Social Change, Harmful Socialization Processes and the Future of Female Genital Mutilation in Abeokuta, Nigeria

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Abstract

In response to the report of decline in the Practice of Female Genital Mutilation (FGM) in the literature, the article set out to monitor and document Participatory Learning Approach (PLA) approach to FGM and to identify social realities and processes associated with cultural change in the practice. An exploratory method was adopted in the study to give room for expression of value-laden and rational thoughts as convenient as possible by all participants. The tools used include Focus Group Discussions, Key Informant Interview, SLL? Sexuality Life Line, Flow chart, Matrix Scoring, Mapping and Diagrams etc. It was found out that age and education played primary role while modernization played secondary role in the entire process of the decline in the practice of FGM. Possibility of further decline was equally established through the interaction between orthodox medical practitioners and parents of circumcised children.
Introduction

The fundamentals (norms, values and beliefs) of socio-cultural existence in human society, largely impact upon the formation of character, embedded in personality traits. Therefore, because children are instrumental to the continued existence of societies, they become transmission channels for ensuring the persistence of socially and culturally approved behavior. Thus, socialization via the primary (family and religion) and secondary (mass/virtual media, school and peer pressure) agents inform and mold the characters and personalities that are retained in society. Emerging from the concept of socialization, internalization as a core of socialization never occur once-and-for-all. It accentuates the idea that socialization is a life-long process of cultural learning which revolves around social actors at all levels. Socialization is an endless process.

Socialization is symbolic in building personality because it markedly goes hand-in-hand with the process of human development. The process of socialization is substantively hinged to the individual’s interaction with the concrete and abstract entities of the society. In Macionis (2012), socio-psychological theories of personality development underscore the interplay of physical growth, mental/cognitive development and the environment (physical/social). They are core determinants of human personality. Emerging from the view point of psychological theory, Sigmund Freud’s thesis of personality development focuses on the interaction between instincts (life instinct – eros and death instinct thanatos) and the society (culture). Freud’s model of personality although laden with assumptions about sexuality, emphasizes the role of culture and biology and its influence on childhood experiences which presumably shape the development of personality (Freud, 2000).

Notably, beyond these psychological theories/explanations, sociologists who explicitly study the role of society and social interaction have extended the discourse on personality development. Following Cooley’s description of the looking glass self (1902), Herbert Mead elaborated the emergence of the self and how human personality is shaped by it. The self is regarded as a product of social experience.
interaction with others). Mead opines that biological drives and biological maturation are not sufficient ground to describe personality development. The *self* is a person’s distinct identity which is developed through social interaction. This is because, according to Mead, the self is not there from birth, it develops.

Going further, another point of view of personality development by Lawrence Kohlberg explains that moral development is an important aspect of the socialization process. Because socialization is defined in this light as the process of learning what the society defines as bad or good, it is knowledge imperative to understand how people are socialized into distinguishing between right and wrong. This is largely related to the level of cognition that individuals develop across three stages of physical development – classified as pre-conventional, conventional and post-conventional stages (Kohlberg, 1981). Again, an improvement on the socialization postulate of Kohlberg was developed by Carol Gilligan, which added a gendered perspective to the development of morality between the sexes. Gilligan opines that the sense of justice varies between males and females, which are reflected in the fact that males are socialized for the work environment, where rules and laws are necessary for the smooth running of organization, while females are socialized for a home environment where flexibility is important for ensuring harmony in care taking and nurturing (Gilligan, 1990). More importantly however is what actually constitutes ‘bad’ or ‘harmful’ socialization process and what is a ‘good’ or ‘helpful’ socialization process?

**Socialization Agents and Child Development**

As Ladd and Pettit (2002) define the concept of socialization, it refers to the acquisition of education, experience, attitudes and behaviors that are required for a successful adaptation to the society and the family. This means that socialization agents are in fact *social facts* – external and coercive of social actors. Socialization reflects the complex interconnectedness of human beings to their social worlds. The process of socialization is intended to help individuals to function effectively and successfully. Therefore, learning takes place through various agents of socialization – in formal, semi-formal and informal
social organizations/institutions. Agents of socialization can be divided into two groups – Social groups (family, peer group) and Institutional agents (school, workplace, religion, government and mass-media). Although Menhas, Tabbasam, Jabeen (2014) opine that in discussing child socialization, major focus is to the family, school (peer group), and mass-media/new media. This is likely because other dimensions of socialization (religion, government and so on) do not occur or play very significant role at the earliest/primary level of socialization. The family will therefore be the only agent focused on in an attempt at answering the questions posed about ‘harmful’ socialization processes.

