theory are research
The case study method of research will be adopted in this research. This will aid in answering the research questions and achieving the study's goal. Focus groups, in-depth interviews, case studies, pilot studies, or projective methods are all used in qualitative research to discover people's diverse meanings and values of their experiences (Sachdeva, 2009; Sachdeva, 2009; Sachdeva, 2009; Sachdeva, 2009). Although it is not always possible to convert qualitative data into a numerical or graphical framework, it is usually helpful for explaining baffling quantitative results or, better yet, for generating new variables to include in a study (Glenn, 2010). The qualitative technique was chosen for this study because it allows for a more comprehensive knowledge of human behaviour and the factors that influence it without limiting the scope of the investigation of the research questions.

4.3 Data Collection Method

4.3.1 In-depth interview

A professional interviewer can reveal underlying motivations, beliefs, attitudes, and sentiments through an unstructured, direct, personal discussion with a single respondent (Bryman, 2015). Depth interviews are another technique to obtain qualitative data. For this study, interviews will be conducted because they are structured conversations between two or more people that require the interviewer to establish rapport and ask concise, unambiguous questions to which the interviewee is willing to respond and to whom the interviewee is willing to listen attentively (Atkinson, 1998). The interviews will be semi-structured, allowing for change based on the interviewees' reactions from one session to the next. In contrast to surveys, respondents are more likely to provide lengthy, well-considered responses. However, all participants will be asked the
same scaled questions during the same interview, allowing for the collection of quantitative data that can be analysed. In-depth interviews, unlike focus groups, are conducted one-on-one (Leedy & Ormrod, 2016). Unlike focus groups, where it's often difficult to know who said what, depth interviews connect responses to the person who made them. There is no social pressure to follow the group's response in in-depth interviews, which is impossible to achieve in focus groups. Depth interviews can reveal more information than other methods, such as focus groups.

Furthermore, unlike focus groups, where it is often difficult to verify which respondent provided a detailed response, depth interviews relate responses directly to the respondent. In-depth interviews allow for a free flow of information. Expert interviewers who can conduct in-depth interviews are costly and challenging. The results are subject to the interviewer's influence because of the lack of structure, and the quality and completeness of the results are strongly reliant on the interviewer's abilities. It may be challenging to analyse and interpret the data obtained.

4.3.2 Contacting the NGOs in Nigeria

To accomplish this, phone calls will be utilised extensively. Most non-profit organisations prefer that their employees reply in their capacities rather than as organisation representatives. However, after conversations and proof of the researcher's student status, some non-governmental organisations (NGOs) consented to participate, albeit with a staff member who responded on behalf of the NGO. Even though their views are captured as the views of the NGO. NGOs working on female genital mutilation (FGC) in Nigeria do not have an online presence. Where the NGO has a website, the contacts listed on the website are
neither responding, nor the website itself does not contain any information on how to contact the NGO. Therefore, the researcher takes advantage of the chance provided by colleagues in Nigeria who assisted in establishing links with those non-governmental organisations. The ten Nigerian-based NGOs sampled for the study include Mercy Corps, UNFPA, UNCHR, Cusoo International, IOM, Save the Children International, HACEY Health Initiative, Value Female Network, 28 Too MANY and Rescue International. Five staff members from each of the NGOs mentioned above shall be interviewed remotely all within one week.

4.3 Limitations of the research methods
This research is limited to a small sample of participants within the case study is a significant drawback. This research reveals that, while the sample size was conveniently chosen to represent the perspectives of all NGOs in Nigeria, the subjective nature of the discussion topic means that some concerns would remain undetected due to the small number of participants. Furthermore, because of the short timeframe of the study, increasing the sample size would have been prohibitively time-consuming. Furthermore, the information gathered from each participant is based on a single interview, which may be limited in its scope.

4.4 Ethical consideration
Ethical considerations are at the heart of any research method that involves human subjects. Part of the procedure is to state the researchers' behaviour towards participants or respondents they interact with before, during, and after conducting the research by establishing a relationship that respects human
dignity, respects people's rights, and fosters trust (Saunders et al., 2015). This study will not exploit, suggest, exploit, or stigmatise the image of respondents or organisations participating in the study. Still, it will follow all necessary ethical guidelines and principles when interviewing participants, processing data, storing data, and respecting participants' privacy throughout the process (Bryman 2015). Ethical considerations ensure that participants are secure and unhurt, that their consent is obtained in the most appropriate manner feasible, that their privacy is not invaded, and that they are aware of the objective of the data acquired from them. Semi-structured interviews rely on the interviewer’s interpersonal skills and capacity to form a positive relationship with the interviewee, encouraging interviewees to reveal personal feelings and opinions with the understanding that these valuable but ethically delicate skills should not be exploited.

