African Journal For The Psychological Study of Social Issues 1, (2) 297 - 308 (1994)

THE PERSISTENCE OF FEMALE CIRCUMCISION IN NIGERIA: A CASE STUDY OF THE OKPE PEOPLE OF DELTA STATE*

Bernard E. Owumi Ph.D.

Department of Sociology,
University of Ibadan.

The paper attempted to examine the reasons accounting for the sustenance of the practice of female circumcision and how to stem it. The basis of the facts presented here are derived from a survey involving a sample of four hundred and five respondents of both sexes conducted in two local government areas (Okpe and Sapele) of Delta State. The subjects that constituted the sample were randomly chosen and the data analysed through simple descriptive and inferential statistics. The results showed that the persistence of female circumcision is due to the application of western methods in the operation thereby reducing the agony and stress associated with the practice. It also identified the low level of education and urbanisation as factors inducing the sustainability of the practice because they make for the persistence of traditional norms and values. Consequent upon these findings, the paper concluded by suggesting the involvement and enlistment of western trained health care professionals as public health educator in an attempt to stamp out the act. In addition to the above, the paper suggested the rapid development of our educational system and urbanisation as a way of weakening non functional traditional values.

* This paper is an excerpt from a major work sponsored by the Inter African Committee (IAC) on Traditional Practices Affecting Women and Children in Nigeria.

Female circumcision is essentially a component of the African Culture (Gibbs, 1965) as it is with other groups of the world (Hosken, 1982). This is the more reason why it has remained a major artifact of most cultures where the practice has existed primarily because it served some significant purposes for the group. Unfortunately "this purpose" remained meaningless to the crusaders who deem the act a babaric affair. First, it was the missionaries in the sixteenth century who attempted the eradication of the practice in Ethiopia (El Sayed Mirghany El Sayed, 1982) and later various "liberated women", women organisations and some health professionals.

If one considers the inception of the crusade which dates back to the 16th century, and the fact that the practice is still rifle in the African society (Owumi, 1993; 1994b) one realises that the crusade leaves much to be desired. It is within this context that this paper examines female circumcision in an attempt to unravel the main issues sustaining the persistence of the practice and attempt to proffer modalities for stemming the act.

Female circumcision is known and described differently by different researchers due to the imagined or presumed effects on the victims. For instance, Hosken (1979) described the practice as female genital mutilation while Saadawi (1982) termed the practice the castration of women. The practice is similarly described or known as clitoridectomy. Value loaded and sentimental as the description appears, it portrays one form of the practice or the other and the method of operation involved.

Basically, there are three forms of female circumcision: the first is known as SUNNA Circumcision which involves the removal of the prepuce of the clitoria. This is similar to the foreskin of the male organ or male circumcision. The clitoris is preserved together with the posterior larger parts of the labia minora (Sulah Abu Bakr, 1982; Owumi, 1993).

The second form is the excision (or reduction) of the clitoris.

This implies the removal of the prepuce and glands of the clitoris together with adjacent parts of the whole of the labia minora without including the labia majora and without closure of the vulva. While the third is infibulation, which in addition to excision entails the closure of the orifice of the female external genitalia. It is also known as Pharaonic circumcision (Hosken, 1971; Saleh Abubakr, 1982). In this method, 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 (Hosken, 1979; Cook, 1982).

Heinous, babaric or otherwise, these forms of the practice still obtain today as shown in this piece but what is vital is the fact that irrespective of the picture which the various forms reveal, the reason why it is practised remains crucial to the various cultures where the act is in vogue.

Reasons for the Practice of Female Circumcision: The reasons put forward for the practice of female circumcision are as varied as the forms and the societies where the practice is in vogue. It is generally believed that female circumcision is presumed to reduce sexual pleasures and excitability of the female (Mohammed Shaalan, 1982; Saadawi, 1982) hence it is believed that the attenuation of the clitoris would reduce sexual desire (Baasher, 1982). With the sexual urge of the female checked, virginity, fidelity and chastity of the women which is treasured in most traditional societies is guaranteed and consequently respectability of the women (Shaalan, 1982; Saadawi, 1982).

Closely related to the above is the male dominance and domineering posture over the female folk. According to Hosken (1982), the practice is adopted because the female cannot be secluded or confined especially as women's labour are a necessity. In an effort to ensure that the women's sexual needs are selfishly guided, the practice is enforced by the male who infact think that they own the women. It is thus thought to be safer to seclude her vagina through infibulation.

