International Journal of Academic Multidisciplinary Research (IJAMR)
ISSN: 2643-9670
Vol. 8 Issue 7 July - 2024, Pages: 171-182

Impact of Female Genital Mutilation on Women Productivity in Agriculture: A Cause for Concern

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Abstract: *This review article delves into the harmful practice of female genital mutilation (FGM) in Nigeria, particularly its impact on agricultural production and women's productivity. The article highlights the prevalence of female genital mutilation in Nigeria, its cultural and religious justifications, and the detrimental effects it has on women's physical and mental health and agricultural production. The review also discusses efforts to eradicate the practice, including legislation, health interventions, education programs, and community mobilization. Case studies from organizations such as Care International, World Vision, UNDP, Tostan, and Safe House Foundation demonstrate successful initiatives to combat female genital mutilation and promote gender equality in agriculture. The role of men and boys in ending female genital mutilation is emphasized, highlighting the importance of education, advocacy, and challenging harmful gender norms. Furthermore, the impact of education and awareness on reducing the prevalence of female genital mutilation and empowering women in agriculture is discussed, citing studies that show the positive outcomes of such initiatives. Overall, the article underscores the importance of education, awareness, and community engagement in addressing the harmful practice of female genital mutilation and promoting gender equality in agriculture in Nigeria and beyond.*

Keyword: Gender, mutilation, genital, harmful practices, clitoridectomy, Girl-child concerns, empowerment and violation

Introduction

In Sub-Saharan Africa, hundreds of thousands of women and children develop complications and die from harmful cultural practices and pregnancy-related conditions. This region has also continued to record the worst maternal and perinatal indices in the world. With the target date of 2015 long gone, many low resource countries such as Nigeria—which account for approximately 10% of the world's population couldn't achieve the targets of Millennium Development Goals (MDGs) 3, 4, and 5: to promote gender equality, to reduce child mortality by two-thirds, and to reduce maternal mortality by three-quarters, respectively (UN, 2006). These setbacks can be attributed to numerous factors, among which are harmful cultural practices such as female genital mutilation (FGM), popularly referred to as female circumcision. Female genital mutilation remains a pressing issue that has been recognized as a violation of human and child rights. It has been reported that approximately 3 million women and girls are subjected to genital mutilation every year, while between 100 and 140 million have already undergone the procedure with most of whom live in 28 countries in Africa and western Asia (UNICEF, 2001; WHO, 2013). There is reliable evidence about the harmful effects of female genital mutilation, especially on reproductive outcomes. It is, therefore, important to review its impact on agricultural production in a country like Nigeria.

Female genital mutilation is widely practiced in Nigeria, and with its large population. Nigeria has the highest absolute number of cases in the world, accounting for about one-quarter of the estimated 115–130 million circumcised women worldwide (UNICEF, 2001). In Nigeria, it has the highest prevalence in the south-south (77%) (among adult women), followed by the south east (68%) and south west (65%), but practiced on a smaller scale in the north, paradoxically tending to in a more extreme form. According to (Odoi, 2005; Adegoke, 2005) Nigeria has a population of about 200 million people with the women population forming 52%. (Amafade et al, 2022). The national prevalence rate of this proceedure is 41% among adult women. Prevalence rates progressively decline in the young age groups and 37% of circumcised women do not want it to continue (UNICEF, 2001). 61% of women who do not want female genital mutilation said it was a bad harmful tradition and 22% said it was against religion. Other reasons cited were medical complications (22%), painful personal experience (10%), and the view that the practice is against the dignity of women (10%), (UNICEF, 2001). However, there is still considerable support for the practice in areas where it is deeply rooted in local tradition (UNICEF, 2001). Female genital mutilation is the removal of the external female genitalia or the injury of the genital organs for non-medical reasons or purpose. It is considered as a necessary step which take girls from childhood into female adulthood and maturity in the eyes of the adults in her clan. It is also referred by other scholars as female imitation (FI) or female cutting (FC).

