CENTRE FOR FAMILY HEALTH INITIATIVE (CFHI)
...promoting health, protecting well-being

NEWSLETTER

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THE HIDDEN PRACTICE CALLED FEMALE GENITAL MUTILATION/CUTTING (FGM/C)

Recently, there was a call to introduce a subject relating to female genital mutilation/cutting into the curriculum of schools in order to create awareness on the dangers of this practice. Female Genital mutilation/Cutting remains a very sensitive and critical issue yet unsolved globally. Although, there seem to be a decline in the practice, the World Health Organization (WHO) states that more than **200 million girls and women** alive today have been cut in **30 countries** in Africa, the Middle East and Asia where FGM is concentrated. FGM is mostly carried out on young girls between infancy and **age 15**.

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ACHIEVING CONTROL OF HIV/AIDS EPIDEMIC THROUGH EVIDENCE (ACHIEVE PROJECT)

In this month, the **CFHI ACHIEVE** project team concentrated on advocacy visits to several communities and health facilities mapped out for the project. The communities visited were Paipe and Gishiri, reached to attain the engagement of the community in the programme activities that would ensue in subsequent months and have the community leaders pledge their support for the ACHIEVE project. During these visits various Chiefs of varied titles with members of their cabinets were seen and informed about the project's objectives and activities; as a result, the leaders cited their interest in the project and pledged to provide support to them during planned activities.

The purpose of the visit to the health facilities, which included the Primary Health Care (PHC) facility at Idu-Karimo and Gwarinpa General Hospital (GGH), was to get technical support from the staff of these facilities and strengthen the referral linkage already established between CFHI and these facilities. The desired outcome of these visits was attained after the designated project team met with the representative of the Idu-Karimo PHC's Officer in Charge (OIC) and the Secretary to the Chief Medical Director at GGH.

In subsequent months, the team plans to continue with its introductory visits to map out communities, enrollment of identified households, assessments of enrolled households and children and the delivery of services recommended from the evaluations carried out.

HIV/AIDS PREVENTION AND EMPOWERMENT PROJECT FOR YOUNG PEOPLE AND POSITIVE MOTHERS IN OBI COMMUNITY (HAPPY) PROJECT

In continuance of the **HAPPY** project, the project team conducted more introductory visits to various stakeholders in the Obi Local Government Area and carried out a screening exercise of all the individuals that were referred or who stated their interest in becoming Community Enlighteners (COMETs). After the screening process, successful candidates were selected and then trained for a week on the overview of the organization CFHI and the HAPPY project, as well as being provided with information on Project Management. In the end, an evaluation test was conducted for the participants and those who excelled were chosen and engaged as COMETs for the project.

Furthermore, to ensure that the CFHI project team's capacity for implementing and monitoring the project is increased, the members participated in relevant capacity building trainings by Action Aid and the Nasarawa state's Agency for the Control of AIDS (SACA).

To have an adequate number of COMETs engaged in the project, the coordinating team intends to carry out another training exercise for another set of community volunteers identified in subsequent community visits, with focus on engaging more females as COMETs for the project. The reason for the search for more female volunteers is because a desired output from this project is to have at risk adolescents, who are mostly girls, enrolled in the Youths and Adolescents clubs which is to be established.

Dear Friend of the Family,

Welcome to this edition of our newsletter, this edition will keep you updated on all our activities for the month of February, 2018.

This edition features the CFHI team advocacy visit to Paipe and Gishiri community and the meeting with representative of the Idu-Karimo PHC's Officer in Charge (OIC) and the Secretary to the Chief Medical Director at GGH of which we recorded major success.

Also on the HAPPY project, the team conducted more introductory visits to various stakeholders in the Obi Local Government Area and carried out a screening exercise for COMETS, finally, an article centred on the fundamental violation of the rights of children and women, **"The Hidden Practice called Female Genital Mutilation/Cutting"** which was specially chosen for your enlightenment.

Reports on other activities undertaken this month are also included in this newsletter.

Please do enjoy your reading.

Kind regards,

Princess Osita-Oleribe
Director, CFHI.