**Family as an Agent of Primary Socialization**

The family does not socialize a child into a vacuum. This is because the family exists within the complexities and realities of the society. In Guralnick (2006), family values, expectation and routines make up family patterns, whose interaction influences social and intellectual competencies that enable children to pursue their own goals as effectively as possible. Parenting is the core value of family relationship. Therefore, it is through the parenting processes that children are socialized into the society. Significant to note, is that while the parenting process is responding to the increasingly changing structure and function of the family the world over and the decline of the family is evidentially connected to the second half of the twentieth century (Pew Research Centre, 2010), there are however some instances where some family values and beliefs have remained unchanged or at best responded to social change very reluctantly.

For this article therefore, the main focus shall be on the primary socialization where a new born is formed and shaped. More importantly also it is under this form of socialization that the subject of discussion i.e. harmful traditional practices in the society shall be explored.

And since the prevailing societal values impact on the constituent families, it is argued that families are more likely to comply with socially acceptable socialization processes. What therefore constitute a ‘helpful’ or ‘harmful’ socialization process is a function of many dynamics, time and space in the life of any society. For example,
the Feminist in contemporary times have challenged the concept of ‘society’ arguing that the word ‘society’ is not gender neutral especially in a patriarchal society where males’ view is dominant in almost all aspects of society (Alliyu 2014). And as long as this is so, socialization and family functions based on such ‘society’ cannot be neutral. Consequently, they reject the Parsonian analysis of socialization because of its grave implication of seeing the differences between men and women from differences in socialization process. They would rather view the gender differences as a consequence of systematic inequalities (Tepperman and Curtis 2009). It is only through this type of analysis that the inequalities between male and female (especially the structural barriers faced by women) avoided by Parsonian analysis can be brought to the fore. For example, several harmful cultural practices that challenge the rights of women and girl-child have been identified and they include: food taboos during pregnancy or at birth (Oni and Tukur 2012); widowhood practices/rights and wife inheritance (Alliyu, 2015) and ritual processes all combine to have negative effect on the female gender in Nigeria. This notwithstanding, UNFPA 2014 reported that the various harmful traditional practices are subject to change based on reframing of concepts and tradition around such practices. This probably accounted for the views of Alo and Gbadebo, 2011 when they reported that there are evidences that the cultural transmission of FGM is receding significantly in spite the previous record of high prevalence among the Yoruba south west Nigeria.

What is therefore central to this study from the foregoing are the roles of the family as an agent of socialization, and how these roles function to suppress the basic female sexual impulse about sex especially through Female Genital Mutilation (FGM) in the African Societies.

The family is the most impressive agent of socialization because of the foundational roles it plays in primary socialization of the new born in any society. Parents made their children to imbibe the norms and values of the society whether ‘helpful’ or ‘harmful’. In essence, the culture or the way of life of the society is a major content and vehicle for socialization process.
Study Area

Abeokuta, the capital city of Ogun state south western Nigeria is a mixed bag of FGM practicing and non-practicing communities. There are areas that are historically known to be practicing FGM and they have attracted attention of scholars and other professionals over the years. These communities are Owu, Gbagura, and Oke-onal Ilawo. The communities are known to be practicing infant girl circumcision predominantly even though adult girl circumcision is seldom done due to one delay or the other at childhood.

The study is an attempt to explore the existing social realities and processes supporting the practice of FGM sourcing directly from the primary stakeholder’s perspectives using participatory tool. These tools, we believe, will afford the participants the right environment to express their views on the issue already considered as a harmful traditional practice.

The main goals of the study therefore are: -

- To monitor and document PAR approach to female circumcision
- To identify social processes associated with community change in the practice of female circumcision.