Despite the growing influence of globalization, socio-cultural norms and traditional practices are still very strong in most Nigerian communities. The conflict between tradition and modernity is apparent in many areas, particularly with regards to gender and human rights issues, the development and behaviour of young people and the health beliefs and health-seeking behavior at community and

household levels. On one hand, a number of cultural norms and practices in Nigeria have positive values and implications for health. On the other hand, practices such as female genital mutilation may increase vulnerability of women to infections which could be life threatening. Female genital mutilation is a practice whose origin and significance is shrouded in secrecy, uncertainty, and confusion (WHO, 2013). The origin of female genital mutilation is fraught with controversy either as an initiation ceremony of young girls into womanhood or to ensure virginity and curb promiscuity, or to protect female modesty and chastity. (Asaad, 2008) The ritual has been so widespread that it could not have risen from a single origin. (Odoi, 2005; Hathout, 2019, Hosken, 2012).

Types/variation of female genital mutilation in Nigeria

Female genital mutilation practice in Nigeria is classified into four types (WHO, 1997) as follows;
Clitoridectomy or Type I (the least severe form of the practice): It involves the removal of the prepuce or the hood of the clitoris and all or part of the clitoris. In Nigeria, this usually involves excision of only a part of the clitoris.

Sunna or Type II: This is a more severe practice that involves the removal of the clitoris along with partial or total excision of the labia minora. Type I and Type II are more widespread but less harmful compared to the type known as infibulation or type iii.

Infibulation or Type III: This is the most severe form of mutilation. It involves the removal of the clitoris, the labia minora and adjacent medial part of the labia majora and the stitching of the vaginal orifice, leaving an opening of the size of a pin head to allow for menstrual flow or urine.

The practice of female genital mutilation reflects deep-rooted inequality between the sexes and constitutes an extreme form of discrimination against women. It involves violation of rights of the children and violation of a person's right to health, security, and physical integrity, the right to be free from torture and cruel, inhuman, or degrading treatment, and the right to life when the procedure results in death. Furthermore, girls usually undergo the practice without their informed consent, depriving them of the opportunity to make independent decision about their bodies.

Current situation of female genital mutilation in Nigeria

Female genital mutilation is widespread in Nigeria. Some sociocultural determinants have been identified as supporting this avoidable practice. The practice is still deeply entrenched in the Nigerian society where critical decision makers are grandmothers, mothers, women, opinion leaders, men and age groups. WHO, (2017). According to Yoder & Khan (2007), it is an extreme example of discrimination based on sex. Often used as a way to control women's sexuality, the practice is closely associated with girls' marriageability (Mackie, 2016). Mothers chose to subject their daughters to the practice to protect them from being ostracized, beaten, shunned, or disgraced. (Mackie, 2016; UNICEF, 2003). It was traditionally the specialization of traditional leaders' traditional birth attendants or members of the community known for the trade. There is, however, the phenomenon of "medicalization" which has introduced modern health practitioners and community health workers into the trade, (WHO, 2015). The World Health Organization is strongly against this medicalization and has advised that neither female genital mutilation be institutionalized nor should any form of it be performed by any health professional in any setting, including hospitals or in the home setting. (WHO, 2015).

Perceived justifications for sustaining female genital mutilation

There are many reasons adduced by families and communities for the practice in Nigeria, ranging from cultural reasons to its use in curbing sexual appetites of women and girls in the community: rite of passage into adulthood and as part of naming ceremony. For example, in some communities in Enugu state in South East Nigeria, the practice is conducted on the eighth day after a girl's birth, to coincide with the child's naming ceremony. The combined ceremony is a festive event that attracts gifts for the new-born baby and refreshments/entertainments for guests, but the naming and cutting are linked together (Ugwu, 2019). Because of this linkage, poor mothers cannot resist the mutilation of their female child because if they did, there would be no naming ceremony for the child. Other reasons adduced are: preservation of chastity and purification of the girl child. Family honour, hygiene, aesthetic reasons, protection of virginity and prevention of promiscuity, modification of socio-sexual attitudes (countering failure of a woman to attain orgasm), increased sexual pleasure of husband, enhancing fertility and increasing matrimonial opportunities (Verzin, 2000). Worsely in 2012, also noted other reasons which include, to prevent mother and child from dying during childbirth, and for legal reasons (one cannot inherit property if not circumcised). In some parts of Nigeria, the cut edges of the external genitalia are smeared with secretions from a snail footpad with the belief that the snail being a slow animal would influence the circumcised girl to "go slow" with sexual activities in future. (Akpuaka, 2017). However, the procedure is often routinely performed as an integral part of social conformity and in line with community identity.

