

## Abstract

**Female genital mutilation (FGM)** refers to the partial or total removal of the external female genitalia for non-medical reasons. It is a violation of women's and girls' human rights worldwide. FGM has a significant global health impact, as over 200 million girls have been subjected to the prevalent practice in Asia, the Middle East, and Sub-Saharan Africa. No health benefits have been associated with FGM, as the practice can lead to complications. FGM also has some economic implications as complications from the practice increase the cost of healthcare and has been estimated to cost about \$1.4 billion in 27 countries yearly. Nigeria has the most significant absolute number of FGM cases worldwide, with the south-south having the highest frequency of FGM (77%), the southeast (68%), and the southwest (65%). There is a paucity of conceptual and quantitative frameworks that are social norms-focused to evaluate the effectiveness of initiatives to cease the practice of FGM. This paper uses a social-ecological model to examine the multiple factors contributing to FGM in Nigeria. These factors at the personal, interpersonal, community, organizational, and policy levels combine to create a conducive environment for FGM practice in Nigeria. Understanding these factors will allow for evidence-based interventions at multiple levels to address the menace of FGM in Nigeria. This proposal shows how stakeholders at various levels can work synergistically to eliminate FGM in Nigeria.

## Introduction

Female genital mutilation (FGM) refers to all practices that entail the partial or complete removal of the external female genitalia or another harm to the female genital organs for non-medical purposes. Traditional practitioners mostly perform the practice. Due to the perception that the method is safer when medicalized, data suggests that healthcare professionals are more frequently involved in FGM in different situations. Nearly 30 African and Middle Eastern nations still practice female genital mutilation, and 200 million women are believed to have undergone infibulation globally. The sad reality is that the practice is firmly ingrained in some communities, making its elimination difficult despite being recognized worldwide as a violation of human rights, despite regional and international proposals to eradicate it through law and intervention approaches. Nigeria, which accounts for around one-fourth of the projected 115 – 130 million mutilated women globally, has the most significant absolute number of FGM cases worldwide because of its vast population and widespread FGM practice. In Nigeria, the south-south has the highest frequency of FGM (77%), followed by the southeast (68%) and southwest (65%). However, the north has a lower rate of FGM, although strangely, choosing to perform it more radically. There are 220 million people in Nigeria, and 49 % are women. The frequency of FGM among adult women is 41% nationwide, according to recent studies. The prevalence rates in younger age groups are gradually declining, and 37% of mutilated women oppose the practice of FGM. This study examines factors that encourage FGM in Nigerian communities and uses the social-ecological model to address them.

## Methods

<b>Database</b>	PubMed, Google Scholar.
<b>Year of study interval</b>	2012 - 2022
<b>Search Terms</b>	FGM, Female Genital Mutilation in Africa, Female Genital Mutilation in Nigeria, Policies on FGM, Theoretical Framework, Socio-ecological factors (personal, interpersonal, community, organizational, and policy levels) influencing FGM
<b>Inclusion Criteria</b>	Peer-reviewed, English publications, 2012-2022, Affiliated with institutions in the United Kingdom, Nigeria, United States
<b>Screening</b>	Articles gathered and processed separately by two authors for appropriateness
<b>Literature Matrix Methodology</b>	Study description - year, article reference keywords Study design- the purpose of the study, theoretical framework, Research question Study quality: Ethical concerns or bias

