 

# Subjugating Cultural Underpinnings of the Perceptions and Effects of Victims of Female Genital Mutilation (FGM) in the Kandiga Community of Northern Ghana

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**Abstract**
The study explored the subjugating cultural underpinnings of Female Genital Mutilation (FGM) in the Kandiga Community of Northern Ghana. It also looked at the perceptions of victims of FGM and how the practice affects them in their daily lives. Qualitatively, a case study design was adopted. A sample size of 20 was purposively sampled. Interview sessions were employed in the data collection. Thematic procedures were adopted in analysing the data collected. The major findings of the study indicated that female genital mutilation is a cultural issue and it is still practiced among rural communities as a way of preserving custom and cultural heritage. It was also revealed that female genital mutilation has negative effects such as health associated problems, sexual, physical, psychological and social challenges. It emerged from the findings that victims sometimes experience complications and bleed excessively during child birth. The study recommended among other issues that, government should enforce laws that ban cultural practices that are injurious and degrading to human beings especially women and their sexuality. Government should make frantic efforts to enforce laws that make FGM criminal so that perpetrators can face prosecutions and sentences. Ministry of Health through the community health workers including nurses should implement programmes and organise durbars to sensitize various people in communities identified to be practicing FGM.
**Keywords:** Female, Cultural Practices, Female Genital Mutilation (FGM), Perceptions, FGM Victims

## Introduction

Female Genital Mutilation (FGM) also known as Female Genital Cutting (FGC) is a practice carried out in different parts of the world. Although FGM is basically practiced in many African countries, and in Asia and parts of middle east, international migration has spread the practice to Europe, North America, Australia, Belgium, France, UK, Spain among others (Toubia, 1996). It is estimated that between hundred and two hundred million women and girls in the world have undergone FGC (WHO, 2000). These assertions indicate the widespread nature of the practice.

FGM has no health benefits and is very harmful to females. According to UNICEF (2008) the majority of girls and women who have undergone or are at risk of undergoing FGC live in some 28 countries in Africa and Middle East. These countries form a broad band from Senegal in the West to Somalia in the East on the Red sea coast of Yemen are also known to practice it. There are reports but no clear evidence of a limited incidence in Jordan, Oman, the occupied Palestinian Territories (Gaza) and in certain Kurdish communities in Iraq. The practice has also been reported among certain population in India, Indonesia and Malaysia.

In Ghana, FGM is practiced by many tribes in especially the northern part of the country. Thus, a great number of females have experienced some form of FGM in the Upper West, Upper East, Brong-Ahafo and Northern Region as well as the Kotokoli people in the Volta region. However, its practice has been outlawed in Ghana and the constitution which is the supreme law of the land has made the practice illegal in Ghana. The law that makes FGM a crime in Ghana states that "whoever excises, infibulates or otherwise mutilates the whole or any part of labia minora, labia majora and the clitoris of another person commits an offence and shall be guilty of a second degree felony and liable on conviction to imprisonment of not less than three years (The Constitution of Ghana, 1992).

In 1995, the Navrongo Health Research Centre (NHRC) in collaboration with Ghana Health Service began a programme of research to understand Female Genital Mutilation as it is practiced in the Kasena Nankana District and findings indicated that FGM was practiced among all predominant ethnic groups of the district, in spite of the legislation outlawing it (Mbacke, Adongo, Akweongo & Binka, 1998). In response to these findings, initiatives were put in place to end the practice. Some interventions were directed to accelerate the abandonment of the practice through community education on reproductive health with a primary focus on the effects of FGM and the empowerment of women and girls through adolescent girl's skills and micro credit to women's groups (Mbacke et al., 1998).

According to Fosu, Narko and Anokye (2014) out of 5,071 deliveries in Kasena Nankana Distirct of the Upper East Region, about 29% of the women were associated with FGM. The highest prevalence of 61.5% where women aged 40 years and above and the lowest of 14.4% were women below 20 years. About 6% of

mothers with FGM had still births compared with about 3% of mothers without FGM.

The problem is apart from the health complications, victims of FGM seem to go through stigmatization and psychological trauma which prevent them from the happiness to lead normal lives like their fellow women who have not been circumcised. FGM is a harmful cultural practice that negatively affects the health of women and girls. Millions of females have been victims of FGM and many more are still at risk of being circumcised yearly in spite of the fact that it has been globally condemned with almost all countries outlawing it. While extensive research has been done on the extent and harmful nature of this practice, very little is said on why women subject themselves to female genital mutilation. The practice has also jeopardized the lives of women in areas like child birth, sex phobia and social stigmatization. The study therefore looked into the odds and ends of FGM in the study area as well as related issues arising as a result of decades of its practice. Emphasis was placed on why women subject themselves to female genital mutilation.

Several laws and policies by governments, non-governmental organizations, policy makers making female genital mutilation unlawful, criminal and most of all a human rights issue, yet this inhumane practice still exist and practice in several African communities. Victims do not have adequate knowledge about its effects as there is little literature on the subject especially for the rural folk.

