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FEMALE REPRODUCTIVE RIGHT VIOLATION IN IGBO LAND: A PHILOSOPHICAL AND COUNSELING REVIEW

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ABSTRACT

Female reproductive right violation in Igbo land has been a problema criticum over the decades, and has persisted irrespective of the efforts to bring it to a minimum proportion. To this end, this paper examines philosophically the forms of violence against women with its counseling effect. The purpose is to highlight the fundamental and essential component of such primitive practice, with the intention of proffering strategies that could be used to avert such occurrence in the contemporary age. Documentary researches which attempt to explore available literature and sift relevant information associated with the topic, were used in determining the nature, forms and effects of violence against women. Feminist theory was adopted to explain the violence against women in the society for the purpose of bringing about liberating social change. Possible solution was proffered and conclusion was drawn that Igbo women rights activists should organize other women to ensure that female reproductive right violation in Igboland is routed out in this age of civilization.

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INTRODUCTION

Violence against women takes place in various forms ranging from, rape, domestic and ritual abuse to child marriages and female circumcision. Violence affects the lives of millions of women in all socio-economic and educational classes worldwide. For instance, Onwuka (2010) in his study reported that in Japan, three out of five women have been sexually or physically abused every day. In India and other parts of Asia, an estimate of twenty thousand brides were killed between 1990 and 1995. Rape has been widely used as a weapon of war against women whenever armed conflicts arise between different parties. Such practice has been identified in Bangladesh, Chiapas, Burkina Faso, Brazil, Mexico, Rwanda, Kuwait, Columbia, Haiti and former Yugoslavia (http: www.un.org/rights/dpi1772e.htm). In their contribution, Herman (2001) and Macionis (2006) stated that many American women have suffered physical violence in form of rape and sexual harassment as a result of escalating depiction of violence in movies and television. Numerous published personal accounts such as those documented by Stratford (1988) cited in McDowell and Hostetler (1996) support the reality of ritual abuse which is basically perpetuated on children under the age of six.

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The essence of using such children is based on the fact that children seldom have the courage to talk about perpetration of abuse which most times are done by trusted adults. McDowell and Hestetler (1996) reported the case of Jill- an adopted child who was sexually abused, had objects inserted into her body, forced to watch animal and human sacrifices all in worship of a god with constant threats to her live if she discloses her experiences.

In various parts of Africa, particularly in Nigeria as well as in the western area of Asia, Onah (2008) attested in her research report, that there is a thriving tradition of women abuse and denial of their fundamental human rights. Female genital mutilation (FGM) otherwise known as female genital cutting (FGC), or excision, clitoridectomy, infibulations or female circumcision is one of the most serious forms of reproductive right violation against women. UNICEF, Nigeria, (1998) reported that Female genital mutilation is used to curb female enjoyment of sex. Actually, an estimated two million girls in twenty eight countries undergo female genital mutilation. In Nigeria, Eritrea, Ethiopia, Serra Leone, Somalia, Northern Sudan, Uganda and Djibouti, about nine out of ten women become infected. The practice of female genital cutting involves various types of surgeries. In some cases, a substantial amount of tissue, including the clitoris, the labia minora, and the anterior two-thirds of the labia majora, the sides of which are joined, are removed leaving a small

posterior opening. This is referred to as infibulation or Pharoanic circumcision. Notably Egbutem (2002) and Onwuka (2010) attested that there are three types or methods of female circumcision. The first type involves the excision of the clitoris and the labia minora. Type two involves the removal of the clitoris and the labisminora. The third type is the incision of the labia majora to create new surfaces that are stitched together, to cover the urethra and the entrance of the vagina with a hood of skin. This leaves a very small opening for the passage of urine and menstrual flow. Akpochafo (2009) stated that the act is performed by "traditional midwives" or elderly women in the community who are not professionally trained for such practice. It is also performed under very unhygienic conditions with unsterilized tools. Besides, the post-mutilation handling is usually with traditional drugs as against tested western drugs. People are known to have bled to death as a result of bad operation or poor handling. Worse still, the operation is done without anesthesia which makes it very painful.