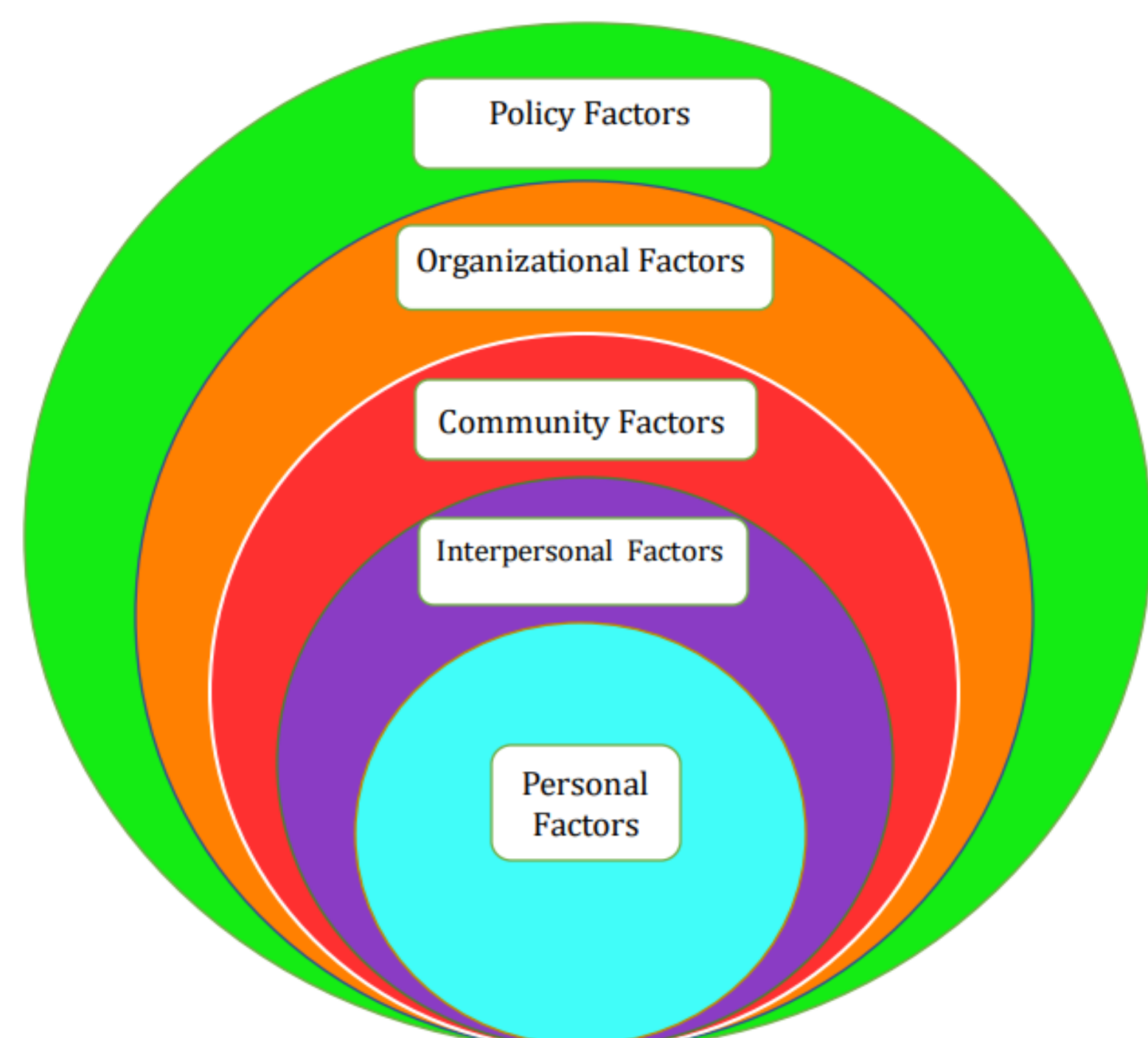


Fig 1: Socio-ecologic framework highlighting the factors affecting Female Genital Mutilation