It is upon this backdrop that a research on this theme became very necessary especially among the rural folks in Kandiga where such practices are still dominant. This research therefore sought to engage women and young girls to be aware of the effects of FGM and why they need not subject themselves to the practice. This research intends make information readily available for the government, policy makers and the rural folks on FGM and the need to stop it since it has several adverse effects on its victim, unlawful, criminal and a human rights issue. This will equip stakeholders to make informed decisions on the issue. The purpose of the study is aimed at examining the effects of FGM practice on victims in Kandiga community in the Kasena -Nankana municipality. The study sought to answer the following research questions: (1) How do victims perceive the practice of FGM? and (2) What are the effects of female genital mutilation on victims in Kandiga?.

The study delimited itself geographically to Kandiga in the Upper East Region of Ghana. In terms of participants, the study was limited only to victims of FGM (who were referred to the health facility), health workers at the health facility at Kandiga and opinion leaders of the area. Regarding content, the study was limited to the various issues (i.e. the reasons for which women undergo through the practice of FGM) and the effects arising as a result of the practice of FGM on victims.

## Literature Review

Female Genital Mutilation/Cutting (FGM) is a terminology used by the World Health Organisation (WHO) and is familiar to most Health Care Professionals. The word "mutilation" although accurate can be seen as judgmental and can be offensive and in some situations the term Female Genital Cutting is a more sensitive term to use. The issue of FGM has attracted considerable attention in recent times and debates have taken place as to the best way to refer to this practice. The phrase Female Genital Mutilation could be interpreted by some as a value loaded term that labels women as mutilated, when they may not in fact see themselves as having undergone a process of 'mutilation' per se. The use of the term mutilation is thought to imply excessive judgment by outsiders and insensitivity toward individuals who have undergone the procedure (Eliah, 1996). Women may be more accepting of the term 'cutting' as a less stigmatizing way of describing the practice. Taking these issues into account, throughout this study, this procedure will be referred to as 'Female Genital Mutilation' (FGM). The meaning of FGM is embedded in localized historical, social and cultural practices. Because of the multitude of culturally specific meanings attached to its continuance, its eradication often poses complex challenges and requires a prolonged multifaceted effort (Greunbaum, 2005).

Violence against women remains a significant problem in all societies and FGM is one of the most severe manifestations. FGM is a harmful traditional practice and a form of violence that directly infringes upon women's and children's rights to physical, psychological and social health. In a joint statement, the World Health Organisation (WHO), United Nations Children's Fund (UNICEF) and United Nations Population Fund (UNFPA) collectively defined Female Genital Mutilation/Cutting as an act, which comprises all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs whether for culture or other non-therapeutic reasons (WHO, UNICEF, UNFPA, 1997).

UNICEF estimates that approximately 135 million women and girls have undergone FGM, with 3 million girls and women remaining at risk of the procedure each year (Murphy, 2006). It is also calculated that 100,000 women and teenagers die from complications related to FGM in childbirth per annum. Other studies show that Female Genital Mutilation/Cutting is known to be performed in at least 28 African, Middle Eastern and Asian countries. The prevalence of FGM varies widely from country to country. For example, it ranges nearly 90 per cent or higher in Egypt, Eritrea, Mali and Sudan, to less than 50 per cent in the Central African Republic and Cote D'Ivoire, to 5 per cent in the Democratic Republic of Congo and Uganda (Rahman & Toubia, 2000). Increased immigration to Europe has meant that a cultural practice previously associated with the developing

world has become an issue, indeed a problem that needs to be overcome in a culturally sensitive manner in European societies (Leye & Deblonde, 2004; Momoh, 2005). These indicate the global widespread nature of the practice and the need of sensitizing people on the adverse effects of it.

The social, cultural and religious reasons for the continued practice of FGM will be outlined in this report. However, the continuance of FGM out of respect for culture and tradition has been rejected at international level as an unacceptable motivation (UNHCHR, 1993). It is now internationally accepted that FGM is a harmful cultural practice and an act of violence against the physical and emotional integrity of women and children, wherever and however it occurs (UNIFEM, 2003; African Union, 2003). The Declaration on the Elimination of Violence against Women in 1993 specifically mentions the practice of Female Genital Mutilation as a cultural practice that represents a form of violence and a cause of harm to women.

UNHCHR (1993), states that the term "violence against women" means 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 including 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. The Women's Health Council has adopted the internationally agreed position and defines FGM as a form of violence against women and a human rights abuse.

Ghana should do so in a manner that is both sensitive to the cultural diversity yet in an approach that gives priority to the women affected on social, physical, and emotional levels. It is not a widespread cultural practice in Ghana, but its existence does remain a characteristic within ethnic minority groups. Furthermore, because FGM is not medically available in Ghana (i.e. it is not the practice that females can easily go to the hospitals and ask for female genital mutilation as in the case of male circumcision which is readily accessible in the Ghanaian hospitals) the potential for it to be practiced within ethnic minority communities could therefore occur in private and remain hidden from both authorities and the health system (Powell, 2004).

