The Nexus between Female Genital Mutilation and Child Marriage in Nigeria: A Cultural Inhibition to Achieving Sustainable Development Goals

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Abstract: *The world leaders agreed to make the world a better place by year 2030 through the Sustainable Development Goals and targets. This however cannot be achieved in Nigeria except we are proactive about some cultural practices that negatively affect the girl child. Child Marriage and Female Genital Mutilation/Cutting (FGM/C) are two deep-rooted Harmful Traditional Practices (HTPs) that have prevailed in Nigeria for a long time. This paper discusses the recurring and prevalence patterns of Female Genital Mutilation/Cutting (FGM/C) in South West and South-East Nigeria and Child Marriage in Northern Nigeria as major obstacles to the achievement of some of the Sustainable Development Goals (SDGs). The Sustainable Development Goal 1: Ending all forms poverty; Goal 3: General health and wellbeing; Goal 4: Accessing quality education and; Goal 5: Gender equality and women empowerment are directly affected by these cultural practices. Except measures are taken to checkmate HTPs of this sort, women and girls optimum advancement and progress will continue to be hampered.*

Keywords: *Culture, Gender-based violence, FGM/C, Child marriage, Nigeria.*

Introduction

Traditional Cultural Practices reflect values and beliefs held by members of a community for periods often spanning generations (Roux, Bartelink & Palm, 2017). These practices which are often specific to social grouping usually have attributes that are beneficial while there are others that are harmful and directly affront the dignity of some members of the society particularly women and girls when measured against modern acceptable standards of behaviour and activity as reflected in international standards (Wadesango, Rembe & Chabaya, 2011, Roux, Bartelink & Palm, 2017). Culture determines definitions and descriptions of normality and psychopathology and plays important role in how certain populations and societies view, perceive, and process sexual acts as well as sexual violence (Gurvinder, Kalra, & Bhuga, 2013). The WHO (2009) confirmed that the different roles and behaviours of female and male children as well as adults are shaped and reinforced by gender norms within a given society. Gender norms as defined by Overseas Development Institute [ODI] (2015) refers to informal rules and shared social expectations that define appropriate behaviour for women and men and are culturally defined. Differences in gender roles and behaviours often create inequalities, whereby one gender becomes empowered to the disadvantage of the other. In many societies, women are viewed as subordinate to men and have a lower social status, allowing men control over women and this often lead to a systemic practice of violence against women.

Violence against Women (VAW) is principally the off-shoots of traditional practices which reinforce gender inequalities (Muralidharan, Fehringer, Pappa, Rottach & Mandal, 2015). The United Nations General Assembly (as cited in UNICEF, 2011) defined violence against women to mean any act of gender-based violence that results in, or is likely to result in, physical, sexual, or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life. It listed violence against women to encompass but not limited to: (a) Physical, sexual and psychological violence occurring in the family, including battering, sexual abuse of female children in the household, dowry-related violence, marital rape, female genital mutilation and other traditional practices harmful to women, and non-spousal violence and violence related to

exploitation; (b) Physical, sexual harassments and intimidation at work, in educational institutions and elsewhere, trafficking in women and forced prostitution; (c) Physical, sexual and psychological violence perpetrated or condoned by the state, wherever it occurs. Girls and boys are treated differently in societies the world over.

The structure of most societies discriminates against women and girls, leading to unequal opportunities and power differences between men and women (IPPF, 2015). This inequalities combined with strict norms governing sexuality, are at the root of many forms of gender-based violence and harmful traditional practices. Typically, girls face various forms of discrimination that limit their ability to develop capabilities, access resources, enjoy freedom from violence, direct their life course and enjoy equal social status (UNICEF, 2011). Glover, Liebling, Goodman & Hazel (2018) defined harmful traditional practices as deeply entrenched behaviours or actions that violate the human rights of affected individuals and their communities. This gendered system of discrimination and cultural norms in many societies lead to widespread acceptance even by women of violence against the girl child and women (UNFPA, 2017). Such is the practice of female genital mutilation and child marriage which is fully supported by older women (mothers) who also in most cases help to achieve it for their daughters (Muralidharan, Fehringer, Pappa, Rottach & Mandal, 2015). Juxtaposing the recurring themes around both practices gives a clear definition of the girl child position as that of a property acquired for the pleasure of man.