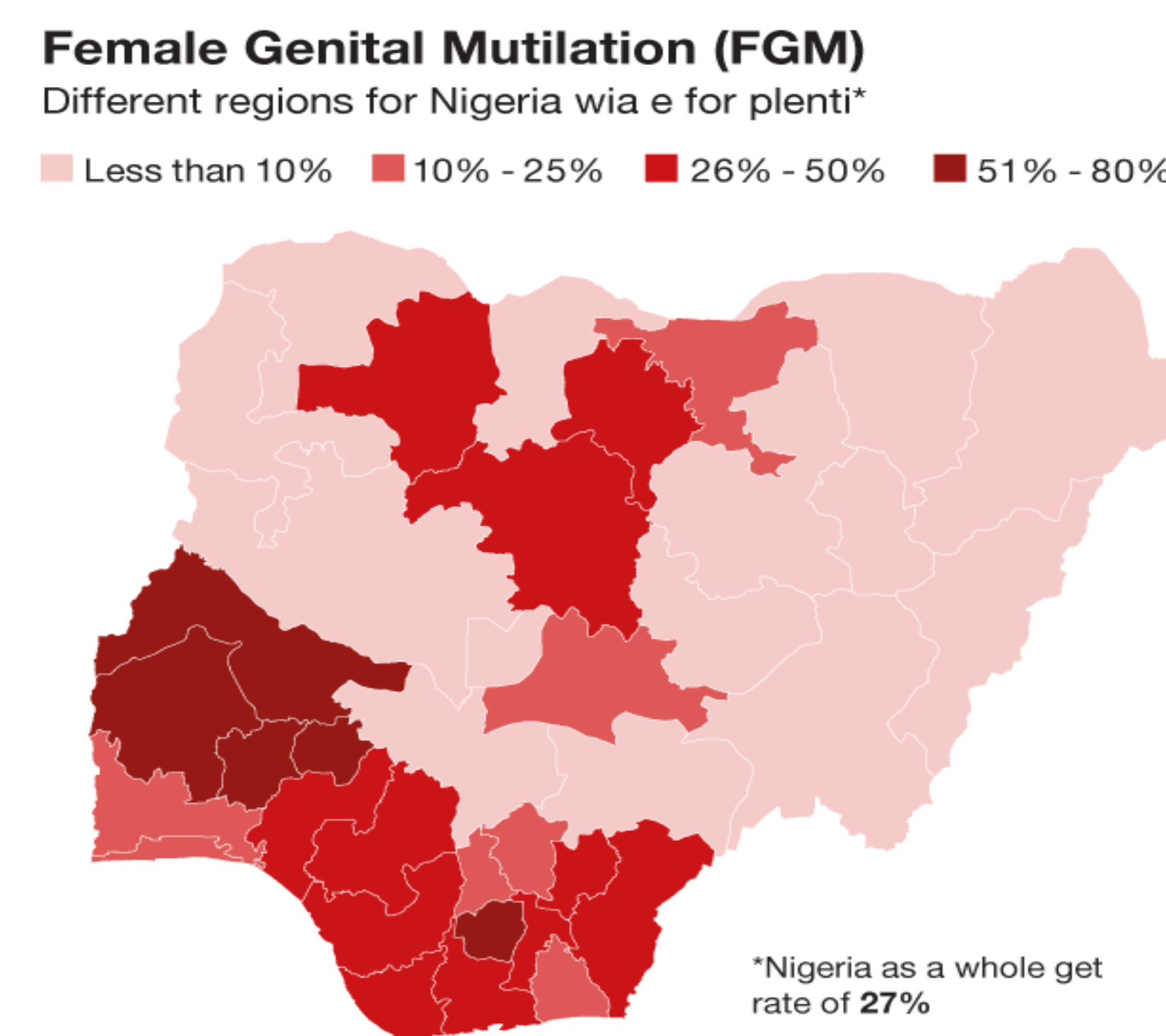


Fig 2: Map Showing The Prevalence rates of FGM in Nigeria. Source: www.bbc.com/pidgin/tori-47147549/p



Fig 3: Traditional circumcisers taking a young lady in for circumcision Source: africlaw.com

### Personal and Interpersonal Factors

- FGM practices more prevalent in rural areas
- Illiteracy
- Poverty
- Perceived health benefits; fertility, hygiene, prevent maternal and neonatal mortality.
- Religious beliefs
- Peer pressure from friends and relatives force girls and their families to practices

Fig 4: Personal and Interpersonal Factors Affecting FGM in Nigeria

### Community Factors

- Cultural practices in the communities celebrate and embolden FGM practitioners
- Respect and a strong appreciation for culture make it challenging to address the practice
- Cultural norms and beliefs: enhance femininity, chastity and honor, prevent promiscuity

Fig 5: Community Factors Affecting FGM in Nigeria

### Organizational and Policy Factors

- Many governmental agencies are not fully equipped to arrest and prosecute FGM practitioners.
- Few non-governmental organizations work to address FGM
- Medicalization of the practice within the healthcare system
- Lack of clear policies at local, regional, and federal levels to address FGM

Fig 6: Organizational Factors Affecting FGM in Nigeria

## Results, Discussion, and Conclusion

### Results

The initial search produced 75 peer-reviewed articles, with 35 meeting the criteria for inclusion and analysis. From these articles, factors at the personal, interpersonal, community, organizational, and policy level were identified. These include rurality, poverty, illiteracy at the personal level, peer pressure at the interpersonal level, cultural beliefs and practices at the community level, lack of resources and ineptitude at the organizational levels.

vel, and at the policy level, lack of clear laws at local, state, and federal

### Discussion

There is a scarcity of social and quantitative frameworks for assessing the success of programs to end FGM. Numerous factors contributing to FGM in Nigeria were examined using a social-ecological paradigm. Knowing these characteristics would enable evidence-based interventions at many levels to address the FGM issue in Nigeria. Personal, interpersonal, community, organizational, and policy factors work together to produce a favorable climate for FGM practice in Nigeria.

Using the socio-ecologic framework, personal-level and inter-personal factors such as beliefs and illiteracy can be addressed by providing education and awareness through prevention counseling, incorporating both formal and informal adult education, skills acquisition to empower girls and women, and outreach programs. At the community level, it is important to work in partnership with gatekeepers such as religious and community leaders. Intervention strategies would include public health education, community dialogues, social marketing healthcare campaigns, and providing alternative rites of passage. At the organizational level, health care facilities and workers can be equipped to prevent FGM and provide care for the victims of FGM. Also, non-profit and religious organizations can continue to advocate for girls and women through social marketing. Lastly, implementing laws that criminalize FGM would create an enabling environment to eliminate the practice of FGM in Nigeria.

### Conclusion

Female Genital Mutilation negatively affects the health and wellbeing of girls and women in Nigeria. Various factors across the social ecological spectrum contribute to the continual practice of FGM. Addressing FGM from a social-ecological perspective stands a better chance of tackling the issue of female genital mutilation in Nigeria. Understanding the value of basic public health services in health promotion should drive future research on evidence-based programming at all levels.

## Future Work

1. Research to study best practices using the social-ecological framework to address FGM
2. Identify localities and states that are doing more to end FGM.
3. Work with federal, state, and local authorities to enact new policies and legislations protecting the rights of girls and women to live free from violence and discrimination at the national level
4. Develop social marketing programs about the dangers of FGM that will target individuals, families, and communities
5. Work with institutions and economic communities to empower girls and women regarding their reproductive rights.
6. Engage religious and traditional leaders to address FGM at the local level

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