Nigerian cultural beliefs and norms play a significant role in the perpetuation of female genital mutilation. This practice is deeply entrenched in Nigerian culture, and many communities view it as an integral part of their cultural identity and tradition. According to UNICEF, Nigeria has the highest prevalence of female genital mutilation in Africa, with an estimated 19.9 million women and girls having undergone the procedure (UNICEF, 2020). One of such belief is that it is necessary to control a woman's sexuality. The practice of female circumcision is often viewed as a way of ensuring that women remain "pure" and "chaste" until marriage. In many communities, there is a belief that a woman's value and worth are tied to her virginity, and the practice is seen as a way of preserving this. This belief drives many families to have their daughters undergo genital mutilation, as they believe it will enhance their marriage prospects and protect their honor. Another cultural norm that perpetuates it is the belief that it is a rite of passage that marks the transition from girlhood to womanhood. For instance, in some parts of Africa, it is considered a necessary part of traditional initiation ceremonies and is deeply entwined with local cultures (UNICEF, 2020). Girls who do not undergo this practice may be seen as immature or incapable of fulfilling their roles as women in society. As a result, parents may feel pressured to have their daughters undergo the procedure in order to ensure their social acceptance and integration.

Religion is another factor that contributes to the persistence of female genital mutilation. In some communities, female circumcision is believed to be mandated by religion. For instance, some Muslim communities practice female circumcision as they believe it is a religious obligation. However, this belief is not supported by religious scriptures as female circumcision is not mentioned in the Quran (WHO, 2016). Nevertheless, in some Muslim cultures, female circumcision is a deeply ingrained practice that is viewed as an integral part of religious identity. As a result, religious leaders are often involved in promoting and sustaining the practice.

Social factors such as patriarchy reinforce and sustain the practice of female genital mutilation. In many societies, women are not accorded the same value as men, and their sexuality is seen as a threat to men's dominance and control. The practice is often used as a means of controlling women's sexuality and ensuring that they remain submissive and obedient to men. In addition, female genital mutilation is viewed as a way of ensuring social status and acceptance for girls and women in their communities. By undergoing this procedure, women and girls may gain social recognition and esteem (Toubia, 1995). In some cases, people may use the practice as a way of establishing social bonds and maintaining social cohesion.

Criticism of female genital mutilation

The practice has been widely criticized by various international organizations, including the World Health Organization, the United Nations, and the United Nations Children's Fund (UNICEF) including human rights organizations, health professionals, and advocates for women's rights. In 2012, the United Nations General Assembly adopted a resolution calling for a global ban on the practice of female genital mutilation. The following are some criticisms of female genital mutilation;
A violation of human rights: The practice is considered a violation of the human rights of women and girls. The United Nations (UN) has condemned the practice as a violation of women's rights, and it has also been recognized as a form of torture.

Harmful to physical and mental health: The practice can cause a range of physical and mental health problems, including pain, infection, infertility, childbirth complications, and psychological trauma.

Not required by any religion: The practice is not required by any religion, including Islam. While it is practiced in some Muslim-majority countries and communities, it is not considered a religious requirement.

It perpetuates gender inequality: The practice is often used as a way to control and oppress women and girls, limiting their opportunities and perpetuating gender inequality.

It has no medical benefits: The practice has no proven medical benefits and is considered a harmful practice by the World Health Organization (WHO) and other health organizations.