It is barbaric to allow women and adolescent girls to undergo such uncivilized and outdated practice in their life time. The question then arises as to the notion behind the existence of such practice in Igbo land. Female circumcision appears to be an ancient tradition carried out in different parts of Africa including Nigeria. In a study by Mayres and Akenzua (1985), they found that female circumcision began in Benin (Edo State) in 15th century. It was when the wives of Oba (The Benin King/Ruler) were having regular infant mortality; the oracle they consulted explained that the deaths of these infants were mainly due to the fact that their heads touched the clitoris during delivery. This made the Oba to decree immediately that all women will be circumcised to stop the incessant deaths. Contributing, Toubia (1995) in his own research report alleged that it is a general belief among the Igbos of Nigeria that babies die if the head touch the clitoris of the mother during delivery. Specifically he added that another reason for the removal of the clitoris for the Igbos is on account of their belief that it decreases the risk of promiscuity since it helps to reduce sexual urge of the females.

On the part of Onah (2008), the notion behind female mutilation among the Igbos of Nigeria include the fact that it is a part of adolescent initiation rites which produce responsible adults for the community, controls the women and adolescent girl's sexuality but above all, it is to ensure a woman's virginity before marriage and chastity thereafter. Besides, there is the notion that the female genital is naturally ugly and will grow to be unsightly if it is not cut back. Continuing, Onah (2008) stated that the Igbos of Nigeria equally believe that genitals which do not have clitoris serve the male interest because such genitals enhance the husband's sexual pleasure. Nawal El-Saadawi, a victim of infibulation, stated that the importance given to virginity and an intact hymen in these societies is the reason why female circumcision still remains a very widespread practice despite a growing tendency to do away with it as something outdated and harmful.

Critical Analysis of the Information and Point of Departure

The information presented appears to be similar and different. One can easily notice unity in diversity. The report of Mayres and Akenzua (1985) was supported to some extent by the information of Toubia (1995). Notably the report of Mayres and Akenzua failed to state that the removal of the clitoris reduces promiscuity and sexual urge of the female. In the submission of Onah (2008), it could be observed that she is at variance with the report of Mayres and Akenzua (1985) as well as that of Toubia (1995). Her report is not based on infant mortality, but on cultural initiation rite. For Onah, the Igbos circumcise the females basically because of their notion that genitals which do not have clitoris enhance the male sexual pleasure. Such account is to some extent different from that of Toubia who alleged that the Igbos circumcise their females in order to reduce the females' sexual urge. The information on Igbo notion of female circumcision be it as it may, suggests that peoples and tribes have different reasons for practicing female circumcision. Whatever is the reason behind the Igbo notion of female circumcision, it has been medically proved to be harmful to women (Human Rights Watch, 1995) and (UNICEF, 2001).

Prevalence

The prevalence of this harmful traditional practice-FGM, FGC in its various forms, has been widely reported in such places as Kenya, where there is 50% prevalence of types I, II, and III. Liberia has about 60% prevalence of type II, Mali has the highest prevalent rate- 90% of types I, II and III with Nigeria, having 25.1% of types I,II and III, and Togo, 50 % prevalence of type II (Stolz 1998). It is a violation of human rights of women and girls with deleterious effects such as:

Mortality in girls

In some cases it has led to the damage of the vulva and other gynecological complications. It can, as it has often occurred, lead to death which may be caused by neurogenic shock, immediate severe bleeding or overwhelming infection. Female genital mutilation is reported to result to severe bleeding amounting to hemorrhage. With inadequate nutrition and/or loss of blood from menstrual flow anaemia may have set in and circumcising a girl at age 4-16, may initiate or exacerbate the anaemic condition which is debilitating for girls especially as it may result to reduced ability in learning (Egwuatu & Agugua,1981).

Morbidity in girls and effect on education

Genital mutilation may contribute to reduced educational achievement of girls. For example the ritual may be performed during school days and healing may take a long time thereby preventing the girl from going to school. On the other hand, the girl may develop infection or other complications which may also cause her to miss school. In parts of Kenya, girls are removed from school to undergo the procedure and are then married immediately and not allowed to return to school (Mandeleo 1991). Consequently, their educational achievement is jeopardized.