Methodology

Egba zone is one of the four zones in Ogun-state southwestern Nigeria. The zone has six local government areas comprising of Abeokuta North Local Government Area; Abeokuta South Local Government area; Ifo local Government area; Odeda local Government area; Ewekoro local Government area and Obafemi - owode local Government area. Abeokuta is the prime settlement in the Egba zone of Ogun state and it is divided into five major traditional quarters -Ake, Gbagura, Oke-onal, Owu and Ibara. Three out of these five communities are practicing FGM.
Since they are practicing communities, they are purposively selected for the exploratory study. Within the selected communities, participants were also purposively selected with some eligibility criteria which include- age group, whether they have female children or not and of course availability for the study. Five major groups were involved in the study. They are: Women under 35 years; Women over 35 years; Unmarried women 18-25 years; Men under 35 years and Men over 35 years.

Additional information was also sourced from some other categories of people such as the kings, chiefs, and religious leaders, health workers etc.

**PLA Design and Methodology**

The PLA design and methodology draws its strength from the PLA toolbox, which is qualitative in nature and flexible for use as convenient in the field. The method becomes very relevant for this kind of study that is exploratory in nature. It gives room for all views to be expressed as convenient as possible by the entire participant. Both verbal and non-verbal approaches were used in this regard. The tools used are- Focus Group Discussion, (FGD), Key Informant Interview(KII), Sexuality Life Line(SLL), Flow Chart/Diagrams, Preference Ranking, Matrix Scoring, Historical Profile Mappings etc. Specific tool appropriate for groups or individuals were used to gather the data. The tools were also designed to address the goals and specific objectives of the study.

**Data Analysis**

Apart from the on the spot analysis done on the field and the daily evaluation or debriefing, fieldwork final stage analysis was done after going through a one-day workshop on qualitative data analysis. The training assisted in organizing the data, transcribing, coding, sorting, collating, arranging and writing of the draft report.

Finally, the emerging theme from the data forms the main topics around which the findings were written.
Discussion of Findings

1. Traditions that are Associated with Child Birth

The traditions associated with childbirth in the communities studied could be divided into three main categories. One, those stories passed from one generation to another. Two, those rules and regulations handed over from the elderly to the younger members of the society particularly in the process of socialization. Three, the various practices observed by the younger ones from the elderly in the society. The traditions related to childbirth also differ from one family to another. In fact, the religious belief of a family dictates what is said or done about a child, the mother etc. This seems to negate the views of men has et.al that in discussing child socialization, major focus is to the family, school (peer group) and mass-media.

There are different traditional practices reported by the participants. These include: - Egungun, Oro, Eluku, Sango, Igunnuko, Yam festival etc. These traditional practices/festivals exist side by side with Christianity and Islamic religions. They all combined to influence and shape what happens to a child and the mother. The treatment of the child and mother in the areas of study could therefore not be said to be the same. What could be said to be the same however is the fact that families name their children on specific chosen days. It might be interesting if some cases of variations in family traditional practices are reported here:
Case 1

1) If a woman marries those from the Obatala family, she would not eat anything pepperish for seven [7] days if she had a female child and nine [9] days if she had a male child.

Case 2

2) I got married to the Egungun family, the custom and traditions in my husband’s family states that when a mother delivers, she would have to remain in the pool of blood that came out during the child birth and the mother have to be there until the child has been properly cleaned up before she can then stand up.

Case 3

3) In some family when a child is born the child will be taken to the river. The child will be placed in the river, if for instance, the river takes the child away and brings it back, and it shows that the child is not a bastard but if the other way then the child must be a bastard.

The list of this practice is long we have presented only the above because they seem to have gender colorations that influence the discrimination against the female gender. For case one, the mother will not eat pepper for only seven days for girls and nine days for boys. The number of days signify a culture that is slant in favor of male child than female since 9 is more than 7. Although no clarification on this practice was sought, it could
however be perceived that such practice would accord girl-child less place in the society than the boy child.

Case 2 did present gender specific issue because it is not unclear why a mother that delivers a baby from her womb would have to stay in the pool of blood from her body while the child is being washed up. What happens to the father was not mentioned.