Studies have shown that female genital mutilation is often linked with other forms of gender-based violence, including domestic violence, forced marriages, and sexual violence. This is particularly true in agricultural communities, where women and girls are often subject to multiple forms of violence. There is a growing body of research on the intersection between female genital mutilation and other forms of gender-based violence in agricultural communities. A study conducted in Kenya found that women who had undergone this procedure were more likely to experience domestic violence than those who had not undergone it (Kandala et al., 2014). Another study conducted in Ethiopia found that women who had undergone the procedure were more likely to experience sexual violence and forced marriage than those who had not undergone the practice (Asefa & Bekele, 2015). Also, a study conducted in Sudan found that women who had undergone the circumcision procedure were more likely to have experienced sexual violence, physical violence, and emotional violence than women who had not undergone the procedure (Yount et al., 2016). Therefore, it is

essential to understand the intersection between female genital mutilation and other forms of gender-based violence in agricultural communities to develop appropriate interventions to address multiple forms of violence against women.

Efforts to eradicate the effect of female genital mutilation

Efforts to eradicate the effect of the practice have been ongoing for decades, with efforts ranging from legislation to educational programs and community mobilization. Some of the notable efforts made so far in eradicating the effect of female genital mutilation are:

Legislation: Many countries have passed laws criminalizing the practice and related practices. For example, in Kenya, it was criminalized in 2011 through the Prohibition of Female Genital Mutilation Act. In Nigeria, the Violence Against Persons Prohibition Act criminalizes the practice and provides for penalties ranging from fines to imprisonment.

Health interventions: Health organizations have worked to improve health outcomes for girls and women who have undergone female genital mutilation. These interventions include providing medical and emotional support for girls and women who have undergone female genital mutilation, as well as training healthcare providers to provide culturally appropriate care.

Education and awareness programs: Many organizations work to increase knowledge and awareness of the harmful effects of the practice. For example, the Maasai Girls Education Fund works with Maasai communities in Kenya to provide education and resources to girls and their families to prevent female genital mutilation.

Community mobilization: Activists and community leaders have worked to change cultural attitudes and practices around the practice of female circumcision. For example, the Girl Generation works with African communities to promote the abandonment of the practice and empower girls and women.

In Nigeria, the following has been recorded as effort to eradicate female genital mutilation.
Legal framework: In 2015, Nigeria passed a federal law prohibiting female genital mutilation, with a penalty of up to four years imprisonment or a fine of ₦200,000 ($500). Some states within the country have also passed their own laws prohibiting the practice.

Advocacy and awareness-raising: Several organizations in Nigeria, such as the Girl-Child Concerns and the Society for the Improvement of Rural People, have conducted awareness campaigns in rural areas to educate people on the harmful effects of the practice. These campaigns have also helped to dispel some of the myths and misconceptions surrounding the practice.

Community engagement: Several organizations are working with community leaders and traditional birth attendants in rural areas to help them understand the harmful effects of female circumcision and to advocate for the end of the practice.

Health sector interventions: Some organizations have trained healthcare workers on how to manage the complications that arise from female genital mutilation, such as excessive bleeding, infections, and childbirth complications.

Impact on Agricultural Productivity

The practice has both immediate and long-term health consequences for women. The immediate effects of the procedure include pain, bleeding, shock, and infection. Long-term consequences including chronic pain, sexual dysfunction, urinary tract infections, infertility, and complications during childbirth (WHO, 2020). According to a study by UNFPA Nigeria (2018), 44% of women who have undergone the procedure have experienced health complications as a result.

Agriculture is a significant sector in Nigeria, accounting for over 23% of the country's GDP (World Bank, 2021). Women play a vital role in agriculture, contributing significantly to food production and labor. However, the practice hinders women's productivity in agriculture by reducing their physical ability to engage in farm work due to chronic pain, infections, and reduced mobility (UNFPA Nigeria, 2018). According Shell-Duncan & Hernlund (2000), female genital mutilation can lead to health complications that can affect productivity among women. A study conducted by the Health Education and Empowerment Initiative in Nigeria found that women who had undergone the procedure missed an average of five days of work per month due to health complications (Health Education and Empowerment Initiative, 2019). This absenteeism affects their productivity, income, and contributes to the cycle of poverty.