Maternal mortality

Although some correlation between female genital mutilation and maternal mortality probably exists, no studies have provided conclusive evidence to substantiate this. Female genital mutilation according to Merriam-Webster (2009) is

often performed under less-than-hygienic conditions, and its physiological repercussions generally increase with the amount of cutting. The short term effect which include bleeding and infection may contribute to maternal mortality and morbidity. In the long-term, girls who were subjected to infibulations may experience difficulty expelling urine and menstrual blood, painful sexual intercourse, urethral scarring or closure, and long delays during childbirth. One study reports the possibility of higher incidence of fetal distress (due to long delays in childbirth) among infibulated women. However, the mechanism by which this may occur if the woman has been adequately defibulated is not scientifically obvious nor was any explanation suggested by the study (De Silva, 1989).

Effect on women's sexuality

There are few studies available on the effect of different types of female genital mutilation on the sexuality of adult and their reports are rather conflicting. For instance, in a study on the effect of female genital mutilation on the age at first sexual intercourse and the incidence of premarital coitus among young Ibo women, Megafu (1983) reported that there is no difference in the levels of sexual promiscuity between the circumcised and uncircumcised women. According to his report, only 58.8% of the circumcised women experienced orgasm in contrast to 68.7% of the uncircumcised. This study also showed that when the clitoris is removed the labia minora and the breasts take over as the most erotic organs in the body. Another study of one hundred and thirty three (133) Egyptian women who had undergone types I and II female genital mutilation and 26 who were "uncircumcised" was conducted by Badawi (2009) who reported that a greater proportion of the latter had sexual excitement in response to stimulation of the genitals compared to those with genital mutilation. The study equally found that 50% of the "uncircumcised" women and 25% of those with genital mutilation experienced orgasm with manual stimulation of the clitoris/clitoral area even though the number of uncircumcised women sampled was very small.

A study was conducted on the experience of arousal, sexual feelings from genital stimulation and possibility of reaching climax among "circumcised" women in Sierra Leone using 47 women with clitoridectomy (type I) and 93 women with clitoridectomy and excision of labia (type II) as samples. Koso-Thomas (1987) reported that despite the fact that there was the difference between 14 women with sexual experience before the procedure and 33 who experienced sex only afterwards, all respondents were fully conscious of themselves as sexual beings, a perception that the experience of genital mutilation did not seem to alter. From Burkina Faso, Kere and Tapsoba (1994) interviewed several men and women who live with the consequences of female genital mutilation on their sexual experience. Many of the women reported pain and discomfort with intercourse; some experienced a degree of sexual arousal but most did not experience orgasm. From the foregoing, it is clear that all types of female genital mutilation interfere to some degree with women's sexual response but do not necessarily abolish the possibility of sexual pleasure and climax. Various authors on gender equality and women rights violation, such as, Onah (2008) and Onwuka (2010) have unanimously condemned female mutilation because of the deleterious effects on women and girls. Top on the list is the dreaded Human Immune Deficiency Virus (HIV) infection which leads to AIDS. Due to the fact that many cases of forcible FGC were recorded during the late 20th and early 21st centuries, the practice became the focus of international debates about the relative value of individual rights versus cultural traditionalism. The Government realizes the need to proscribe this practice. For instance, a draft domestic-violence bill was prepared by the Legislative Advocacy Coalition on Violence against Women in Nigeria and lodged in the House of Representatives (the lower house of parliament) since 2003, but it has not even been listed in the order paper for hearing because they are contesting the provision on marital rape, which some view as "western" and "against the culture of Nigeria and demanding for its settlement before the bill to be passed into law. Their stand contradicts the action of the Nigerian Government that has already ratified the protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa, which prohibits marital rape without any reservations. Since the government is unable to implement its policies and, traditional practices take time to wear out, nobody has the sole right of abrogation without incurring the wrath of the custodians of the culture.