The researcher recognises the significance of carefully evaluating and discussing concerns of confidentiality, anonymity, and the types of questions to be asked. Through this method, the researcher also recognises the value of trust, which will be retained via professionalism by recognising and acknowledging each person's distinct and valuable contributions. Therefore, the researcher shall follow all necessary guidelines and procedures in contacting participants, preparing informed consent letters, making the researcher's intent known to the participant, and the voluntary participation of respondents with the assurance of maintaining anonymity and confidentiality by the necessary ethical guidelines of the University of Linnaeus (Maholtra 2016).
4.5 Criterion for trustworthiness

The main goal of exploring validity for a researcher is to see if the inferences made about the study's results are meaningful and serve the study's purpose. Validity is concerned with a test's ability to assess learner knowledge about the subject under investigation. The test must be relevant, appropriate, and correctly applied, with the integration of evidence that generates inferences about results serving as the focal point (Saunders et al., 2015). These inferences must be meaningful, trustworthy, and serve the assessment's purpose for validity to be achieved. To reduce the risk of reaching an incorrect conclusion, researchers must focus on two specific aspects of research design: reliability and validity. The degree to which your data collection techniques or analysis procedures will produce consistent results is reliability. Easterby-Smith proposed the following three questions for determining reliability:

1. Will the measures produce the same results in the future?
2. Will other observers come to similar conclusions?
3. Is the process of making sense of the raw data transparent?

There could be observer errors in this interview study. However, any observer error from the telephone interview will be reduced if the interview schedule is highly structured.

4.5.1 Validity

Validity of rationality only matters if the discoveries are truly about what they portend to be about. For example, is the relationship between two variables a causal relationship? Any threats to validity are eliminated by reviewing the literature in chapter two. Also, the survey was not conducted immediately after any known festival or period of the year that FGC cases are more recorded to
minimise validity issues arising for obtaining results that may not be the true picture of the phenomena.

4.5.2 Reliability

For reliability, the criterion for the trustworthiness of this research relies on Bryman's (2016) alternative criterion assessment based on credibility, transferability, reliability, and adaptability.

4.5.3 Assessment Criteria: Credibility, transferability, reliability, and adaptability

Since the thesis employs telephone interviews of staff of NGOs in Nigeria who are involved with FGC advocacy, those interviewed are not victims of FGC but those working to help understand why the practise is prevalent and find ways to help stop it. A conclusion was reached to interview five persons from each NGO. This strategy was employed to curb the tendency to invest more time in the interview process but obtain similar views (Saunders et al., 2015). The answers obtained are treated as official views of the staff of NGOs unless it is mentioned that it is their personal opinion, in which case the response is considered null and void. Since this thesis is an official report, personal views from members of staff of the NGOs are avoided from being reported in work. The sample size of NGOs employed in this research is not enough to generalise the findings of this research. However, the assessment criterion adopted to minimise or eliminate issues that may threaten the validity and reliability of the research design employed in this work includes a literature review conducted in chapter two (Saunders et al., 2015). It is necessary to report that questions administered to the entire sample of staff interviewed are the same and without any prejudice. The staffs interviewed were ensured to be at the same level or hold similar roles in different organisations.
Chapter Five

5.0 Analysis and Findings

The ten Nigerian-based NGOs sampled for the study were, in the end, interviewed based on the availability of staff to grant interviews. Those organisations that could not be contacted during the period stipulated for the interview were replaced by organisations of similar reputation and have been established to be working directly in Female Genital Cutting (FGC). The staff members interviewed in these organisations occupy the same rank or level. Though the title of their level or rank varies from one organisation to the other but their role remains the same. For example, the staff members interviewed in Mercy Corps and Plan International are Gender-Based Violence Coordinators (GBV) working directly with the victims of FGC. The persons interviewed for International Medical Corps, International Rescue Committee (IRC) and CARE International are the Gender-Based Violence Managers. In other organisations, the Gender-Based Violence Officers were interviewed. This consistency across the ten interviewed organisations is to obtain information and data that is representative of the perceptions and efforts in place across these NGOs.

5.1 Analysis

This section analyses the interview based on questions asked, and the result is summarised as an answer to each question. The research question of this research endeavour is achieved based on the answers to the following research questions.
5.1.1 Do you know what FGC mean?

All the persons interviewed answered in the affirmative when this question was asked, as this is the core of their duty. Save the Children as an organisation considers FGC a GBV issue since it violates the rights of girls and young women to health, protection, and bodily integrity. Most of the NGOs interviewed shared similar perceptions about FGC.

5.1.2 What can you say in your opinion are the reasons for the persistence of the practice among the populace in Nigeria?