THE HIDDEN PRACTICE CALLED FEMALE GENITAL MUTILATION/CUTTING (FGM/C)

Continuation from cover page

Female Genital Mutilation (FGM) is the cutting, piercing and the removing of all or parts of the female external genitalia. Most people usually refer to this as the removal of the clitoris. This age long practice can also be referred to as Female Genitals Cutting (FGC). World Health Organization (WHO) went ahead to define FGM/C as all procedures which involve partial or total removal of the external female genitalia and/or injury to the female genital organs, whether for cultural or any other non-therapeutic reasons.
This practice in time past have been carried out by local/traditional circumcisers and who often play other roles in the community. Traditional circumcisers may also be referred to as "local doctors and/or herbs doctors" they are considered "experts" in the use of local herbs and in other areas as described by the people in the region where FGM is practiced. These circumcisers might have been trained on the practice handed over to them by their predecessors and so, the circle continues. UNICEF states that " large majority of girls and women are cut by a traditional practitioner, a category which includes local specialists (cutters or exciseuses), traditional birth attendants and, generally, older members of the community, usually women. This is true for **over 80 percent of the girls** who undergo the practice in Benin, Burkina Faso, Côte d'Ivoire, Eritrea, Ethiopia, Guinea, Mali, Niger, Tanzania and Yemen. In most countries, medical personnel, including doctors, nurses and certified midwives, are not widely involved in the practice."
Many may conclude that FGM/C might just be the partial/total removal of the "clitoris" but FGM/C has different types which could leave lasting or short-term complication on its victims and **FMG/C has been proven to have no health benefits**.
FGM/C has four types namely;
"Clitoridectomy": this process is the total removal or partial cutting of the clitoris. This type is mainly focused around the prepuce or the hood of the clitoris. This is also being referred to as **Type I**,

"Excision" and/or" sunna": This is the total or semi removal of the clitoris and labia minora. It is also known as **Type II**.

"Infibulation" and/or "Pharaonic": the clitoris may be left in place, but the labia are sewn together making the vaginal opening smaller. This kind is usually called **Type III**.

And lastly **"Unclassified" known as the Type IV:** this process may include but not limited to; cutting, piercing, incision, pricking or stretching of the clitoris and/or labia or the introduction of herbs or any harmful substance to the vaginal.

The Clitoridectomy (Type I) and Excision (Type II) are wildly practice around the world with less severe pains unlike the "Infibulation" otherwise known as Type III and/or the Type IV which are less practiced and the most severe. The TYPE III and/or TYPE IV may be considered extreme. A report from World Health Organization (WHO) states that, a recent estimate indicates that around 90% of cases include clitoridectomy, excision or cases where girls' genitals are "nicked" but no flesh removed (Type IV), and about 10% are infibulations. The clitoris is similar to the Penis of a man and therefore needs to be intact for the sexual health and pleasure of the woman.
Short-Term Complications; during these procedures, there may be experiences of short-term complications such as; excessive bleeding, severe pain, fever, shock and urinary problems, swelling tissues and sometimes even death. Notwithstanding, there are also **Long-Term Complications**, and this includes; infertility, difficulty in menstruation, the gradual formation of Cysts, infection in the reproductive system, genital ulcer and others. Furthermore, Female Genital Mutilation may come with psychological consequences such as trauma, low self-esteem, fear and others, it can as well lead to sexual complications.
HIV/AIDS and FGM: Among the

long-term complications associated with FGM practice is the transmission of HIV. The procedures used in FGM could be one major Problem to focus on and this increases their susceptibility to HIV/AIDS. This procedure is mostly carried out by non-Medical practitioners and this could be detrimental. Another aspects to focus on which could be a mode of transmission are the instruments; Knives and others used during the procedures without proper sterilization. This instrument may be contaminated thereby making the individual vulnerable. Sexual intercourse could be another mode of transmission because there is a possible increase risk of bleeding during sexual intercourse as a result of the FGM performed on the individual.

SOME NORMS SURROUNDING FGM IN THE HARD TO REACH AREAS: FGM/C is common within the western, eastern, and north-eastern regions of Africa. The practice is founded in traditional beliefs and societal pressure to conform. The government of Nigeria in the last decade recognized the practice as harmful to children and women and have embarked on corrective measures aimed at addressing the end of the practice openly and energetically through the formulation of policies, programmes, legislation and behavioral change that has currently helped in the reduction of its prevalence. Nigeria in the past had the highest absolute number of cases of FGM/C in the world amounting for about **one quarter of the estimated 115-130 million circumcised women** in the world, this is in accordance with a report from UNICEF.

There may be reasons surrounding the practice of female genital mutilations (FGM) and this may vary from one country, region, and cultures to another. Also, this may include reasons centered on personal perceptions/beliefs, exposure and others. Although, culture reminds distinct and beautiful, there are some barbaric, harmful and hidden cultural practices/beliefs detrimental to the girl child hence these needs to be addressed.

In communities where FGM is considered a norm, the need to remain relevant in the community may be a strong conviction to be involved in the practice. FGM in some communities are considered part of the way to raise a girl child in preparation for marriage, also believing that with this practice there is a chance to increase the marriage-ability of the child because virginity remains a sacred gift in marriage, to them it portrays modesty and decency, hence, the practice of FGM/C to prevent premarital sex to retain the Virginity of the girl child and to prevent the shame/embarrassment the girl may bring in the future.