There are many forms of FGM. No one society, culture or ethnic group practices the same type or level of FGM at all times (UNICEF, 1998). The World Health Organization (2000) has outlined four broad types of FGM depending on the severity and extent of mutilation that has occurred.

- Type I Excision of the prepuce, with or without excision of part or the entire clitoris.
- Type II Excision of the clitoris with partial or total excision of the labia minora.
- Types III Excision of part or all of the external genitalia and stitching / narrowing of the vaginal opening [known as 'infibulation 'or 'Pharoanic circumcision'.
- Type IV Pricking, piercing or incising of the clitoris and/or labia; stretching of the clitoris and/or labia; cauterization by burning of the clitoris and surrounding tissue.

In 1996, Amnesty International Ghana, together with the Association of Church Development Projects (ACDEP) in an intervention funded by the Foundation for Women's Health, Research and Development (FORWARD), estimated that 76 percent of all women in the Upper East, Upper West and Northern Region had been excised. They cited several cities in these regions where it was widely practiced. These cities include Kasena-Nankana, Bolgatanga, Bawku East and Bawku West in the Upper East Region. In the Northern Region, Bole, Mamprusi, West Walewale, Zabzugu-Tatale, and Kotokoli were highlighted; Wa and Nandom in the Upper West Region; and in the north of Volta Region, Kadjebi, Worawora and Jasikan were identified.

Research has shown that through strong government commitment, extensive outreach by NGOs and a general receptivity to abandoning the practice has led to a decline of the practice among the groups that practice it. In 1998, the Gender Studies and Human Rights Documentation Center estimated that FGM had been performed on 15 percent of the Ghanaian female population. The United Nations Population Fund (UNFPA) funded a study conducted by Rural Help Integrated (1999), an NGO providing reproductive health care services in the Upper East Region found that FGM had been performed on 36 percent of the Upper East Region's female population and thus estimated that between 9 and 12 percent of Ghanaian women nationwide had undergone the procedure.

The prevalence of FGM in Ghana ranges from 8% to 94% depending on the age group, region and or tribe. A 2005 study conducted by the Ghanaian Ministry of Health found that approximately 15% of women aged between 12 and 19 years in the three Northern Regions of Ghana had undergone FGM. The 2007 US Department of State reports that some observers believed that NGO and government sponsored awareness campaigns regarding the illegality of FGM had driven the practice underground and that the real rate in these regions was as high as 30 percent (US Department of State, 2007).

The practice among some groups in Ghana appears to have no spiritual roots. It is not perpetuated by religion, but rather by traditional tribal beliefs. Some ethnic groups such as the "Bisa" tribe in the Pusiga District in the Upper East Region of Ghana, believe that FGM leads to cleanliness, reduces the sexual sensitivity of girls and women and promotes fidelity among women. Others believe it increases fertility and prevent the death of first-born babies. Other common beliefs are that children born to uncircumcised women are "stubborn and

troublesome" and more likely to go blind if the mother's clitoris touches the eyes during birth. In some areas the presence of a clitoris in women suggests that she is a "man" where the clitoris is described as vestigial penis (Touray, 2011). Uncircumcised women are regarded by some as unclean, less attractive and less desirable for marriage. Social or peer pressure is also cited as a primary reason that compels some women to undergo this procedure (Touray, 2011).

Though FGM is mainly practiced in African countries, it is linked more with ethnic identity than nationality (Comhlámh, 2002; UNICEF, 2005). It is an ethnic and culturally specific phenomenon, and healthcare professionals and policymakers need to be aware of the diverse meanings behind the practice in order to be able to deal with its occurrence effectively. Some broad socio-cultural and religious reasons have been identified that contribute to the continuation of the practice.

It is believed that, FGM practices took place as far back as 2,000 years ago; Egyptian mummies have been identified as having undergone the procedure (Dareer, 1983). Historically, women have inaccurately been perceived to be predisposed to promiscuous behaviour, and this belief persists in many cultures where FGM is common (Muteshi & Sass, 2005). The aim of the procedure is therefore to reduce a woman's ability to feel sexual pleasure and to seek it outside of marriage by removing her external sexual organs, especially the clitoris, and making sexual intercourse painful. A woman's potential for promiscuous activities and reproduction outside of the bonds of marriage is therefore believed to be managed and controlled through the act of FGM.

Performing FGM on girl children and women is also associated with culturally specific notions of femininity and beauty. The clitoris is believed to be the 'masculine' part of the female genitalia, and fear surrounds its potential to grow bigger than the male reproductive organs (Lightfoot-Klein, 1989a). Removal of the clitoris therefore asserts women's femininity through the enhancement of socially constructed aesthetic beauty.

