

Dr. S. K. Balogun ISSN 1117-7322

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DR. S. K. BALOGUN
Sub - Dean Undergraduate
FACULTY OF THE SOCIAL SCIENCES

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FORMS AND AGE AT CIRCUMCISION: SOME PSYCHOLOGICAL IMPLICATIONS FOR WOMEN'S FERTILITY.

*Owumi, B.E., Ph.D

The paper attempts to examine the forms and age at circumcision with the goal of highlighting the psychological implications of the procedure for women's fertility. The findings are a product of a survey involving a randomly selected sample of 214 women conducted in two local government areas (Okpe and Sapele) of Delta State in Nigeria. The results revealed that circumcised women experience some degree of fear and anxiety states because of the practice and this has some implications for women's sexual behaviour. It also revealed that the period of recovery from the operation also tends to affect the mental image of women and by extension sexual relationships. Arising from the observed adverse effects, the paper concludes by calling for the eradication of the practice in our society.

INTRODUCTION

Female Circumcision is as old as the human race. In fact, some authors see the practice as a component of the African culture (Gibbs 1965) in the same way as it is with other groups of the world (Hosken 1982). Amongst some groups in Africa, the practice is seen as a "kind" of rite which every young female must undergo before attaining womanhood. It is a form of tradition. In spite of the widespread nature of the practice world wide, discussion on the subject is still viewed with much disdain so much that there is a lot of secrecy surrounding the practice. Today, not very many people know about the subject. Even those who profess to know, have only very little knowledge about the workings of the practice. The mystery surrounding the act is so much that even persons on whom the act has been performed do not know whether it was performed on them. With this kind of situation, where only very little is known about the phenomenon, it is not surprising that attempts at stemming the practice or educating the people on the modus operandi of the circumcision is rendered problematic.

Forms of Female Circumcision

The nature of the procedure and the age at which it is practised varies from one culture to another. This is also true of the resultant effects of the act and the favour it gets from the people. There are three basic forms of female circumcision known all over the world where the system is in vogue. It is however necessary to note that all these three systems are almost never adopted within one cultural group. Salah Abu Bakr (1979), identified three basic forms of circumcision amongst the people of the Sudan. The three basic forms identified are in no way different from

¹ Dept. of Sociology, University of Ibadan, Ibadan, Nigeria.

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Hosken's (1982) classification except that it is more embrasive and detailed. The first is known as the *Sunna* circumcision which involve the removal of the prepuce of the clitoris, this is similar to the foreskin of the male organ or circumcision. The clitoris is preserved together with the posterior larger parts of the labia minora. A second form is excision (or reduction). This implies the removal of the prepuce and glands of the clitoris together with the adjacent parts of the whole of the labia minora without including the labia majora and without closure of the vulva. This according to the author is common in Egypt. The first and second classification of Salah Abu Bakr conform with Hosken's first typology of circumcision.

The third method in the author's view is infibulation, which in addition to excision entails the closure of the orifice of the female external genitalia. It is also called the Pharaonic circumcision. In this system, the whole of the clitoris, the labia minora and the medial parts of the labia majora are removed, both sides of the vulva are thus brought together using silk or catgut or thorns. A small opening is left to allow for urine, and later menstrual flow. This taxonomy approximates Cook's (1979: 145) classification of circumcision which is tagged type I-IV.

The Pharaonic method seems the most severe and devastating of all the forms of the practice in existence. Apart from the primary process of the method, the system of deinfibulation and reinfibulation make the entire process a "hell" on earth for the victims of the act. The nature of the system may have accounted for its decline and limited areas where it is practised and the lack of favour which people find in this particular form (Cook, 1979). The sunna method is preferred to any other form and is widely practised in many parts of the world (Hosken, 1979). For the purpose of details, it is necessary to relate the account of Mally of an after treatment experience by an informant.