It is also reported among the people of Cross River State that the uncircumcised is seen or looked upon as an harmaphrodite as she possesses both the male and female organ (Hosken, 1979). They are thought to be abnormal, particularly if the clitoris is conspicuously long. Such girls could not take their birth or expose themselves in the presence of other girls as they were regarded as unclean, since the clitoris produces some secretion that could affect the vulva and were always subjected to public ridicule and abuse (Hosken, 1979). Similarly in Ethiopia, the uncircumcised were left unmarried as they were considered unclean due to the presence of the clitoris which is even considered irritant (Abu Bakr, 1982), more especially where the genitalia is enlarged as is the case in some regions of Ethiopia (El Sayed, 1982). Again, to be called the son or child of an uncircumcised was a kind of blemish or grave insult among the Sudanese in the same way as being called a "Ghafa" meaning uncircumcised (Taha Baasher, 1982; El Sayed, 1982). In an attempt to avoid these negative sanctions, the circumcision of the female genital organ is obligatory. Again, it is believed to make the woman feminine as the clitoris would have been removed.

To note that tradition accounts for the existence of female circumcision, is to say the obvious. This is true from most available works on this issue. For instance, WHO (1978) Chronicle states that one traditional practice that has attracted much attention in the last decade is circumcision. El Sayed opined that it is an ancient tradition. The Sudan Demographic Health Survey (1991) found this point as one of the reasons for the adoption of the practice. This is also true of the Okpe people of Delta State (Owumi, 1993). Saadawi (1982) also found a similar reason. In an interview with a female medical student (informant), she was told that: All girls in my family have been circumcised. In other words, it is a general practice which the respondent had met.

Another reason for the practice of female circumcision as reported by El Sayed (1982) is for the sexual desire of the men. From his findings, he observed that women believed that the narrowness of the vagina orifice due to infibulation

enhances their husband's sexual pleasure. Consequently, re-infubulation post birth is sustained because of the desire of men. While in some other societies, (Sierra Leone and Upper Volta) it marks the coming of age of the female.

Given the preceding discussion, it is clear that the practice is supported by a number of reasons that have necessitated and sustained the practice. Whether these reasons are rational or not is another issue entirely. The fact remains that the practice has continued and would continue to be so for some time to come. In this context, it is necessary to examine some of the factors accounting for the persistence of the practice using the Okpe people as a case.

METHODOLOGY

Subjects

The research was conducted among the Okpe people of Delta State. Among the group four towns/villages were purposively selected based on the expert knowledge of the researcher. Two of these were rural (Amukpe and Agholokpe) while the other two were the seat of the local government (Orerokpe & Sapele) which are indigenous to the Okpe people.

From all the selected towns/villages, an equal sample of one hundred and fifty respondents were randomly chosen for the study. A total sample of six hundred respondents comprising of both sexes were surveyed. After editing the returned questionnaires, a total number of four hundred and five respondents was adopted for the study (N = 405) with a subsample of two hundred and fourteen respondents representing the female segment of the population (n = 214).

Procedure

The four hundred and five respondents were administered a structured questionnaire consisting of sixty-eight questions. Six questionnaire items were on the demographic profile of the respondents, while sixty-two questions addressed various

issues on female circumcision (such as "Who circumcised you?" "Where were you circumcised?" "Who took the decision to circumcise you?" "At what age were you circumcised?" "Why do the Okpe people circumcise their female children?" "What part of the female organ is operated upon?" "Do you enjoy sex?" etc.).

To each of these respondents a set of questionnaire schedule was administered on availability basis. It is the data gathered from this study that were analysed through simple percentage and inferential statistics.

Results and Discussion

The Okpe speaking people are a distinct ethnic groups inhabiting two local government areas of Delta State (Okpe and Sapele). But for descriptive purposes, the Okpe people have been described as Ukpe-Sobo (Fellows, 1929) and Urhobo Kingdom of Okpe (Otite, 1973). The Okpe people are the largest of all the Urhobo clans in terms of population and landmass. Its territory is about 500 square kilometres. They lie approximately between latitude 50 3 and 6 North and longitude 5 3' and 6 west.