This practice has resulted in the displacement of young girls and women from rural areas. Many girls who have undergone the procedure are forced to drop out of school, limiting their education and job opportunities, which has a direct impact on their ability to participate in agriculture and contribute to food security. According to a study by UNICEF, girls who undergo the procedure are

more likely to drop out of school and have a greater risk of poverty, limiting their ability to access education, health services, and employment opportunities. The displacement of girls and women from rural areas has also led to a labour shortage in agriculture, which has a direct impact on food security. Women play a significant role in agriculture in Nigeria, accounting for up to 70% of the workforce. The loss of female labour has resulted in a decrease in agricultural productivity and a shortage of farm labor, which has a direct impact on food security.

Furthermore, the practice can also result in infertility and maternal mortality due to complications during childbirth, both of which can affect agriculture by reducing population growth and reducing the availability of labour (kandala & Ezejimofor, 2015). The practice has also led to health problems, including infections and complications during childbirth, which has a direct impact on food security. Women who undergo the procedure are more likely to experience complications during childbirth, which can result in maternal mortality and an increased risk of malnutrition and food insecurity for their children.

Eleora (2021) noted that many communities where the practice of female genital mutilation is prevalent, women are often the primary agricultural workers, responsible for tasks such as planting, harvesting, and tending to livestock. The physical and psychological consequences of the procedure can have a direct impact on women's ability to engage in agricultural activities effectively. She went further to summarise these implication into four;

Physical Health Impacts: Female genital mutilation can lead to a range of physical health complications that can hinder women's productivity in agriculture. These may include chronic pain, infections, complications during childbirth, and difficulty in carrying out physically demanding tasks in the fields. Women who have undergone FGM may experience ongoing health issues that limit their ability to work effectively in agriculture.

Psychological Effects: The procedure can also have profound psychological effects on women, including trauma, anxiety, depression, and low self-esteem. These psychological impacts can affect women's motivation, confidence, and overall well-being, which in turn can impact their productivity in agriculture. Women who have experienced this procedure may struggle to focus on their work, make decisions, or interact with others in the agricultural sector.

Social Stigma and Discrimination: In communities where procedure is practiced, women who have not undergone the procedure may face social stigma, discrimination, and exclusion. This can create barriers to accessing resources, training, and opportunities in agriculture, limiting their productivity and economic empowerment. Women may also face challenges in leadership roles, decision-making, and participating in community agricultural activities due to the stigma associated with not undergoing the procedure.

Barriers to Education and Training: Women who have undergone procedure may have limited access to formal education, vocational training, and extension services that could enhance their agricultural skills and productivity. Lack of education and training opportunities can further perpetuate the cycle of poverty and limited economic opportunities for women in agriculture.

Case studies on female genital mutilation

Care International (2015) "Building Resilience Through Women's Empowerment." Case Study Report: Kenya.

In this report, Care International shares a case study of its project on building resilience among pastoralist communities in Kenya, which includes efforts to address female genital mutilation and promote women's empowerment in agriculture. The project involved community dialogues and awareness-raising meetings to promote behavior change, as well as training and capacity-building for women in farming and livestock management. The project resulted in a decrease in the prevalence of the practice in the community and significant improvements in women's economic empowerment and food security.

Care International is a globally recognized humanitarian organization that strives to end female genital mutilation (FGM) and raise awareness about the dangers of this harmful practice. For years, the practice of female circumcision has been practiced in many countries across the world, leading to serious physical and psychological health effects on women and girls. Care International aims to support communities in bringing an end to the practice by implementing community-based programs that focus on health education, prevention, and protection of girls and women. The organization believes that empowering communities and working with them to challenge and change harmful cultural norms is the key to combatting the practice.
The organization works with local partners to train health workers, youth groups, and religious leaders to better understand female circumcision and its consequences and have reached thousands of women who are at risk of the practice.