Lastly, case 3 is not gender free as well because the community understudy claimed that FGM is done to prevent promiscuity on the part of the woman. As a follow up therefore if any woman is suspected to have fornicated it was further proved through the case 3 narrated above to establish the paternity [father] of the child. If the child is not from the legal husband of the woman then it must be another man and it becomes a bastard. The river must carry such child away. No mention was made about a father that fornicates or impregnates another man’s wife. We are not sure if such a child will also be a bastard to the father or not. We have taken the pain to report the cases above and offer explanation on them because it is believed that the traditions that permit these may have very strong link with FGM. It is hoped that if some of the practices are disappearing FGM may as well begin to follow after.

The children are also taken through one traditional practice or another just as the mothers pass through theirs. Ilugun community for example all new babies’ heads are shaved irrespective of their sex or religion. In other words, sharp objects are used on both male and female children. The objects are used for shaving of the hair on the head of the new child, body scarification, facial mark and circumcision. The shaving of the hair is important before the religious priest could do the naming ceremony. It is also important for some families to investigate the future of the child from an Ifa oracle priest before the eight-day naming ceremony. This is done to ward off any evil that may affect the child in future. The climax is the naming ceremony
done for all children on either the eight-day or ninth day depending on the family.

Circumcision is done for both male and female in the communities studied. It is part of the traditions that is very sacrosanct to the participant depending on each family’s attitude towards tradition.

The Practice of FGM in Abeokuta

The common factor that accounted for the origin of FGM from these practicing communities is their ‘Forefathers’. No reference was made to their ‘fore mothers’. Many of the participants have not really questioned the practice because it is taken has normal. It is none performance that is considered as deviation from the norm. The adherents of the practice or tradition described it as ‘beneficial’ and ‘not harmful’. Since it was from their fore fathers it is sacrosanct to them and it must not be challenged. No participant was able to link the practice with any religious belief as it was done for male circumcision.

A participant affirms that:

Circumcision [FGM] is something very important in this community [ILAWO].
The belief of our forefathers is that if you circumcise a female child, it could prevent her from been promiscuous and to stop the ability to be sexually aroused at any time.

It is customary for the young ones to obey the elderly in Yoruba community unchallenged even when the elderly is wrong. In fact, it is a sign of a well-behaved one and a rounded personality. This attitude, in a way, determines the level of importance attached to the rules and regulations handed over to the younger generations by the older ones. The fear of violating the rules and the consequences also assisted in keeping on with some practices in the face of its harmful effects in the communities. The case of FGM is not different at all from this situation. It is the same situation that sustained body scarification, facial marks,
shaving of new baby’s hair etc. However, since some of these practices are gradually being abandoned due to diverse reasons, it is hoped that FGM also would give way as others.

The practice of FGM has passed through different stages of growth in Abeokuta from the time of their fore fathers till the present. There used to be some done at ages eight to ten years due to some reasons. Others claimed it used to be performed on teenage girls. A participant from Owu says:

When we give birth in my own husband’s house we do it [FGM] in the eight-day of the child’s birth. Sometimes around 1980s and 1990s if both male and female are ready to marry they would be circumcised but with time the system has changed, it is now done when the child is young like some days old.

Another participant from Oke-onna Ago-oko claimed, “the child can be up to eight [8] years before circumcision is done on her”. A reason was offered for this by another participant that “at the time of the circumcision, the child may have one sickness or another and this would prevent them from circumcising a girl until a later date”. A male participant narrated another striking one about adult FGM. He is less than 35 years of age.

If you want to circumcise a female, it is somehow dangerous and risky but, may be in the case of a very young girl it might be easy on them. But the one I witnessed it was for a mature lady. They have to look around for four strong men to hold her down and what was removed from the lady was the flesh called “Ido” [i.e. the clitoris].

These are however exceptions to the rule as the general practice are the infant FGM in Abeokuta. The traditional professional group called Alabede, Oloola, Onikola, and Akomola e.t.c does the FGM and
indeed all circumcisions and other traditions requiring the use of sharp objects on baby. The view expressed above by the male participants about his account of FGM process on mature girl is in tandem with the Feminist position on the concept of ‘society’ that is argued to be slant in favour of the male gender. The ‘men holding the girl down’ are simply enforcing the value of the ‘society’ and indirectly the desire of one sex (male) over another (female). The clitoris that is removed by the men is also seen as compliance to the ‘society value’ on the face-value to prevent girls from promiscuity. What becomes of the body part (i.e. the clitoris) of the girl circumcised was not mentioned as the professional circumcisers have exclusive control of the process. The emotional and psychological feeling of the girls really do not matter and if any at all, especially in the practicing communities, it is a thing of pride having fulfill the requirement of the ‘society’.