Intervention Strategies

Reproductive rights should be defended by the laws of any nation. For instance Kenya made the practice illegal nationwide in September 2011(Kwaak, 1992). In Sudan, with 91% prevalence has no law forbidding FGM even though they were the first country to outlaw it in 1946 under the British rule. The only move currently was the signing of the Maputo protocol in June, 2008 but no ratification has yet been deposited with the African Union. Attempts were made to eradicate the practice for the past 50 years with NGO's, religious groups and medical practitioners to mention but a few. In Tanzania with 17.6% prevalent rate of types II and III, Section 169A of the Sexual Offences Special Provisions Act of 1998 prohibits FGM. Punishment is imprisonment of from five to fifteen years or a fine not exceeding 300,000 shillings (approximately US$250) or both. There have been some arrests under this legislation, but no reports of prosecutions yet. Tanzania ratified the Maputo Protocol in 2007. In Nigeria, there is no Federal law banning the practice of FGM. Opponents of these practices rely on Section 34(1)(a) of the 1999 Constitution of the Federal Republic of Nigeria that states "no person shall be subjected to torture or inhuman or degrading treatment" as the basis for banning the practice nationwide. A member of the House of Representatives has drafted a bill, not yet in committee, to outlaw this practice (Verzin, 1975). Nigeria ratified the Maputo Protocol in 2005.The onus then lies on the women to rise to this challenge.

Need for Women to Protect their Reproductive Right Violation in Igbo Land

From history, women have been known to play prominent roles in a decaying society. Many women heroines had existed and saved their respective societies with their blood. For instance Joan of Arc of France (1412-1431) led the French army against the English. She dressed in men's cloth and commanded the army that laid siege on Orleans in 1429. She was captured and cruelly burnt at stake in 1431 but canonized a saint in 1920. Paradoxically, women have great potentials

for making the society great. In the Nigerian tradition, many heroines have been deified. Some are the national goddess of Kalabari (Akaso of Kalabari and Princess Inikpi of Igala land- the most courageous daughter of Attah of Igala who accepted to be buried alive in order to save her people from Benin invasion. Inikpi's statue is still at Idah (a town in Igala land). It was after the Igbo amazons (Greek female warriors who are like men) in most parts of the Eastern Region besieged the paramount chiefs in 1929, that they changed to Ishi Ani made up of a number of local elites involving large scale clans federation in 1930. By 1940 they adopted the best man policy (Okachamma) by not allowing only elders to rule. This trend continued in the East, until Nigeria got her independence from Great Britain by 1st October 1960.

It was a rural woman who through her initiative led the Aba women riot in 1929. This was part of the resistance against colonial disarticulation of Igbo political system which did not identify or recognize the role of classificatory sisters (Umuada). The Igbo women should rise to defend their reproductive right violation as a unified force. Such advocacy may be disastrous, but for Pythagoras (C. 6000 B.C) situations change calculation. From the perspective of Marcuse (1972), the need to create solidarity for human species, to abolish poverty, misery, political and cultural manipulation, or encrusted ignorance beyond all national frontiers and spheres of interest for the attainment of peace, is a goal that necessitates a struggle that cannot be contained by the rules and regulations of a pseudo-democracy. It does not matter if any attempt to denounce such vicious ideology tantamount to revolt or an abortive revolution; it is at least a turning point in the life of protesters. In as much as protest can help to abrogate an unlawful procedure, there is need for sexuality education of the girl child and counseling to create awareness in the girl child to make positive impact in her generation since knowledge is likely to nip the practice in the bud.