The United Nations (2015) reported that across the world, regardless of income, age or education, women are subject to physical, sexual, psychological and economic violence. Gender discrimination has created wide gender gaps in many countries of the world, with devastating social, economic and health consequences on the members of the female gender, who have been intensely marginalized and subjugated to the background (Ifemeje & Ikpeze, 2012). The United Nations & UNICEF (2006) affirmed that several studies both scientific and social, attest the fact that value-based discrimination is systemic and universal. The socializing processes observed for boys and girls are designed and rigorously applied to instil a feeling of superiority to boys while girls are groomed to accept subjugation and inferiority with apathy. A number of cultural practices are harmful to the physical integrity of the individual and especially women and girls (ODI, 2015). The role differentiation and expectations in society relegate women to an inferior position from birth throughout their lives.

These harmful practices packaged in culture and traditions maintain the subordination of women in society and legitimize and perpetuate gender-based violence (UNFPA & UNICEF, 2016). According to the Center for Global Development (2016), cultural practices and mind sets continue to hamper progress and is responsible for the discouraging statistics of about 40 million African women and girls married before age 15. The report added that when girls are socialized in the framework of certain cultural practices to lower their eyes to have sex and learn to please men, their right to education and personal dignity go out the window at an early age. This situation establishes inequality long before the girl child becomes an adolescent. Omede, & Agahiu, (2016) reported from their findings that in Africa, women are considered as men's properties or pleasure objects and as machines meant for producing children.

Patriarchy in Nigeria: Evidence in Child Marriage and Female Genital Mutilation
Cultural practices in Nigeria are patriarchal. Holmes (2007) defined patriarchy as a social system in which men have come to be dominant in relation to women. It is a system that exhibits androcentrism which refers to male centred norms operating throughout all institutions in a particular society and is the accepted standard to which all persons must adhere. Abegunde (2014) enunciated that the patriarchal structure of Nigerian society enables men to dominate women and through this system, Nigerian women are socialized into a culture of female subordinate and male supremacy. Ayeni (2013) cited that in Nigeria, the male parent is the head of the home and the child bears his name as his/her own surname. A woman has no name of her own except her husbands. When she is young, she is under her father, when she gets married, she is under her husband. Even when she is widowed, she is likely to be acquired as a property by a younger member of her husband's family. The patriarchal society sets the parameters for women's structurally unequal position in families and markets by condoning gender-differential

terms in inheritance rights and legal adulthood (Allanana, 2013). The structure does not only permit violence against women but also inhibit the ability of women affected from seeking protection (WHO, 2009).

In the opinion of OXFAM (2017) the life of Nigerian women is affected by a myriad of discriminatory traditional and socio-cultural practices which put them at disadvantage in a number of areas compared to men. The National Population Commission (NPC) [Nigeria] and ICF International (2014) reported that despite on-going efforts to protect women and vulnerable population against violence, there is widespread recognition in Nigeria that much remains to be done to protect victims. At the end of the Millennium Development Goals in 2015, OSSAP-MDG (2015) reported that the pursuit of gender parity in basic education in Nigeria has witnessed strong progression when considered against the prevailing patriarchal culture and practices in most parts of the country. It however reported that the basic education success has not been replicated at the tertiary level where there is weak progress despite the policy environment support at every level of the educational pipeline.

Female Genital Mutilation: A Persistent Challenge in South/West and South/East Nigeria
Female Genital Mutilation/Cutting (FGM/C) as defined by WHO (2015), comprises all procedures involving partial or total removal of the external female genitalia or injury to the female genital organs for non-medical reasons. In the same vein the National Bureau of Statistics (2016) defined FGM/C as the cultural practice involving the ceremonial circumcision of a female child that is mostly done before the female child attains the age of five years. UNICEF (2013) enunciated that this practice is a social norm that is interdependent which means that it is premised on the expectation of the society which you are compelled to go along with in order to avoid social disapproval. A global review according to USAID & EPHTI (2005) shows that FGM/C is known and practised in one form or another in more than 28 countries in Africa. The historical origin of this ancient practice is however not known (WHO, 2008; African Women's Organisation, 2005). FGM/C has been recognised as discrimination based on sex because it is rooted in gender inequalities and power imbalances between men and women. The WHO (2008) and 28 Too Many (2016) identified its negative impacts as it inhibits women's full and equal enjoyment of their human rights. UNICEF (2013) classified FGM/C into four types:

1. Clitoridectomy, which refers to the partial or total removal of the clitoris and/ or the prepuce.
2. Excision: This type is the partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora.
3. Infibulation: This involves the narrowing down of the vaginal orifice with the creation of a covering seal by cutting and a positioning the labia minora and/ or the labia majora, with or without excision of the clitoris.
4. All other harmful procedures to the female genitalia for non-medical purposes, for example: pricking, piercing, incising, scraping, and cauterisation.