The Alabede [Circumcisors]

The Alabede literally means, “The one who has the knife has come”. The Oloola means “the one who owns the knife”. And Onikola means “the one who makes the mark” Akomola “one who marks the child”. All signifies the application of sharp object on a person for one reason or another based on traditions. They are professional families known for the practices and they are identified by their name as mentioned above and their special facial marks. “When you see them [i.e. the Alabedes] you will know them by their facial mark”. A male participant above 35 years from Ilugun Asalu claimed. It was therefore not a job for any or every new comer.

When asked if the Alabedes have other jobs apart from circumcising people. One of the circumcisers in a group discussion quickly said “personally, I do business and trading in ‘Aso-oke’ but do circumcise when it comes”. Though the Alabedes are professionals they do other jobs to make a living since they do not circumcise every day. More importantly, medicalization of circumcision particularly male circumcision must have reduced the rate of customers they get because some participants reported that they now prefer to use hospitals instead of the traditional circumcisers. The profession is also reported not to be a prerogative of any family today as it was claimed that anyone interested in the profession could also learn the practice from the
families of *Alabedes* to be able to practice and have customers. A participant summarized the role of *Alabedes* thus:

Me, personally I was circumcised, my mother told me, it was done by the “*Oloolas* and it was done very early in the morning. The man was brought into our house to do the circumcision, because they were about four females in the household to be done for. Also, this “*Oloolas*” also do give tribal marks to both male and females child, all mothers will bring their children to the markets and the “*Oloola’s*” would go to the market and perform the tribal marks, on them, even, the body scarification, would be done. The “*Oloola’s*” also made marks called “*Ona*”, this is done by combining three knives at a time to make a line right from the hand to the waist, it is done of both hands and side waist. This is mostly done to our mothers and grandmothers.

**Why FGM: Culture Specific Justification for the Practice of FGM**

Diverse reasons were given for the practice of FGM apart from the fact that it was handed over to them by their fore fathers and they accepted it unquestioned. Indeed, a female participant (less than 35 years of age) from Owu community reported proudly:

Me I am from Owu, our family culture and traditions demand that we must be circumcised, we females, my personal self I was circumcised by the age of four and this shows whether you are a bastard or not.

The issue of bastard here connotes whether one conforms to the traditions or not. If one does, she is not but if one fails or deviates she is
regarded as a bastard. It means the person is ‘not born’ by the members of that family. Being not a bastard means you must have been biologically reproduced [born] by that family and socially reproduced [socialization] by same family into the family traditions. Still part of the tradition, as reason given for the practice of FGM, another male participant (less than 35 years) said he grew to meet the practice “but the story I was told was that in those days some female refused and they have serious problems”.

This is the story (rather fearful story) used in subtly coercing the younger generations into the practice by the elders in an attempt to keep on the practice. The issue of the fearful story is not strange in Yoruba land including Abeokuta because ‘fear’ of imaginary spirits is part of the teaching/socialization method of integrating new members into the society. It is also a form of social control mechanism to enlist compliance from member of the society. In concrete term, no young ones needed to have existed in “those days” reported by the elders but certainly no young girl would want to be adversely affected by her own disobedience. This position is corroborated by Oni and Tukur, 2012; Fayehun and Omololu 2011 where it is reported that elements of culture of respect for the opinion of elderly persons are significant factor that shapes a great deal of decision making across families and communities in Nigeria. In a situation where such young ones do not have any contrary information they are more likely to believe their parents particularly mothers (who herself might have been circumcised) and continue the practice of FGM sometimes forcefully because of fear of the unknown.

Besides the above, another subtle way and reason given for the practice is reported by a male participant (above 35 years) from Ilugun Asalu. He submitted that:

According to our fore fathers FGM is a help for the Female because if females are not circumcised, it may hinder her chances of giver birth.