Summary and Conclusion

This paper is of the view that female circumcision is harmful to women. It is an act of violence against women. It can lead to death because of complications that may result from this mutilation. The paper inquired into the beliefs that informed female mutilation in Igbo land, and critically analyzed the beliefs. The beliefs were simply anchored on cultural and sexual interests. The paper therefore advocated for the Igbo women to revolt as a formidable force for their protection. Revolt is considered as an option because the security of women in diverse ethnic and national politics should be guaranteed by the International Bodies or Organizations such as, the UNO and NGO's. The rule of law ought to have definite sanctions or punishment for an offence, but in Nigeria as well as in Igbo land a breach of morals, ethics, norms of etiquette as well as female circumcision are not backed with definite sanctions whose application would serve as a deterrent. Women's groups can help by monitoring progress towards eliminating female genital mutilation and by helping to make sure that resources continue to be available when needed. Women's groups can support the promotion and protection of the health and development of women and girls by listening to what women affected by this practice have to say and by following their lead. The most appropriate way of abrogation therefore, is through girl-child education. Educating girls is one of the strongest ways not only to improve gender equality, but to promote economic growth and the healthy development of families, communities and nations. More educated women also tend to be healthier, participate more in the formal labor market, earn more income, have fewer children, and provide better health care and education to their children, all of which eventually improve the well-being of all individuals and lift households out of poverty. Education will also make the women more aware of the consequences of harmful cultural practices such as female genital mutilation and resist such practices on their children. These benefits of education will eventually transmit across generations, as well as to their communities at large.

REFERENCES

Akpochafo, W. P (2009).Social studies and feminist issues for Teacher education. Benin City Nigeria, Justice Jeco Press and Publishers Ltd.

Badawi M (1989). Epidemiology of female sexual castration in Cairo, Egypt. The truth seeker, July/August, 31-34.

De Silva S. (1989) Obstetric sequelae of female circumcision. European journal of obstetrics, gynaecology and reproductive biology, 32:233-240.

Egbutem, K. (2002). Stopping the Butchers. *Insider Weekly,* Lagos: Insider communication limited, April 22.p.12.

Egwuatu V.E, Agugua N.E.N (1981). Complications of female circumcision in NigerianIgbos. British journal of obstetrics and gynaecology, 88:1090- 1093.

Herman, D. (2001). The Rape Culture in John J. Macionis and Nigole, V. Benokraits, eds. *Seeing Ourselves: Classic Contemporary, and Cross Cultural Readings in Sociology,* (5thed). Upper saddle River, W.J: Prentice Hall.

Kere LA, Tapsoba I (1994). Charity will not liberate women. In: Private decisions, publicdebate. London, Panos Press.

Koso-Thomas O (1987)The circumcision of women: a strategy for eradication. London, Zed Press,

Le Monde *diplomatique*: p. 18. http://www.monde-diplomatique.fr/1998/09/STOLZ/10970

Macionis, J.J. (2006), *Society: The Basics,* (8thed). New Jersey: Pearson Education Inc. Brown 1966

Mayres, T.M, and Akenzua, G. (1985).Circumcision and Health among Rural Women in Southern Somalia as part of a Family Survey. *Health care Women Int.* 14, (3).

McDowell, J. & Hostetler, B (1996) *Handbook on Counseling Youth*; A comprehensive Guide for Equipping Youth Workers, Pastors, Teachers and Parents. Nigeria, Lagos; Bible for All Ltd.

Megafu U (1983). Female ritual circumcision of Africa: an investigation of the presumed benefits among Ibos of Nigeria. East African medical journal, 60:793-800.

Merriam-Webster (2009). Female Genital Cutting. *Encyclopædia Britannica 2009 Student and Home Edition.* Chicago: Encyclopædia Britannica.

Onah, N.G. (2008). Religion and Gender Problem in Nigeria: The Christian Religious Dimension. *Nsukka Journal of Religious Studies.*2, (1) 72-86.

Onwuka, C.C. (2010). Violence against women: An Exposeʹ of the Nature, Forms and Effects in Contemporary Social life. *International Journal of Research in and Social Sciences* 2, 458-473.

Report on harmful traditional practices that affect the health of the women and their children in Kenya. Nairobi, Maendeleoya Wanawake Organization, 1991.

Stolz, Joëllepr (1998). "Le Burkina Faso fait reculer l'excision" (in French).

Toubia, N. (1995). *Female Genital Mutilation: A call for Global Action* (2nd ed). New York: RAINBO.

UNICEF Nigeria (1998).Gender and Development Awareness and sensitization in Nigeria; Afro-orbis publication, Nigeria.

Van der Kwaak A. (1992). Female circumcision and gender identity: a questionable alliance. Social science and medicine, 35:777-787.

Verzin JA. Sequelae of female circumcision. Tropical doctor, 1975, 5:163-169.

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