One of the limitations and challenges highlighted by UNICEF is attitudes, traditions, customs and beliefs which needs to change and until there is a change in the **cultural beliefs** that supports this detrimental practice then the numbers of the effected will be on the increase. In the practice of FGM; infancy, adolescence and younger women are the highest at risk. UNICEF in a 2014 research states that; "If there is no reduction in the practice between now and 2050, the number of girls cut each year will grow from **3.6 million in 2013** to **6.6 million in 2050**. But if the rate of progress achieved over the last 30 years is maintained, the number of girls affected annually will go from **3.6 million** today to **4.1 million in 2050**.

Processes on how to stop this practice and researches about the practice of Female Genital Mutilation are ongoing by different countries alongside organizations all directed towards the elimination of FGM.

In Nigeria, processes to abolish this practice is ongoing;

- Two nationwide studies have given estimates of the prevalence of FGM in the country: the 1999 National Demographic Health Survey and the National Baseline Survey of positive and harmful traditional practices affecting women and girls in Nigeria.

- There is a National Policy on Female Genital Mutilation (October 2000) and a National Strategic Plan of Action as a multi-sectoral approach to eliminate Female genital Mutilation.

- The Federal Ministry of Women Affairs in year 2000 undertook a zonal advocacy and sensitization programme to traditional rulers, religious leaders and policy makers to increase awareness on harmful traditional practices resulting in state legislations and consequently reducing in these practices.

- The 2003 Nigeria Demographic and Health Surveys was conducted by the National Population Commission of the federal Republic of Nigeria with technical assistance from the U.S Agency for International Development. (USAID). (Source UNICEF).

There is a need to create awareness about the dangers of Female genital Mutilation, as well as carrying out strong advocacy against the practice of FGM, the display of information on the media is another important way to ensure no one is left behind. Not leaving behind the ones affected, reaching out a hand of love and hope. The government in the abolishment of FGM is one important aspect, a bill should be passed against FGM, and a means of livelihood should be provided for the circumcisers to enable a reduction in the practice. There is a need to come together and fight against FGM.

OTHER CFHI PROJECTS AND ACTIVITIES: NETWORK MEETINGS AND PSYCHOSOCIAL SUPPORT FOR A RUNAWAY OVC

Seeing Nigeria's inadequate response services for sexually abused children, especially with the gap in the referral mechanism in existence, the **Sexual Offences Awareness and Victim Rehabilitation Initiative (SOAR)** in collaboration with the **North Central zone of the Network of Civil Society Against Child Trafficking, Abuse and Labor (NACTAL)** organized a two-session roundtable meeting. CFHI was invited to be among the **12 CSOs**, who were members of the NACTAL network, some National Youth

Service Corp officials and members, security institutions, media representatives, and several governmental bodies participated in this consultative meeting.

At these meetings, all CSOs working in this programmatic area were identified and strategic plans on how to develop an effective referral system for all observed, reported and related cases were discussed. The discussions that occurred, stemmed up from the participating CSOs presentations on their findings during their delivery of services. As a result of these meetings, several referral processes are being designed to ensure that all relevant bodies are adequately interlinked and there is a good flow of information amongst them.

During the course of the month, a runaway adolescent enrolled in CFHI's OVC program was reported to the organization by her family members. The 14-year-old, who **has been receiving educational support from CFHI in the past years**, was later found living with "a friend". To address the case appropriately, the OVC focal person reintegrated the girl with her family, **had series of counselling sessions** with the girl and provided **educational mentoring** to ensure she stays in course with her school work. These interventions are to be continued for a protracted period, so as to ensure that the root cause/s of this behavior is/are addressed and to prevent the girl from dropping out of school.

A follow-up visit was conducted to the home of **a child abuse victim, Martina;** which was reported last year with response services already delivered. The purpose of this visit is to assess if the state of the child after the interventions provided was now favorable or if there was a need to integrate her into foster care services. On assessment, the visiting team noticed that Martina's Mother, the abuser, was now reformed and Martina is now being taken care of. More follow-up visits would be carried out, till all indicators of abuse being assessed are eliminated.

THROW BACK PHOTOS FROM SOME OF OUR LAST YEAR EVENTS

>>> Check the top right corner of this page.

A photo collage from our HES Training 2017

Interested in helping in any aspect of our work ?

Persons interested in donating to our activities, offering volunteer services or partnering with us, are always welcome. All CFHI's projects are community based and family-centred, so that our beneficiaries are reached with activities that proffer sustainable solutions.

Therefore, persons or organizations concerned with improving community health, sustainable socio-economic empowerment and the development of family-centred policies should please contact us.

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