Apart from these issues, linked to gender stereotyped perceptions of appropriate social and sexual behaviour, women, especially in developing countries, are on many levels relative to their male counterparts (UNICEF, 2007). They may be confined to the domestic realm, and as such are in a position of economic dependence that transmitted through generations; prior to marriage they have to rely on their fathers for survival, and upon marriage, on their husbands. Where it is socially unacceptable for men to marry women who have not undergone FGM, women have very little choice but to abide by this practice. In fact, other women, mothers in particular, often advocate continuance of the procedure, in order to protect the future of their daughters (El-Defrawi, 2001). FGM is thus viewed as a method of protection of women, in that it is believed to guard women from pre-marital promiscuity, pre-marital pregnancy, and also as a protection of their future economic survival, minimizing the risk of absolute poverty, and social ostracism. The role that women play in this practice is also strengthened by the ritual aspect of FGM. Though performed in private, the occurrence of this practice in some communities is marked with a ceremony celebrating the girls' transition to womanhood. It is therefore seen by other researchers that FGM is the key 'rite of passage' in women's lives, and, in this sense, some communities view it as a way of strengthening the social bonds between women.

**Methodology**

Methodology illustrates the choices undertaken in the process of carrying out an inquiry. Silverman (2005) defined methodology as, choices we make about the cases to study, methods of data gathering and other forms of data analysis, etc., in planning and executing a research study, while Somekh and Lewin (2005) link methodology to rules followed in an inquiry. This study was exploratory, descriptive and qualitative in nature. It was exploratory because it sought to explore the perceptions and views of the local community towards the effects of female genital mutilation/cutting, and descriptive because, it endeavored to describe the local community's perception of the effects of female genital mutilation/cutting. The study sought to provide a deeper understanding of social phenomena to bring out the feelings, perceptions and opinions of the women and young girls on female genital mutilation. This study sought to explore the subjective understanding of social reality rather than statistical description or generalized ideas. Blaikie (2000) states that qualitative research is committed to viewing the social world, social action and events from the view point of the people being studied; that is discovering their socially constructed reality and penetrating the frames of meaning within which they conduct their activities.

Kasena-Nankana East Municipality (KNEM) of the Upper East Region of Ghana covers an area of about 1,675 Km2 and is inhabited by a population of approximately 14,400 people who reside in about 28,000 households (Navrongo Health and Demographic Surveillance System [NHDSS], (2009). The area lies between latitude 10. 30 And 11.00 North and longitude 0.50 and 1.30 West of the zero Meridian.

The Municipality is bordered to the north by Burkina Faso, to the west by Builsa and Sisaala East Districts, to the south by the Mamprusi West Municipality and to the East by Bolgatanga Municipality and the Bongo Municipality all in Upper East region.

There are two dominant ethnic groups namely the Kasena who form about 49% of the population and the

Nankana who constitute about 46% of the population. The remaining 5% is made up of minority tribes, Builsa and migrants belonging to other ethnic groups. The main languages spoken are Kasem and Nankam, with Buli being spoken by most of the minority tribe. Despite the linguistic differences, the population is, in many respects, homogenous, with a common culture. The dominant religious faith is traditional religion. However, Christianity is gradually becoming more prominent in the district, especially among women (Debpuur & Ayaga, 2002). Illiteracy rates in the Municipality are very high with more males attaining higher education than females. For instance, 33.4% and 50.1% of males and females respectively have not had any formal education. With respect to water and sanitation facilities, 80.8% and 9.5% of the population have access to good sources of drinking water and toilet facilities respectively (Debpuur & Ayaga, 2002).

The study area is Kandiga in the Kasena Nankana Municipality in Upper East Region of Ghana. The study area was chosen due to the prevalence of the practice in the area. The participants were also willing to participate in the study. This is one of the communities in which female genital mutilation / cutting is practiced despite public outcry as a result its health implications.

The population for the study consisted of all women and young girls between the ages of 15-65 years old who are within the environs of the Kandiga community. Sampling involves selecting persons to deal with the issue instead of the whole group of persons in the population. There are six (6) major gates or sub-communities that make up the Kandiga community. Simple random sampling was used to select four (4) sub-communities for the study. These four communities were Longo, Bembisi, Kurugu and Azaasi. The sample size for the study was 20 participants consisting of 5 persons from the sub-communities. In each of the four sub-communities selected, five women and young girls were selected for the study. In each of the sub-communities chosen, purposive sampling was employed to select the participants for the study. Purposive sampling was employed for the selection of the five participants each from the four communities because they were deemed to be having exclusive knowledge on the subject under study and will be able to provide all the data that would be required for the study.

Interviews were employed to seek information from the participants about their knowledge on the effects of female genital mutilation on victims in Kandiga. Ethically, participants' real names were not used but rather pseudonyms in order to ensure confidentiality and conceal their real identity. The data was analyzed using themes based on the research questions and outcomes derived from the interviews.

**Findings and Discussions**

This section addresses the research questions set for in the study. Specifically, the data was presented in two sections. The first section presents the profile of the participants, whilst the second section focuses on the research questions on how victims perceive the practice of female genital mutilation, and the effects of female genital mutilation on victims in Kandiga community.