According to UNICEF (2013), the most significant reason for FGM/C is the need to control a woman's sexuality. The meaning of woman sexuality depends on the community performing the practice. The report enunciated further that in patriarchal societies, a family or clan's honour depends on a girl or woman's virginity and chastity. Berg & Denison (2013) listed six prevailing factors responsible for the practice of FGM/C as confirmed in their research to include: cultural tradition, sexual morals, marriageability, religion, health benefits and male sexual enjoyment. Virginity was a necessity virtue to keep the sanctity of the marriage and the girl's family name. FGM/C is often motivated by beliefs about what is considered appropriate sexual behaviour. There is a strong link between FGM/C and marriageability, with FGM/C being often a prerequisite to marriage. Mberu (2017) affirmed that Nigeria has the world's third highest FGM/C prevalence. It is estimated that 25% or 19.9million Nigerian girls and women 15-49 years old underwent FGM/C between 2004 and 2015. National Population Commission (NPC) [Nigeria] and ICF International (2014) reported that one-quarter of Nigerian women are circumcised and it is most prevalent in South East and South West zones, where nearly half of women are circumcised.

While severe complications and consequences are profoundly associated with FGM/C, there are no known health benefits that have been established over the years (WHO, 2008). These complications and consequences have been identified and classified by different nomenclatures which realistically mean the same thing. According to USAID & EPHTI (2005) there can be immediate and long-term complications and consequences. Some of the immediate problems associated with this traditional practice include: haemorrhage, shock, severe pain, damage of nearby urinary structures, septicaemia, tetanus infections, bone fracture due to pressure applied to hold the struggling girl, and death. Late complications otherwise known as long-term effects include: heavy scarring (keloid scar), dyspareunia (painful intercourse), neuromas from cuts of the nerves, haemotocolpos (accumulation of menstrual blood caused by closure of the vaginal opening by scar tissue), recurrent urinary tract infection, HIV/AIDs, obstructed labour and other obstetric complications and urinary as well as rectal fistula usually following delivery. Other negatives consequences include: child birth complications because FGM/C increases the risks and adverse events during labour and delivery. The WHO (2008) reported that findings validate high incidence of caesarean section and post-partum haemorrhage among FGM/C victims.

FGM/C is a form of violence against girls and women with physical and psychological consequences that deprives them from making an independent decision about an intervention that has a long lasting effect on their bodies and infringes on their anatomy and control of their lives (WHO, 2008). Most complications experienced by women depend on several factors among which are the type of FGM/C prevalent in a society, the medical expertise of the excisor, type of instrument used and the context under which the FGM/C is performed (UNICEF, 2013). As reported by National Population Commission (NPC) [Nigeria] and ICF International (2014), 72% of excisors used in Nigeria are traditionalists. The use of unsterile instruments can cause infections after the procedure particularly if the wounded area is contaminated with urine or faeces (UNICEF, 2013). In communities where FGM/C is performed as a ceremonial rite where all girls in particular age group are circumcised around certain festivals, it is not uncommon to use one instrument for many girls some of which may have been infected with HIV/AIDs (WHO, 2008).

Child Marriage: An Unending Problem of Northern Hemisphere
Marriage before age 18 is a reality for many young women in many parts of the world, encouraged by parents in hopes that the marriage will benefit them both financially and socially (UNICEF, 2005). Young married girls are a unique, though often invisible group required to perform heavy amounts of domestic work, under pressure to demonstrate fertility and responsible for training children while still children themselves. The Council on Foreign Relations (2014) defined child marriage as either a formal or customary union in which one or both parties are under eighteen. Marrying a young girl has lifelong consequences, it thwarts the girl's chances at education, endangers her health, and cuts short her personal growth and development. It impacts negatively on her community as she often remains unskilled and unproductive. According to UNICEF (2014), each year, 15 million girls are married before the age of 18 years. The African Union (2015) revealed that of the 41 countries worldwide with a child marriage prevalence rate of 30% or more, 30 are in African Union countries. Most of the African countries with high rates of child marriage have civil laws that prohibit child marriage and set minimum age of marriage, but the situation persists in part because strong traditional and religious practices make it difficult to enforce the laws. Child marriage violates the basic human rights of girls to health, education, safety and well-being.

Nigeria has one of the highest child marriage prevalence (OXFAM, 2017). 39% of Nigerian girls are married off before age 18 and 16% are married before they turn 15 year old (Save our Children, 2015). According to National Population Commission (NPC) [Nigeria] and ICF International (2014), the number of girls that are married before their 18th birthday is as high as 58.2% and varied in prevalence across the country. The North East has the highest rate of child marriage at 88%, followed by North West 76%. The North Central however has 35% of her girl children marrying before age 18. In the southern part of the country, child marriage rate was found to be abysmally low when compared to the north. The highest in the south is in the South/South region with 18%, closely followed by the South

West region with 17% while the least of them in the South West region with 10%. Delaying marriage is beyond legislation, it should include changing the views of parents about the acceptability of early marriage and addressing the real or perceived benefits associated with it (International Planned Parenthood Federation, 2015).