The FGC practice has been persistent among Nigeria's practising communities for many reasons relating to cultural, religious, and traditional beliefs. When the interview was conducted, many reasons were cited, including but not limited to beliefs that FGC help women to maintain their virginity, that FGC protects women against barrenness, which FGC serves as a rite of passage for young girls without which their dignity as women in the society is in jeopardy. Other reasons cited are that FGC helped women against promiscuity. Furthermore, some people in the southern part of the country, where female circumcision remains prevalent, perceive FGC as a mark of superiority and a strong tradition that should continue across generations. So much superstition is attached to all the reasons cited above as one staff mentioned how some communities believe that children from uncircumcised mothers will likely die. Other communities regarded FGC as a tribal tradition that is practised for the preservation of purity and purification, preservation of family honour, and aesthetic reasons, as a means of countering the failure of a woman to attain orgasm, increasing the sexual pleasure of her husband, enhancing fertility and increasing matrimonial opportunities. FGC is also considered a means of identity in most communities where these NGOs operate.
5.1.3 What are the reasons being put forward in defence of the practice?
So many reasons were put forward in defence of FGC practice, some of which were already mentioned in the responses obtained when the earlier question was asked. Prominent among reasons for the defence of the practice is that it leads to reduced libido, thereby helping women curb promiscuity and preventing overgrowth of the clitoris. However, only a few respondents cited FGC as a cleansing rite since some people believe that it is a female circumcision equivalent to male circumcision. Another reason in defence is a lack of respect among peers, but this is not quite obvious as in most communities, FGC is not a topic that is being discussed publicly, but older people are quite aware of those who were 'cut' and those who were not thereby mocking those who were not 'cut'. In some instances, it was reported that those who do not pass through the process of 'cutting' are deprived of certain rights in society.

5.1.4 Are qualified medical practitioners involved in conducting FGC?
Those NGOs working in the southern region are the ones who documented the medicalisation of FGC in Nigeria. Those operating in the North believe that medicalisation of FGC might be in practice, but since cases of FGC are relatively low, such practice may go undocumented. Medicalisation of FGC is performed mostly at community health centres and state government medical facilities in southern and eastern regions.

5.1.5 Who performs FGM?
FGC is usually carried out by older adults, mostly women, but older men in the community designated to perform the task in some circumstances. In the mostly Yoruba dominated populations of the southern part of the country, FGC is carried out by traditional health practitioners, traditional barbers, herbalists, elderly female relatives, and secret society leaders. Furthermore, some medical
professionals perform FGC. The process of FGC carried out by medical professionals is referred to as the medicalisation of FGC. UNFPA reported that about one quarter of girls and women between the ages of 15 and 49 who have undergone FGC were cut by health personnel.

5.1.6 What instruments are used to perform FGC?
FGC is carried out with specialised instruments designed and crafted mostly by blacksmiths. Examples of such instruments are knives, scissors, and pieces of glass or razor blades. Unfortunately, such procedures are normally carried out without any hygiene and in an unsafe environment using unsafe instruments.

5.1.7 What are the consequences of long-term FGC in Nigeria?
FGC victims suffer long-term complications and consequences from FGC, including painful urination or urinary problems and menstrual cycles from suturing the vagina since only a tiny hole for the passage of urine and blood is left. Other long-term consequences mentioned in the interviews include but are not limited to the following: scar tissue, painful sensations during intercourse, complications during childbirth, need for a caesarean session during childbirth, the further need for surgery to correct whatever deformity the FGC must have caused which may include cutting open areas sealed during FGC and the possibility of psychological stress from the procedure triggering behavioural disturbances in children.

5.1.8 What are the short-term consequences of FGC in Nigeria?
The responses corroborated immediate health consequences reported in the interview literature, including intense and sustained pain, haemorrhage, tetanus, poor retention of urine, injury to surrounding tissues, and transmission of human
immune deficiency virus due to the use of the same instrument in multiple operations.

5.1.9 Can you say that your efforts are helping to reduce the prevalence of FGC in Nigeria?

The organisations are all working to prevent the practice of FGC. Most of these organisations rely on education and the creation of awareness both at the community level and in schools and medical facilities to combat the menace of FGC. The UNCHR, Save the Children, CARE and Plan International, for instance, organises group meetings with vulnerable people in communities to learn and share information about the consequences of FGC and speak out against the FGC in their communities. Also, to train health professionals to help those affected by the practice. Some organisations provide training and support to victims to overcome the psychological trauma that comes in the wake of the circumcision and train medical workers and social care workers to help victims in their areas of need. Some of these organisations interviewed work with religious leaders and youth groups. They learn about the negative effects of FGC and spread their knowledge in communities through songs, poems, and plays. Plan international does awareness sessions on FGC to targeted populace through the use of media, face to face campaigns, it leads to behavioural change activity to the community leader and caregivers/parent as well as empowering adolescent girls to be aware of long-run consequences and partake in decision making that affects their lives.