The study found that the form of circumcision in vogue contributes to the persistence of female circumcision as suggested by Hosken, (1979) and Hamid Rushwan, (1984). Among the Okpe people, the "Sunna" type of circumcision is practiced. Only the tip of the clitoris is severed off as against the practice in the Sudan where only the prepuce of the clitoris is removed. This type of circumcision is less severe when compared to the Phareonic type because the *labia* minora, majora and orifice are unaffected during the operation. In this sense, the trauma associated with the operation is not as severe as to cause the rejection of the act. Again, where some sad or negative experiences are recorded, the privileges and rights which the "celebrant" (the "newly circumcised") enjoys during the period (which ranges from one to three lunar months) post the operation are soothing enough to sustain the practice. For instance one of my respondents

had this to say:

> "I felt bad and did not like it but the kinds of gift items like: clothes, special food and other items during the period of the circumcision made me to like the whole exercise".

To compliment the above is the fact that in recent times the influence of western methods in the operations have reduced the hazards associated with the practice. In this study, it was found that 75% of the sample of the females actually circumcised were performed by western trained professionals. Of this proportion, 62.8% were nurses while 12.2% were medical doctors. The remainder of the sample (25% were performed by other professionals in the traditional realm, principally native doctors (20.3%) and traditional birth attendants (4.7%) (See table 1 for details). The high proportion of the western trained professionals involved in the operation has sustained the low incidence of adverse consequences attendant upon the exercise as revealed by this study (Owumi, 1993). This no doubt has contributed tremendously to the sustenance of the practice and consequently its persistence in recent times.

Table 1: Major Operators of Female Circumcision

Category of Professionals	No	%
Nurses	108	50.5
Western Trained Doctors	21	9.8
Traditional Birth Attendants	8	3.7
Native Doctors	35	16.4
Not Applicable	42	19.6
Total	214	100

NB The actual number of females circumcised is 172 while the others were yet to undergo the process.

Apart from the above fact, the tenacity of traditional beliefs of the people in the age long practice tended to account for the

persistence of the practice. When the respondents were asked why the Okpe people circumcise their female siblings, 82% of the total sample proffered traditional reasons, while 6.4% and 1% are for those who opined stemming promiscuity and offsprings of offenders would die respectively. In other words, tradition, more than any other factor accounts for the existence of the practice. The influence of traditional beliefs became very crucial when it was found that the decision to circumcise the female sibling is made by parents who in most cases belong to older generations and therefore uninfluenced by western values and consequently highly entrenched in the local culture. Even those parents who had some elements of education (see tables 2 and 3) were not positively influenced by their social status because they still circumcised their female children.

Table 2:Level of Education of Fathers by those Respondents Circumcised

Level of Education	Yes	No	Not Applicable	Totals
No formal Education	63(90%)	7(1%)	-	70(100%)
Primary Education	32(80%)	8(20%)	-	40(100%)
Secondary Education	28(96.6%)	1(3.4%)	-	29(100%)
Tertiary Education	41(80.4%)	10(19.6%)	-	51(100%)
No response	8(3.7%)	16(7.5%)	191(88.8%)	215(100%)
Total	172(42.4%)	42(10.4%)	191(47.2%)	405(100%)

Table 3:Level of Education of Mothers by those Respondents Circumcised

Level of Education	Yes	No	Not Applicable	Totals
No formal Education	90(88.2%)	7(11.8%)	-	102(100%)
Primary Education	30(83.3%)	8(16.7%)	-	36(100%)
Secondary Education	18(90%)	1(10%)	-	20(100%)
Tertiary Education	25(75.8%)	10(124.2%)	-	33(100%)
No response	9(4.2%)	16(6.5%)	191(89.3%)	214(100%)
Total	172(42.4%)	42(10.4%)	191(47.2%)	405(100%)

Table 2 and 3 clearly present the picture of the influence of parents educational status on the choice to circumcise their female siblings.

Another probable reason for the persistence of the act is the lack of awareness of the psycho-medical implications of the practice (Owumi 1994b). In this wise, parents and prospective females awaiting circumcision do not appreciate the dangers associated with the practice hence its persistence. In addition to the above is the fact that legislations prohibiting the practice are not well publicised and enforced to stem the practice of female circumcision.

SUGGESTIONS AND CONCLUSION

There is no doubt that female circumcision has a number of adverse implications for women's health (Hosken, 1971; Hamid Rushwan, 1984; Owumi, 1993; 1994b). This is the more reason why efforts should be made to understand the practice in an attempt to eradicate it.