The socio-demographic description of participants presented for analysis include: age of participants, educational level of participants, and marital status of participants. The participants were asked to indicate their age and their responses were presented as 2 (10 %) of the participants are between the ages of 15-24 years, 3 (15 %) within the ages of 25-34 years, 11 (55%) within the ages of 34-44, while 4 (20%) were within the ages of 45 and above. From the findings, it is clearly seen that most of the participants were adults and were matured. This is in confirmation of literature on FGM which indicate that FGM can be performed on girls and women at any time in their lives from birth onwards. It is, however, generally performed around the ages of 5-7 or before the woman marries (McCulloch, 2004).

The participants were also asked to indicate the level of their education and their responses were presented as 9 (45%) of the participants have attained basic education, 7 (35%) have attained senior high school education, whilst 4 (20%) have attained tertiary education. It is clear that all the 20(100%) participants have at least attained basic education with some having secondary and tertiary education. This, therefore, gives an indication that it is not only the illiterate who practice FGM and that there are well-educated among them.

The participants were asked to indicate their marital statuses and this was very important due to the nature of the issue under investigation - female genital mutilation. Eight (40 %) of the participants were married, 5 (25 %) were not married, 3 (15%) were divorced and 4 (20 %) were widowed. The 3(15%) participants who were divorced indicated that their divorce cases were as a result of FGM. These participants during the interview indicated that, they were sacked by their husbands because they did not have the urge for sexual intercourse and could not satisfy their husbands sexually.

One of the participants also narrated the ordeal she went through before her husband finally divorced her. According to her, she never wanted night to fall since every night her husband would demand for sex and when she declines she will receive beatings from him. She said in one instance she lost her right eye due to a slap from her husband. According to her, the man is now married to a young girl while she is a divorcee. She said no man comes to even greet her as the community considers her as a bad luck woman due to her one eye. The 8(40%) participants who are married and are still with their husbands indicated that they do not enjoy sex. For instance,

Nsormah a victim of FGM age 34 indicated:

*I'm surprise to hear some women say there is pleasure in having sex, all I know is to pray hard for him to just finish it quickly so that I can have my rest.*

They also indicated that they are not promiscuous since they only have sex when demanded by their husbands. This is an indication that, women who have undergone FGM do not have sex outside their marriages which is one of the reasons for FGM. Five (25%) are the young girls who have not yet married and are awaiting marriage. It is significant to mention that these participants have all undergone FGM and are potential wives. According to the 4 widows, they are able to stay like that with their children without men since they have no desire for sexual activity. For instance, Kapuri a widow and a participant, age 44 stated that: *My brother in-law wanted to marry me after the death of my husband but I rejected him because of sexual intercourse.*

The first part of the second section deals with Research Question 1 which is - How do victims perceive the practice of FGM? Common perceptions victims have for either undergoing FGM or forcing girls to undergo the procedure can be classified as social, cultural and religious factors. According to the findings, the participants held the following perceptions about the practice of FGM.

- FGM is an important cultural tradition that should not be questioned or stopped, especially not by people from outside the community.
- FGM is practiced in order to raise a girl properly and prepare her for adulthood, marriage and child birth.
- FGM reduces women's sexual desire, preserves premarital virginity and prevents promiscuity.
- FGM ensures cleanliness (hygienic, aesthetic and moral), including the belief that, left uncut, the clitoris would grow excessively.
- FGM improves male sexual pleasure and virility and, in even rarer cases, that FGM facilitates childbirth by improving a women's ability to endure the pain of childbirth through the pain of FGM.
- FGM is supported or mandated by religion, or that it facilitates living up to religious expectations of sexual constraint.
- Social pressure to conform with peers.

These were some of the views expressed by the women. Alamisi, aged 33 a petty trader said that:

*Hmm…I had no option than to undergo FGM since it was part of my custom and tradition. You see although I resisted for nearly three years I finally yielded to the pressure that was coming from the community members, friends and family. I was seen as an outcast and someone who did not have respect for religion, tradition and custom and that there were a lot of traditional rites and prayers that I could not part take as I was seen to be unclean.*

Talata aged 29 a pupil teacher indicated that:

*A woman or a young girl must undergo this rite to prepare her for marriage. It is a way of initiating the young girl into adulthood and a girl who has not undergone this act is considered not ripe for marriage.*

Ayogo aged 25 a peasant farmer was of the view that:

*It is a practice that every young girl must undergo to ensure that when she marry in future she can withstand the pain of child birth as it is believed that the act of FGM is to introduced some pain to the young girl to prepare her for child birth in future. Any girl who marries and gave birth without undergoing this act gives birth to children who would grow to be disrespectful and daring.*

The participants were asked to state some of the reasons that make women or young girls subject themselves to this painful and dangerous act of female genital mutilation. They gave several reasons which can be categorized into three major areas for their justification of the act. These reasons include FGM being mandatory because of the customs and tradition, women seeing it to enhance their sexuality and social pressure that people mount on females in the society

With their custom and tradition, the participants indicated that they practice FGM in order to preserve their customs and maintain their cultural identity by continuing the tradition. For them a woman or a young girl must undergo this rite to prepare her for marriage. It is a way of initiating the young girl into adulthood and a girl who has not undergone this act is considered not rip for marriage.