And going by the value of children in Africa, no woman will resist FGM in the light of the reason given above particularly from the fore fathers who were assumed to have seen it all and well experienced
to counsel the younger ones. The real reason as a follow up on the inability of a woman to give birth is that if the head of the baby should touch the clitoris the child will die. So, a way of ‘help’ is to cut off the ‘agent of death’ in the woman’s body in order to be procreative in life. This is a wide spread belief among the participants however, one argued that he has moved around and discovered that it is Egbas that circumcise and Ijebu do not. He was inferring the fact that, after all Ijebu do give birth without FGM!

Perhaps the cutting of the clitoris is not to ‘help’ the female alone. It seems it was a sort of ‘help’ for the male as well. How?

“Yes, you know that clitoris is cut away to allow for easy penetration, to avoid stress when you want to have sex with the lady. You men of nowadays don’t talk about virginity, but about engagement. That is why you spend much time before you penetrate but when a lady is circumcised it allows for quicker and easy penetration, which the lady would enjoy too.

Sexual mutual ‘help’ seems to be yet other reasons for FGM according the participant above. The cutting is perceived as a way to create an avenue for easy entry of the male organ and easy exist of the baby. The other popular reason is the attempt made to prevent the female sex from fornication and promiscuity.

We grew up to know that our fore fathers do circumcision for female child and the reason is to prevent them being sexually aroused and active. This prevent them from promiscuous life. And for males, they are circumcised to allow for easy penetration into the female private part. These are the reasons given to me by our fore fathers.

The reason given above was agreed to by other male participants in the group because it was from their fore fathers. A careful look into
The reasons will show a high level of gender discrimination in the practice. While females are circumcised to deny them the sexual benefit and enjoyment, male are circumcised to derive the utmost benefit and enjoyment.

The Process of the Act of FGM in Abeokuta

Having reported the salient reasons for the FGM it might be interesting to focus now on the real process of the act. This shall be done by taken a narration from one of the participant undiluted from Ilawo community.

When you want to circumcise female, this is done by men who specialize in this job. They used to collect for the circumcision- foul, palm oil, soap [black], ori, orogbo and some other things. When they want to circumcise, the men will hold the legs tight on the ground or bed. They, the other men will then use sharp object like blade or penknife to cut the flesh [clitoris]. I think I have witnessed two or three times now. During the cutting, the child will cry and blood will be on all her body and me I don’t like this idea because it looks like they are just forcing the blood out of the female child in a dangerous way. After the circumcision, I don’t know what happens to the cut clitoris because they believe that if dog picks it up and eat the clitoris, the child will be promiscuous. But in the case of the male the fore skin will be thrown away in the toilet.

The above seems to represent the case of inflicting avoidable injury on the child without her consent. Generally, however the act is believed to be decreasing today due to reasons such as education, civilization, modernization- all often termed as ‘Olaju’ literally meaning “eye opening” this seems to suggest that some of the harmful practices are ‘sincere mistakes’ made and continued by the people due to lack of or inadequate knowledge about how best to handle a particular social problem. Availability of superior knowledge and information may therefore be a catalyst to ending some of the harmful practices.
A corollary to the above reasons is resistance from the younger generation. A participant reported that:

When my children gave birth I ask them to circumcise the females and put tribal marks, they refused. They argued that if they travel out the tribal marks will make other people to notice them quickly. I refused but they did not accept.

Another participant also noted that:

The practice is decreasing because modernization has taken over. In those days we do not know how and when circumcision took place on us. But nowadays I believe many parents cannot stand the pains and agony their children go through during circumcision.

It therefore seems that child-parent education may be another means of change in the practice. Though the elderly may influence the young ones in accepting particular traditions, a well-informed child may as well influence and change the existing traditional believe of parent in this case the harmful traditional practices.

“Benefits” and Effects of Female Genital Mutilation (FGM)

To the practicing communities/families FGM has a lot of “benefits”. It equally has some practical effects reported by those who have been afflicted, infected or affected by the practice. The under listed are some of the ‘benefits’ mentioned by the respondents.

1. Prevention of prostitution, fornication and promiscuous life- once the clitoris is cut it makes woman less active sexually because she would not be easily sexually aroused easily any more.