First and foremost, all western trained health personnel should be educated about the possible harm which women are subjected to by this act and the role they play in the sustenance of the practice. The fact that western methods can be effectively employed to reduce the mortality rate of women subjected to the act does not imply that the woman's physiological and psychological states are not impaired. In fact research findings portend that women's sexual urge is affected by this practice (Hamid Rushwan, 1984; Owumi, 1994b). It is in this regards that western trained health care professionals should be enlightened about the attendant problems and enlisted as public health educators who would easily reach the target population (their client) in an attempt to stem the practice.

Closely related to the above is the issue of the education of women and the development of the rural areas. It is suggested that education of women should be encouraged because this would unfetter the average woman from the vestiges of traditional beliefs and values and by extension the practice of female circumcision. In a similar vein, urbanisation would also affect the persistence of the practice as revealed by the study (Owumi, 1993) due probably to the urban values and

weakness of traditional beliefs in the cities (Owumi, 1994c).

From the argument above, it is clear that three basic factors account for the persistence of female circumcision in our society. These are: the involvement of western trained health care professionals in the operation, tenacity of traditional norms and values, the low level of education, with special reference to women and by extension slow rate of urbanisation and consequently the sustenance of traditional values. It is therefore imperative for these enhancing factors to be addressed to ensure the eradication of the practice.

REFERENCE

Cook, Robert (1982) Damage to Physical Health from Pharaonic Circumcision (Infibulation) of females: *A Review of Medical Literature Traditional Practices Affecting the Health of Women and Children* WHO/EMRO Technical Publication No. 2, Vol. 2.

El Sayed Mirghany El Sayed (982) Reasons for and Purposes of Female Circumcision. *Traditional Practices Affecting the Health of Women and Children* WHO/EMRO Technical Report No. 2, Vol. 2.

Fellows L.E.H. (1929) *Intelligent Report on Okpe-Soho Clan* CSO 26/3 Vol. 1.

Gibbs, J.L. (1965) *Peoples of Africa* (Ed.) New York; Holt, Rinehart and Winston Inc.

Hosken, P.F. (1979) *THE HOSKEN REPORT*: Genital and Sexual Mutilation of Females (2nd Ed.) Women International Network (WIN) U.S.A.

Hosken, P.F. (1982) Female Circumcision in the World Today: *A Global View in Traditional Practices Affect the Health of Women and Children* WHO/EMRO Technical Report Publication No. 2, Vol. 2

Lloyd, P.C. (1965) The Yoruba People of Nigeria in *Peoples of Africa* (ed.) New York: Gibbs J.L. Holts, Rinehart and Winston Inc.

Otite, O. (1973) *Autonomy and Dependance: The Urhobo Kingdom of Okpe in Modern Nigeria.* London: L. Hurst & Co. Publishers Ltd.

Owumi, B.E. (1993) *A Socio-Cultural Analysis of Female Circumcision Among the Urhobos: A Study of the Okpe People of Delta State.* Being a Research Report submitted to the Inter-African Committee (IAC) on Traditional Practices Affecting the Health of Women and Children.

Owumi, B.E. (1994b) Forms and Age at Circumcision: Some Psychological Implications for Women's Fertility. *Journal of Women Behavioural Issues . 1*, (1).

Owumi, B.E. (1994c) New Trends and Attitude Towards Crime: The Areaboys Phenomenon in Nigeria. Albert I.O., Adisa J., Agboola T., and Herault G. (eds.) *Urban Management and Urban Violence in Africa* IFRA.

Rushwan Hamid (1984) Female Circumcision: A Reproductive Health Problem. In J.K.A. Mati and Oladapo A. Ladipo Jhpiego. (eds.). *Reproductive Health in Africa.* The Johns Hopkins Programme for International Education in Gynaecology and Obstetrics.

Saadwi Nwal el. (1982) Circumcision of Girls, *Traditional Practices Affecting the Health of Women and Children* WHO/EMRO Technical Report Publication No. 2, Vol. 2.

Saleh Abu Bakr (1982) Circumcision and Infibulation in the Sudan. *Traditional Practices Affecting the Health of Women and Children.* WHO/EMRO Technical Report Publication No. 2 Vol. 2.

Sudan Demographic Health Survey (1991) Cited in El-Haj Hamad in Kheir, Sushil Kumas Anne & Cross (1991) Female

Circumcision: Attitude and Practices in Sudan. *Demographic and Health Surveys* World Conference August 5 - 7 Washington D.C. Proceedings.

WHO Chronicle (1986) A Traditional Practice that Threaten Health - *Female Circumcision* *40* (1) 31 - 36.