Linda a 17-year girl expressing her views indicated that: *I came to meet it as my culture and so I will continue with it as it is the only way I can be initiated into womanhood without disgracing my family.*

Research also indicates that, performing FGM on girl children and women is also associated with culturally specific notions of femininity and beauty. The clitoris is believed to be the 'masculine' part of the female genitalia, and fear surrounds its potential to grow bigger than the male reproductive organs (Lightfoot-Klein, 1989b). Removal of the clitoris therefore asserts women's femininity through the enhancement of socially constructed aesthetic beauty, hence supports the fact that FGM has social connotations.

On women's sexuality, **t**he participants revealed that society attempts to control women's sexuality by reducing their sexual fulfilment. This was traced back to the olden days when men used to go to war leaving their wives and children behind hence, Marks (1996) said unmutilated women are more sexually active than men are. Therefore, by mutilating them their sexual desire will be controlled naturally. Their men feared that if that was not done to their wives to reduce their sexual urge they would later on have sex which for them would be a bad omen on them and may lead to the death of their spouses at war. The participants indicated that it is the clitoris of the woman that makes her to have the desire for sexual activity and since it is cut off it makes them not to have such urge again.

Research conducted by Touray (2011) also supports this as indicted in his research that the practice among some groups in Ghana appears to have no spiritual roots. It is not perpetuated by religion, but rather by traditional tribal beliefs. Some ethnic groups such as the "Bisa" tribe in the Pusiga District in the Upper East Region of Ghana, believe that FGM leads to cleanliness, reduces the sexual sensitivity of girls and women and promotes fidelity among women. Others believe it increases fertility and prevent the death of first-born babies. Other common beliefs are that children born to uncircumcised women are "stubborn and troublesome" and more likely to go blind if the mother's clitoris touches the eyes during birth. In some areas the presence of a clitoris in women suggests that she is a "man" describing the clitoris as vestigial penis (Touray, 2011).

Despite these views expressed by some of the women there were others who had opposing views. For instance, during the interview Baatidibaana aged 41 and a nursery attendant stated that:

> *I had sexual intercourse with men while in the 'south' before going through the rite of FGM. When I came home and had FGM I never had any urge for sex till I got married to my husband 20 years ago. Although I have six children with my husband I have never enjoyed sex as before since I always lie there like a piece of wood during the act. Not a single day passes without regretting ever going through that ritual and wished it could be reversed.*

On social pressure, the participants indicated that communities in which most women have undergone FGM create an environment in which the practice becomes a requirement for social acceptance by family and friends. The participants were of the view that, FGM gives the young girl a new status and social standing in the community. For them if you are a parent especially a mother and your daughter is of age without being circumcised you are not respected in the community as people regard your daughter as being a "spoiled girl". Another reason why young girls allow themselves to be circumcised is due to social pressure to conform to peers. To them, the perception of FGM is a necessity to raise a girl properly and prepare her for adulthood and marriage. The findings of Touray, (2011) study were in line with what participants indicated. Touray noted "uncircumcised women are regarded by some as unclean, less attractive and less desirable for marriage.

For instance, Awoyage, a sales girl in a provision shop stated that: *My step sister who refused to undergo FGM is considered unclean and is not expected to walk closer towards any woman's vegetable farm since these plants will wither and die.*

Social or peer pressure is also cited as a primary reason that compels some women to undergo this procedure. It was found that in some cases it was the girls who choose to undergo the procedure because of social pressure from peers. Some participants indicated that they went through the ordeal to avoid name-calling and find husbands in the future. For example, a peasant farmer, Akolpoka age 39 indicated: *Oh my parents and brothers were constantly embarrassed during funerals, festivals and other social gatherings in this community just because I initially refused to undergo FGM, they were referred to as the woman with features of a man relatives, the cursed girl and not marriageable material relations.*

The second part of this section deals with the findings and discussions on Research Question 2 which is - What are the effects of female genital mutilation on victim in Kandiga? The following are the themes under the research question.

On health effects, there were major negative effects identified during the interview. After the process of FGM the participant indicated that victims may experience permanent damage of the reproductive organs. If they do not die from excessive bleeding and infections such as tetanus, they have other health risks that occur during the healing process. They revealed that too much removal of the sexual organs from the vaginal area causes problems during delivery such as tearing, and bleeding that puts both the mother and baby at risk. When the mother pushes the baby out, it is difficult for the head to pass through a narrow hole and this causes death of the infants. A participant during the interview revealed that a lady she knew was not able to walk after the circumcision procedure. Atimpoka aged of 67 who is an opinion leader has this to say when she was asked about the effects of FGM:

> *The resistance resulting from the struggle between me and the 'circumciser' made the 'barega' that is the sharp metal used in circumcising to cut deeply into my clitoris and made me bleed to the point of death which has made me weak and unable to perform my household chores with ease.*