An organisation interviewed collaborates with the Oyo State government in the south-south region, helping in surveillance and ensuring that laws enacted against FGC practice are communicated to the populace. They carry out day to day awareness and sensitisation of the dangers of indulging in this practice by
fostering effective and diverse media campaigns, reaching out to various regions and sections of society, from the sacred space to the community space. Some NGOs and stakeholders in the fight against FGC have been calling on the government to do some more work by enforcing laws that directly address FGC by enacting laws that criminalise and punish those who help carry out the practice of female genital cutting.

Some of these NGOs provide support and services to girls and women who are victims of FGC, including health and psychosocial counselling. The activity of CARE International, for example, is reported by some of the interviewees to have increased awareness and behaviour change among communities. Working with elders in the country's southern region is encouraging those who were cut to talk openly about the practice, thereby changing an age-old tradition. There is more commitment of traditional and religious leaders, husbands, and partners through community conversations and mass awareness-raising through awareness. Despite all of these reports, an interviewee from UNICEF clarifies that there is still so much work to be done despite all that has been achieved. UNICEF partners with other stakeholders in its interventions to ensure FGC elimination by 2030. This has created an atmosphere conducive to discussions on FGC in communities and publicly. Religious leaders, community stakeholders and young people now speak out against this practice.
Chapter Six

6.0 Conclusion and Recommendations

6.1 Conclusion

In conclusion, the literature reviewed showed what perceptions are out there about FGC practice in Nigeria. FGC practice remains prevalent in Nigeria despite data showing signs of a decrease in the practice. The practice is still being largely carried out by local "cutters" or traditional people using instruments that inflict injuries and are not always sterilised. However, the medicalisation of FGC is a practice that is now being documented in the southern region of the country. Findings from the study agree with the theories reviewed earlier in chapter three. The functionalist theory suggests that FGC is infamous for its psychological and health effects. This means that FGC is a practice that is widely regarded as unnecessary and socially harmful. Durkheim reveals that ritualistic ceremonies having several social functions vary with the nature of the particular ceremony being performed. Durkheim categorised four functions of the moral entity as follows: Disciplinary function, Preparatory function, cohesive function, and Revitalising function. Thus, individual behaviour related to the choice and commitment to FGC practice and the perception of FGC as functional to the individual and society is undoubtedly determined and moulded within their societal norms and values acquired through socialisation.

Cultural relativism is most visible in adopting harmful traditional practices such as female genital cutting (FGC) in most African communities. FGC is caused by cultural, religious, and social elements inside families and the surrounding
FGC is an attitude or practice passed down from older generations to new generations for cultural reasons. One of the reasons FGC is still practised in most African societies is that it is seen as an essential part of African culture that must be preserved. In all of the findings, it is observed how one of the reasons for the prevalence of the practice is pride in sustaining / preservation of an old long practice from the older generation to the present generation.

6.2 Recommendation
Since FGC is a community-wide practice carried out at the community level, there must be a community-wide effort to create awareness of the scourge. Efforts must be multidimensional in eradicating the practice in Nigeria. The functionality of women is brought to perspective regarding abandoning the practice of FGC as recognising the role of girls and women in society is critical to achieving the desired goal. Furthermore, most NGOs believe in the human rights aspect of FGC, which means that teaching FGC by considering FGC practice in all of its forms as a violation of the human rights of girls and women is essential in carrying out interventions and reaching out to communities who recognised this perspective.
Chapter Seven

7.0 Bibliography


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Appendices

Appendix 1: Research Questionnaire
Hello there, I am Rita Keredei, a master's student of International Affairs at Linnaeus University. I am currently writing my master's thesis as a partial requirement for the fulfilment of a Master's Degree in... This survey aims to assess the perceptions of NGOs on the effects of female genital cutting among teenage girls and young women in Nigeria. Due to Ethical considerations, you need to understand that this interview is reported anonymously, and utmost confidentiality is granted in how the information obtained is processed, stored and discarded. You can opt-out at this interview if you feel like your safety or privacy is under threat. Thank you.

Research Questions

Do you know what FGC mean?

What can you say in your opinion are the reasons for the persistence of the practice among the populace in Nigeria?

What are the reasons being put forward in defence of the practice?

What can you say is the motivation for FGC among practising communities in Nigeria?

Are our qualified medical practitioners involved in conducting FGC?

What are the consequences of long-term FGC in Nigeria?

What are the short-term consequences of FGC in Nigeria?

Can you say that your efforts are helping to reduce the prevalence of FGC?

How do your actions help in changing the practice?