2. Easy delivery of children at birth because the perceived hindrance that is the clitoris has been removed.

3. Easy penetration of the male organ into the female sexual organ.
4. “It allows for quick pregnancy because if a female is not circumcised she will be promiscuous and it may lead her to looking into God for a child in future”.

5. Circumcised women are much easier to be dis-virgined than uncircumcised women.

The practical effects are also reported in the cases presented here under:

**Case 1**

Sometimes ago I took my own daughter out for circumcision and there was a lot of blood flowing, which I have to rush her to the hospital and on getting to the hospital I was asked for the matter and I said I am just coming from where I went to circumcise her and the nurse’s response was “this is rubbish” and I said, “It is not, rubbish, it is our custom” the belief is that if the clitoris is not cut the baby would not be able to have her own child.

[Male >35, Owu community]

**Case 2**

It happened at this Ilugun community though it created fear in life and heart of many. The female child in question was circumcised and some days later, the mother left her with a neighbor I think the girl defecated after, which she needed to be cleaned up, and in the process the cut part was touched and rubbed, the child cried and cried till she died with flow of blood. This made many people run away from circumcision knowing it was circumcision that kill the girl.
Case 3

There is infection to some circumcised woman. There was a case of a woman that was circumcised. At the time of delivery, she had some problem and she was transferred to LUTH [i.e. Lagos University Teaching Hospital for operation. So it is not good to do circumcision for ladies.

Case 4

People don’t do it again because a lady was circumcised sometimes ago and after some time the cut part started decaying and this led her into infertility. For this reason, the practice was stopped.

In addition to the practical life experiences that had been harmful to the participants as a result of practicing FGM, there are other effects they perceived could be part of the consequences of the FGM. These include:

1. FGM could lead to bleeding and infection.
2. “The dangers involved are more than the “benefit” derived. Firstly, if the child is circumcised and if the knife is not sterilized it may cause infections, itching, pulse and any other thing”
3. “In those days where a child is circumcised, and the bleeding and treatment did not go well with the lady it may lead to difficulty in delivery and may also lead to death.
4. FGC may lead to infertility.
5. “The circumcised woman may have some difficulties in passing urine as well”
6. Improper disposal of the cut clitoris could further expose the circumcised girl to danger such as using it [the clitoris] for rituals.

The Trend and the Future of FGM in Abeokuta

Following from the harmful [practical life experiences the practicing communities have gone through; there are some other reasons why the
continuous practice of FGM may gradually decline faster than expected. There is a high level of awareness on the part of the majority of the participants about the dangers of FGM than the perceived benefits handed over to them by their fore fathers. As such there have been some noticeable changes in the communities even though some still feel the practice must continue ‘because it is the custom of their fore-fathers’. This argument is likely to collapse finally but gradually in light of social change.

FGM and indeed other harmful traditional practices are gradually given way to better and human practice. Some practices have been completely eradicated while some have only been medicalized - e.g. male circumcision. The participants gave various reasons for the change and prominent among the reasons were -civilization, modernization, and education. This is generally referred to in Yoruba parlance as “Olaju” i.e “eye-opening” meaning “knowing better”. Other reasons discovered are information availability and effective communication particularly between spouses.

On the issue of information, for example, a key informant who was a medical or health worker at Owu community reported that:

“There was a woman who brought her male child here for circumcision and she also wanted me to give him tribal mark at the same time but I have to educate her and pleaded with her that civilization has taken over. Eventually, she agreed with me”

Similarly, on the issue of communication a participant reported that:

My daughters were circumcised but we don’t do it anymore because civilizations have taken place and even modernization. In my household the husband has the final say but where we have cooperation between husband and wife, anyone can influence decisions on
any issue including FGM. e.g. if I say my husband this thing is not good, and you are able to give very good reasons then, he would reason with you.

What emerged from the two instances above are:

1. Ability to plead with the people even when you have all the knowledge and information about a particularly harmful practice. An attitude of condemnation on the part of the knowledgeable person towards a custom or practice will be counter-productive.

2. Ability to give or offer good reasons on the part of the either spouse more especially from the woman to the men [the head of the household] under an atmosphere of cooperation will yield positive result of desired change against any harmful practices. This, we believe, is however dependent on availability of such information, education and knowledge particularly to the women.

