



Successful Tackling of Female Circumcision in a Developing Community



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Abstract

A global concern of the World Health Organization (WHO) is the abolition of female circumcision, now being popularly called female genital mutilation. Therefore, the purpose of this paper is to present the solid foundation laid by a British anthropologist concerning its practice long ago. Lastly, the evidence of its having been tackled successfully is documented.

Commentary

The World Health Organization (WHO) has stressed the problem of female sex circumcision now preferably called “female genital mutilation” [1]. In particular, Basden, a British anthropologist, who lived among the Ibo Ethnic Group for years, wrote an intimate book concerning them [2].

Let us consider his detailed descriptions of erstwhile female circumcision

The operator (Onwene or Omenka) picks up the clitoris (agama) firmly between finger and thumb, and cuts it right out at the base. With deft movement, the cutting is continued down each side of the organ, thus removing clitoris and labia minor in a single piece. A skilful “Onwene” performs an exceedingly neat operation. In addition to the above, the small piece of stretched skin at the base of the organ is slit down as far as the thick tissue. During the operation, warm water is made to fall, drop by drop, as a substitute for swabbing.

It is of interest that from his time, the local Church forbade circumcision as follows

Female circumcision is prohibited by regulation to members of the Church in the Diocese on the Niger. It is interesting to note that this prohibition was enacted by the native members independently of the Europeans. For some fifteen years, one or two missionaries made it their business to impart instruction on the subject as opportunities presented themselves. Eventually, it led to discussions in local committees and, from them, to District Church Councils. One after another passed resolutions deprecating the customs until, finally, a Joint Board representing all the Councils drew up a regulation to prohibit the practice among Church members.

Finally, it was appreciated that “There is good ground for hope that, gradually, public opinion and common sense will lead

to the abolition of female circumcision among all sections of the community.” My own research has confirmed the hoped for change [3]. In sum, 55 Igbo females underwent the biopsy of their post-circumcision vulval cysts, which usually arose thereafter. The ages were obtained as well as the operation dates. The accompanying Table showed not only the decade of birth but also the number born during it. Clearly, none of those born from 1989 to 1998 were involved. Thus, this laboratory method upholds the hypothesis that, the less the number of circumcisions, the less the number of cysts formed in the community. In other words, the resultant lesions have ceased to be found in the community! (Table 1)

Table 1: 55 cases according to the decades of birth.

| Decade | Number |
|------------|--------|
| 1949 -1958 | 11 |
| 1959 -1968 | 15 |
| 1969 -1978 | 16 |
| 1979 -1988 | 13 |
| 1989 -1998 | 0 |
| Totals | 55 |

References

1. World Health Organization (WHO) (2014) Female genital mutilation. Fact Sheet, WHO, Geneva, Switzerland, p. 241.
2. Basden GT (1966) Niger Ibos. In: Basden GT (Ed.), Niger Ibos. Cass, London.
3. Onuigbo WIB (2015) Histopathologic evidence of the effectiveness of health education on female genital mutilation in a developing community. Journal of Medical Diagnostic Methods S1: S1004.