Another lady, aged 45 years who is an assembly woman also commented that:

*The practitioners ('wanzam') removed almost all my clitoris which made me have two still births. My sister, imagine, a beautiful lady like me cannot have children of my own just because am circumcised. It has more health effects as I was diagnosing of having tetanus and my kid sister died out of infection because of FGM.*

Earlier studies on the theme confirms this claim that, there are complications from FGM in the long term which relate specifically to a woman's sexual and reproductive health, and as such are found to affect her roles in the community, in particular as a wife and mother. Upon marriage, women who have undergone FGM, particularly Type III (infibulation), will have to be 'opened' by their husbands on their wedding night, or by a midwife sometime afterward if penetration is not successful. Knives and glass are known tools used in the defibulation of women with Type III FGM (Black & Debelle, 1995).

In another related literature it showed that women can also face difficulties with conception, due to associated increased risk of infection from unsanitary conditions, for example pelvic inflammatory disease and related infertility problems (Brady, 1999). Studies conducted by WHO (2000) also stated that labour and delivery has been found to pose significant problems for women who have the procedure of FGM.

Another participant Acheliseba a peasant farmer age 46 sharing her experience indicated that:

*The health problems after the process showed permanent damage in me. I was lucky I did not die from excessive bleeding and tetanus infections, and other health implications during the healing process. Too much removal of my clitoris caused problems during the time I was delivering my children. The tearing and bleeding always put me and my babies at risk. It was difficult for the head of the baby to pass out through the narrow hole created after the FGM. Through this I am embarrassed when I go to hospital either to give birth or for examinations during anti-natal or if I have any problem.*

On physical consequences, the research revealed that the extent of FGM on physical consequences depend on the type of FGM, as this differ from community to community and country to country. The health issues cause permanent physical damage to the girls and women. If they survive the bleeding, which causes a lot of blood loss and infections such as tetanus, and urinary tract infections then they will continue to have other health issues following the healing process that takes many days.

Once the organs are cut, they affect the other organs and muscles surrounding the vagina and this leads to the loss of women's elasticity at the virginal opening. This causes problems during delivery with increased risks of tearing and bleeding and when pushing the baby out if they do not have caesarean section. This puts the mother and the baby health at risk. Some of the participants mentioned that scarily scars and strange growths which can be as big as a size of grape do grow on their private parts. Because of this they are embarrassed when they go to hospitals either to give birth or for examinations if they have any problem. Abiire age 46 and a mother of four stated that:

*The removal of the clitoris through the crude and unprofessional way made me to develop scares and strange growths in my private parts that are as big as the size of a grape making it very difficult for me to walk and do my work as a teacher.*

The views experienced by Abiire indicated that if FGM is done by a professional, it will minimise some of the effects. Whatever the case is, whether it will be performed by a professional or not, FGM is not good and should be condemned as it affects the victims negatively.

On psychological effects, the participants recounted recurring fear associated with that particular day, nightmares about the mutilation day, and the pain the victim went through. Some of participants were psychologically traumatized wondering why those they trusted to protect them such as their parents and grandparents, allowed such a painful operation to be performed on them. Difficulties associated with sitting and sleeping was also reported as effects of FGM. Studies conducted by other researchers also confirm the fact that women and girls are affected socially, psychologically and psychosexually in their lives if they were mutilated (FORWARD, 2002). Ayimbono aged 47, a petty trader recounted her ordeal while weeping:

*I went through a psychological torture as I bled heavily for close to two months after every delivery. This makes it very difficult to attend to my baby with the fear I was going to die. My only male child died the third day and since then I can no longer conceive. I am very sad for myself that I even allowed myself to undergo this barbaric practice. I can never forgive those old ladies who forced me into it.*

Another participant, Amiyine aged 27 and a peasant farmer indicated that:

*Hmm, recurring nightmares about the mutilation day, the pain I went through and the fear associated with that particular day has affected me psychologically as memories of it are still fresh in my mind.*

A widow by name Nchorman during the interview revealed that:

*I remember very well the same picture of three fat old women who held me down tightly. The memories are still very fresh, like it happened yesterday or just experiencing it again. I do still*

*remember my friend of blessed memory just like me who died after the process due to excessive bleeding. I was extremely terrified after hearing my friend screaming and shouting for help because of the pain she was undergoing during the mutilation process. I tried to run away but they brought me back. I remember the old lady used the broken pieces of glass that were used as the instruments for the cutting and after that I remember I was not able to sleep, walk and urinate well for over two months.*

These views expressed by the participants give credence to the fact that victims go through severe pains during and after the ordeal which in the long run affect them psychologically. Anytime they remember what they went through during FGM, they become sad and worried even though so many years have passed. A study by Karim (1993) also found that circumcised women were statistically more likely to report psychosexual difficulties than non-circumcised women.