Going by the traditional practices that have changed or changing gradually, the participants generated a long list of who brought about or influence change in their communities and of course, those with potentials to do so. They include: The kings and the king makers, The heads of households, Mother-in-laws, Father-in-laws, Community members, Wealthy people, The Government, Religious leaders/religious, Medicalization/health workers, Enlightenment-Radio, Television, Non-formal education, Elderly people within family, Baales [Area chiefs].

In addition to the list generated, the participants also demonstrated how the identified agents of change combine to effect change in the community.

Anytime you want to do this kind of thing [i.e. research] you must consult the Oba, the king makers, chiefs and the community leaders. More over the
ideas of female circumcision is being heard on the radio and television sometimes now. Our people are changing for better and now we are having lectures [ie PLA activities] on it again. So if you want any change you must go to the root [i.e the people/community concern].

One could deduce a situation where the participant seems to be suggesting the application of diverse approach to solving any problem at the same time or period. The importance of the primary stakeholder is equally mentioned as significant to any change programme referring to it as the root.

Religion and the role of religious leaders could also be potent means to addressing change with regards to FGM. Introduction of the two dominant religion’s i.e. Islam and Christianity have contributed immensely to the eradication of some traditional practices through education, information and communication. Moreover these religions are also perceived as being modern and civilized in practice. A participant said:

A lot of traditions have changed because of religions and modernizations have taken over. In those days, the Yoruba inherited Ifa Oracle but religion has taken over. The idea of female circumcision has changed, because of modernization and civilization, people now go to the hospital instead of traditional healing homes.

Perhaps as a result of the combined effects of all the above factors of change another participant interjected that:

In fact, a lot of people can now see that those days of circumcision are days of past [days of unknown]. Now we can see that there is no difference between those that practice FGM and those who do not.
This woman, who is above 45 years, from Owu community was actually asserting that the benefits claimed by the practicing community are not beneficial after all. The reason was anchored on the Ijebu who do not practice it yet; they do not run into all the perceived dangers of non-circumcision. FGM seems not have done them any good better than other women not circumcised. There would have been a difference if the circumcised women have come out better.

Finally, some other participants simply felt that the practice of FGM as many others will disappear naturally. His reasons, which others agreed with, are based on civilization and non-continuation of the practice by the younger ones. Hear him:

There are traditions that have come and gone because of civilization. These traditions are from our forefathers and because most of them are dead and nobody to take after them, the traditions had stopped.

This statement from the participant (less than 35 years) seems to give insight into why the practice is no longer prevailing in the practicing communities as a community issue / problem but rather family issues.

The more the presence of the tradition-inclined elderly in a family the stronger the continuation of the FGM. However, the elderly are not impossible to change as some participants from other families have actually demonstrated that their elders have bowed to change from them in light of superior information.

**Conclusion**

The study was conceptualized against the backdrop of the reports of decline in the practice of Female Genital Mutilation (FGM). It then set out to monitor and document PAR approach to Female Genital Mutilation and to identify social realities and processes associated with community change in the practice.
It was found out that FGM is very important to the practicing communities going by the length of time of the practice and the various ‘benefits’ attached to it. The study was however a confirmation of the decline as the community equally reported a gradual decline in the practice in-spite of the traditional importance attached to it in the past. Reasons adduced for the decline include age and education of mother. Education has resulted in ‘eye opening’ to see things from different perspective. This ‘eye opening’ made them to see the harm in the practice, which was hitherto considered as ‘benefits’.

Modernization plays a secondary role in the decline of FGM as most parents now prefer to circumcise their male child in the hospitals instead of the traditional circumcisers (Alabedes/Ololas). This somehow begins to have indirect effect on the patronage of the traditional circumcisers. A combination of other factors with modernization is suspected to have contributed to the gradual decline in Abeokuta.

Principal among these factors apart from age, and education, is the unintended consequences of FGM on the health of the child, which sometimes include infection and death in extreme case. The process of interaction between the parents of circumcised child and hospital/health workers equally played a major role in discouraging the practice. The hospital is often the last point of call after any unpleasant outcome of FGM. If the interaction is sustained and if it transits from curative interaction to preventive interaction, FGM is more likely to further decline.
References


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