"The legs are bound together firmly above and below the knee and at the ankles, and the child is kept in bed on a diet of camel's milk. After three days, she is allowed to get up and move about as much as she is able. Since her legs are still tied together, moving about is accomplished with the aid of a pole which the patient holds in front of her with both hands progress and in small jumps. After seven days, the wound is considered to be healed and the legs released.

Cook (1982) in fact described a fourth type, which according to him is more drastic. He called this introcision. This involves the enlargement of the vaginal orifice at puberty by tearing it downward manually or splitting of the perineum with a stone knife. This method he associated with the Pitt-Patta group of the Australian aborigines. The method described here can be likened to the Pharaonic Circumcision (of Hosken, 1979 & Salah Abu Bakr, 1982) which might bring about deinfibulation of circumcised persons at puberty to aid sexual activities or at labour times or at the time of marriage.

Forms and age at Circumcision

Age At Circumcision

The age at which the female is circumcised in different societies varies (Rushwan, 1984) and it marks the coming of age of the woman. In Upper-Volta (Burkina Faso) and Ivory Coast (Cote d'Ivoire) at the age of between 10 and 12 years the female is circumcised (Triendregeogon, 1982, Elsayed 1982) while the Yorubas on the other hand perform the operation on their female infants without ritual (Lloyds, 1965).

Given the above background numerous speculations and mysteries about the practice, the need for a discussion about female circumcision is inevitable at a time like this. It is in this light that this paper attempts to focus on the issue of female circumcision with the aim of identifying the forms of and age at circumcision and its implications for women's fertility.

METHODOLOGY

Setting

The study was conducted among the Okpe people who are a distinct ethnic group in Delta State. For descriptive purposes, the Okpe people have been described as Ukpé-sobo (Fellows 1929) and Urhobo kingdom of Okpe (Otié 1973). The Okpe people are the "largest" of all the Urhobo Clans in terms of population and land mass. Its territory is about 500 square kilometers which lie approximately between latitude 5° 3' North and longitude 5° 3' and 6° West.

The Okpes inhabit two local government areas of the State (Okpe and Sapele). From these council areas, four towns/villages were purposely selected based on the expert knowledge of the researcher. Two of these were rural (Amukpe and Agholokpe) while the other two were seats of the local governments (Orerokpe and Sapele).

Sample

From each of the selected towns/villages, an equal sample of one hundred and fifty respondents were randomly selected for the study. A total sample of six hundred respondents were surveyed. This sample included an equal number of the male and female sexes. After editing the returned questionnaires, a sub-total number of two hundred and fourteen respondents representing the females were analysed.

Procedure

The two hundred and fourteen respondents were administered a structured questionnaire schedule consisting of sixty one questions. Six questions were on the demographic profile of the respondents (e.g. sex, age, marital status, occupation, education and abode) while fifty-five questions addressed various issues on female circumcision (such as "At what age were you circumcised?"; "Who circumcised you?"; "Why were you circumcised?" "What part of the female organ is operated upon?"; "Do you enjoy sex?" etc.)

To these respondents a set of questionnaire schedule were administered to each of them on availability basis. The data gathered from this study were analysed here through simple percentage and inferential statistics.

RESULT

Forms of Circumcision

In this study, it was found that the Sunna type of Circumcision is mainly practised by the Okpe people 91.9% of the circumcised in the sample indicated that the clitoris is the part of the female organ that is operated upon. In their view, it is the tip of the clitoris that is severed off during the operation. The remaining 8.1% did not respond to the question. It is interesting to note that majority of the circumcised either had their operation performed by a western trained personnel. Only 3.7% and 16.4% had their operation performed by Traditional Birth Attendants and Native Doctors respectively. The duration it takes the wound to heal ranges from four days to over 9 week (Table 1).

Table 1: The Duration It Takes The Circumcision Wound to Heal.

<i>Number of days it takes wound to heal</i>	<i>No.</i>	<i>%</i>
Four days	11	5.1
Five days	7	3.3
Six days	6	2.8
Seven days and above	143	66.8
Don't Know	5	2.4
Not Applicable	42	19.6
Total	214	100%

Age At Circumcision

Table two clearly shows that female circumcision is performed on the female at a much later age among the Okpe people than the Yorubas (Iloyd 1965).