On sexual effects, most of the participants disclosed that due to the removal of the clitoris, which to them is the sexual stimulant has resulted to the non-experience of sexual satisfaction when having sex with their husbands especially those who experienced sex before undergoing the act. This goes contrary to other studies conducted by Asaah and Levin (2009) on women's enjoyment of sex. They indicated that female genital mutilation does not affect women's enjoyment negatively during intercourse. Another study conducted by Amnesty International (1997), among mutilated women indicates that 90% of the women, who had undergone female genital mutilation, disclosed having experienced an orgasm. Therefore, the element that influences sexual enjoyment and having orgasm are misunderstood as to the type of mutilation, the size of the clitoris that is removed, the trauma the victim has gone through during and after the act. These play an important role in sex life of victims of FGM.

The participants also indicated that they found sex to be very painful. Lack of sexual desire was another effect which leads to high cases of divorce because the men are not always satisfied since their ladies have not got any interest in the act because of the pain they experience. The pain and lack of sexual desire make women to withdraw from having sexual intercourse with their husbands. One of the participants also indicated that any time she sees her husband close to her in bed it reminds her of that act which eventually led to their separation. She sees the man as very cruel since it was a man who did her cutting and was forcefully held down by very strong young men in the village. Akolopoka, aged 37, and a nursery attendant commented:

*I have never enjoyed sex although I have four kids with a man who finally divorced me due to sexual satisfaction. I should have known better not to part take when I was of age. It is really embarrassing that a beautiful lady like me should not have a husband at my age.*

Some researches on this issue supported this claim as it showed that historically, women have inaccurately been perceived to be predisposed to promiscuous behaviour, and this belief persists in many cultures where FGM is common (Muteshi & Sass, 2005). The aim of the procedure is therefore to reduce a woman's ability to feel sexual pleasure and to seek it outside of marriage by removing her external sexual organs, especially the clitoris, and making sexual intercourse painful. A woman's potential for promiscuous activities and reproduction outside of the bonds of marriage is therefore believed to be managed and controlled through the act of FGM.

Statistically significant difficulties were found in circumcised women to include a lack of sexual desire, less initiation of sexual activity with husbands and being less likely to experience climax (Khaled & Vause, 1996; Thabet & Thabet, 2001). Research has also indicated that when the clitoris is destroyed by FGM women compensate by 'shifting' this once most sensitive part of their bodies and instead identify their breasts as the most sensitive area (Nwajei & Otiono, 2003).

On social consequences, there were reports by many of the participants that they feel shy anytime they visit doctors or midwives because of the way their organs look due to the disfigurement caused by FGM. They normally feel shy to interact with these health providers.

A participant Abiila aged 24 and a sales girl revealed that:

*My sore was not well nursed by the old woman who attended to me after I had undergone FGM and as such my sex organ has been disfigured. I am always embarrassed any time I visit the midwife for anti-natal and post-natal services.*

Another participant, Daginera aged 21 and a dress making apprentice indicated:

*Hmmmn whenever I sit with my friends to have a conversation and FGM issue crops up I feel very sorry for myself and disgraced since am the only one out of the four friends who has become a victim of FGM. There are times they tease me at the work place. I know am not a complete woman like my friends who are not victims of FGM. I have heard from people that FGM is old fashioned.*

**Conclusions and Recommendations**

The practice of FGM is a social, custom or cultural issue that has various negative effects on women and young girls socially, psychologically and physically. The practice also affects the health of victims. Female genital

mutilation is a cultural issue and it is still practiced among communities as a way of preserving custom and cultural heritage. Female genital mutilations have several effects such as health problems, sexual, physical, psychological and social. Sometimes, these effects may lead to excessive bleeding, unable to enjoy sex and complications during child birth, divorces and among others.

Young girls and women are pushed to undergo female genital mutilations as a way of preparing them for marriage and child birth. Those who do not undergo this practice before marriage are not respected in society as they are considered as men hence the tendencies of causing infidelity in their marriages.

There is lack of initiative and confidence to implement the laws because FGM practices are deeply rooted in cultural and traditional set up of the people. Traditional rulers and civil society seem not to show much interest in women's issues especially those that relate to cultural beliefs and practices such as FGM. There is inadequate education on the dangers or effects associated with female genital mutilation as there are no calculated efforts by governments, civil society, and non-governmental organizations to give adequate education on it.

Based on the findings of the study, recommendations were put forth for government, policy makers, civil society and all stakeholders who have interest in preventing female genital mutilation and its associated effects and dangers on victims to go with. The government should enforce all laws on FGM to stop all cultural practices that are very dangerous and degrading to the human person especially women and their sexual health. Conscious effects should also be made by all parties ranging from traditional rulers, governments, civil society and partners who are interested in women issues and development by enforcing all the laws regarding FGM so as to put an end to this practice.

Morality, good parenting skills and chastity should be encouraged in our schools by the Ministry of Education and teachers. This will encourage people to stop FGM because some people see the practice as a means to ensure that girls are morally upright, have good parenting skills and remain chaste before marriage. Ministry of Health through the community health workers including nurses should implement programmes and organise durbars to sensitize various people in communities identified to be practicing FGM.

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