There are many consequences of child marriage. The World Economic Forum (2013), asserted that child marriage leads to having children too early in life, particularly before age 18, which is detrimental to both mother and child not only because of higher risks associated with teenage pregnancies and childbearing but it usually deprives young women of the opportunity to pursue other activities, such as schooling or employment which are strong determinants of their empowerment. As enunciated by UNICEF (2001), three key areas in which child marriage infringe on the girl child right include: the denial of childhood and adolescence; the curtailment of personal freedom ajnd the lack of opportunity to develop a full sense of selfhood as well as the denial of psychosocial and emotional well-being, reproductive health and educational opportunity. The Save the Children (2015) reported that childbearing for these child-brides is extremely risky as many of them are physically unfit for neither the pregnancy nor the labour. Girls not Brides (2017) also reported that many of these girls end up with vesico-vaginal fistula (VVF) or recto-vaginal fistula (RVF) or a combination of both. Nigeria has the highest prevalence of obstetric fistulas in the world, with between 400,000 and 800,000 women living with the problem and about 20,000 new cases each year.

King & Winthrop (2015) adduced that girls that marry before age 18, are less likely to complete primary and secondary school, they are more likely to experience unwanted pregnancies and much more likely to experience violence of all sorts. The reports also added that this category of girls are likely to face serious and life threatening health problems including obstetric fistula, HIV/AIDs and other Sexually Transmitted Infections (STIs). Maternal death among adolescent women ages 15-19 is very high in developing countries including Nigeria due to complication experienced from pregnancies and child birth.

Implication for Nigeria and the SDGs
In the light of the magnanimity of the consequences of both culturally approved practices, it is certain that their persistence will make it almost impossible for Nigeria to make progress towards achieving some specific Sustainable Development Goals (SDGs) by year 2030. The specific goals directly affected by these cultural practices include but not limited to:
> Goal 1: End poverty in all its forms everywhere;
> Goal 2: Ensure healthy lives and promote well-being for all at all ages.
> Goal 3: Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all
> Goal 4: Achieve gender equality and empower all women and girls.

The National Bureau of Statistics (2016) reported that in 2015, Nigeria population was estimated at 183 million people, consisting of 92,387,474 males and 90,989,254 females. By implication, women constitute 49.5% and men 50.5% respectively. This data indicate that girls and women in Nigeria have almost the same numerical strength as their male counterpart. Therefore, if given an enabling environment and equal opportunity to thrive, her human resources will be developed and enhanced, in equal way to greatly improve the socioeconomic growth and development of the nation. But this unfortunately is far from reality because of traditional practices that hampers women and the girl children from full participation in nation building. The UN Women (2016) posited that attaining the SDGs is practically impossible without a proper placement of the girl child and women. The end of poverty can only be achieved with the end of gender-based discrimination. All over the world, gender inequality makes and keeps women poor, depriving them of basic rights and opportunities for wellbeing. OSSAP-MDG (2015) expressed dissatisfaction as regards the proportion of women in wage employment which is only 7.7% and an end point of 1% in 2015 as regards women seat in national parliament as against the expected 35%. The prevailing patriarchal culture and practices remain a major factor against women's access to elective posts. This is a clear case of gender inequality and continued

subordination of the women folk in Nigeria. The health, social and psychological wellbeing of most circumcised girls as well as child brides remains perpetually jeopardised and that way, their human resources that would have developed the nation remain untapped. It is obvious that except radical and more inclusive steps are taking, the SDGs of ending poverty; achieving health and wellbeing for all; equitable and inclusive education for all; and gender equality and women empowerment will remain elusive in Nigeria.

Conclusion and Way Forward

Considering the huge losses experienced by the nation due to this long ingrained cultural and traditional practices, this study argue for a more proactive way of helping the girl child live a more fulfilled live in Nigeria in particular and Africa in general. Efforts should be made to include all stakeholders in round table talks on the necessity to give the girl child opportunities as much as the boy child. Culture change should be encouraged especially those cultural practices that directly inhibits the progress and fundamental human rights of persons whether male or female. The positive effect of girls' education such as reduction in poverty level and inequality, improving health and nutrition, increasing productivity and earnings, driving economic competitiveness, lowering infant and child mortality rate, lowers maternal mortality etc. should be emphasised. Emphasis should also be laid on possible health behaviour change among indigenous and rural dwellers by making them see reasons why those cultural practices are harmful.

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