Table Two: Age at Circumcision

<i>Age</i>	<i>No</i>	<i>%</i>
10 - 12 years old	14	6.5
13 - 15 " "	53	24.8
16 - 18 " "	62	29.0
19 - 21 " "	34	15.9
22 years and above	9	4.2
Not Applicable	42	19.6
Total	214	100%

On a closer study of the data, it was discovered that majority of the circumcised, had their operation performed between the ages of 13 and 18 years. 66.8% of the circumcised respondents were between the age 13/15 and 16/18 years old, when the operation was performed. On the whole, no respondent reported below age ten years as at the time of circumcision. This point suggests that the Okpe people do not circumcise their female infants and children less than ten years old. Of all the respondents who were circumcised, only 38% were about to get married. 56.4% were not, but were circumcised because they had come of age or their parents took the decision or in accordance with the tradition where the reasons given for their being circumcised. 5.2% did not respond to the question.

DISCUSSION

Psychological Implications for Women

Given the different forms and the age at circumcision in the various cultures, it is important to examine some of the psychological implications of the practice amongst Nigerian women and by extension, women world over. Irrespective of the fact that the practice is part of the socialization process (Owumi 1993) which most females undergo, there is still some element of fear and anxiety states associated with the practice. Due to these conditions, some females who are intended for circumcision are hardly informed about the impending operation (circumcision exercise). For instance, in this study, it was found that 32.7 percent of a sample of two hundred and fourteen females involved in the study indicated that they were not told earlier about the exercise while 47.2 percent indicated that they were informed. The proportion of those circumcised without prior knowledge of the operation is very significant when it is observed that 20.1 percent of the total sample are females who were not yet circumcised.

What the above finding suggest is that most of the elements of the category of the circumcised who were not informed of the impending exercise may have been coerced. For example, one of the respondents pointed out that she was not told before the operation was performed. She reported that:

"On the day of the operation, the nurse came in while some of my relations (all women) who were aware of the exercise were around I was called into the room and held down for the operation to be performed". (emphasis mine).

From the above experience, there is no doubt that some form of trauma may have been created for the "victim". This is more so when it is observed that children are subjected to this act. The mental image that this form of experience may have created could lead to anxiety states and consequently reduce the urge for sexual activities later in life apart from the fact that the practice affects the sexual life of the female.

The findings of the study also revealed that the wound inflicted as a result of the circumcision takes a number of days to heal. Table One above clearly reveals this.

As indicated in table one above, a greater proportion of the sample had to contend with the wound of the operation for about seven days and above. During this period, the circumcised would have suffered great physical pains and psychological trauma due to the wound, confinement and possibly nausea consequent upon the exercise.

Given the above findings, it is imperative that some negative mental images that would affect sexual relationships would have been created. Sexual activities is therefore, most likely to be seen as a process of making children and not fulfilling one's sexual needs. In this way a circumcised woman is most likely not to be interested in sexual activities devoid of child making. In a society like ours, where majority of the people especially women are uneducated, the possibility of conception may be drastically reduced. But in places like the Sudan and Egypt where the Pharaonic type is performed, the consequences may be much more severe. Here a woman circumcised under this form may suffer a great deal during sexual activities and child birth because of the infibulation. Vaginal examination during maternity are rendered problematic while in extreme cases, childbirth may lead to vesico-vaginal or recto-vaginal fistula and consequently the women's inability to control the discharge of waste products from her body (Balogun 1993). This state would lead to depression and in extreme case suicide. All these affect the woman's desire for sex and consequently her reproductive ability.

Conclusion

If for instance in all societies the reasons for the adoption of female circumcision is to stem promiscuity amongst the women, the psychomedical and fertility implications of the practice are enormous and grave enough to bring about a change of attitude towards the practice but this is not just sufficient. There should be attempts by government and women's groups to sensitize its members of society to the ills of the practice and the possibility of bringing it to an end.

Notes

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