Care International's efforts have contributed to the decline of the practice of female genital mutilation in many countries. For example, in Ethiopia, the prevalence of female circumcision has decreased from 74% in 2005 to 65% in 2015, in part due to the organization's efforts. In Sierra Leone, Care International has also been successful in ending female circumcision within 30 communities through community-led initiatives. In addition to its community-based approach, Care International advocates for policy changes and increased funding to end the practice of female circumcision globally. The organization has, for instance, partnered with other advocacy groups and United Nations agencies to promote the adoption of laws criminalizing the practice and ensure the protection of women and girls.

World Vision (2017). "Combating Female Genital Mutilation / Cutting and Promoting Gender Equality through Farming." Case Study from Mali.

This case study from World Vision details their initiatives to support women's empowerment in agriculture and end female genital mutilation among the Bambara ethnic group in Mali. The initiative encouraged group talks and herd management in addition to female education and alternate forms of income for women. The community has seen a decline in female genital mutilation and gender equality, but the women who took part in the poll said they had more control over decisions made at home and had access to better employment opportunities.
World Vision is a global humanitarian organization that has been aggressively fighting female genital mutilation and supporting the affected communities. To put a stop to female genital mutilation, World Vision has contributed the following:

Education and Community Involvement: World Vision works with local populations to encourage behavior change and raise awareness of the detrimental impacts of female genital mutilation. Influential, religious, and community leaders are taking part in the effort to make the practice illegal. Group talks, awareness initiatives, and community get-togethers challenge the cultural norms and beliefs that support female genital mutilation. The goal of World Vision's child protection initiatives is to halt and address all forms of abuse, including female genital mutilation. As a result, there are fewer cases of female genital mutilation in societies, households, or organizations. In addition, World Vision funds programs run by survivors that offer girls and women who have been mutilated by female genital mutilation physical and psychological help.

Strong national legal frameworks and policies that shield women and girls from female genital mutilation are vigorously promoted by World Vision. Concerned about female genital mutilation as a violation of human rights, they collaborate with governments, civil society organizations, and other concerned parties. Through policy discussions and advocacy, World Vision seeks to ensure that the laws against female genital mutilation are properly applied and improved.
World Vision gathers information and carries out studies on the practice to have a better understanding of the extent and impacts of female genital mutilation. With this knowledge, evidence-based treatments and preventative measures for female genital mutilation can be implemented with effectiveness. Understanding the social, cultural, and health implications of female genital mutilation is another goal of World Vision's research.

Collaborations & Partnerships: In order to end female genital mutilation, World Vision collaborates with local authorities, organizations, and communities in the region. They optimize resources, streamline operations, and increase program effectiveness by collaborating with global non-governmental organizations, international agencies, and grassroots groups in different regions.

UNDP (2016) "Empowerment for Girls and Women in Agriculture: A Case Study from Sierra Leone."

The United Nations Development Programme (UNDP) highlights the results of their project to empower women in agriculture and stop female genital mutilation in Sierra Leone in this case study. The project includes instructing women in farming and agribusiness in addition to organizing community awareness-raising events to promote behavior change. The program was successful in reducing the incidence of female genital mutilation in the target areas and improving women's empowerment by giving them more control over household decision-making and higher income. The UNDP has taken the lead in the global campaign to end female genital mutilation . UNDP has taken the following actions, among others, to stop female genital mutilation:

Legal framework: UNDP provides nations with assistance in creating and enforcing more robust legal frameworks and policies to counter female genital mutilation. In order to ensure compliance with national laws and policies, UNDP also helps to develop enforcement and monitoring systems.

Prevention and Awareness-Building: The UNDP works with local communities to raise awareness and put an end to female genital mutilation. They engage in conversation with local players about the detrimental effects of female genital mutilation and behavior modification. The UNDP also provides technical assistance for campaigns and programs that are led by local groups.

Empowering Women and Girls: The UNDP promotes gender equality and women's empowerment as crucial components of programs to eradicate female genital mutilation. They support girls' education and provide opportunities for women in places where female genital mutilation is practiced to gain economic independence. Additionally, UNDP strengthens women's capacity for leadership and decision-making.

Research and Data Analysis: In order to increase understanding of female genital mutilation and its effects on women and girls, UNDP conducts research and analyses data. Keeping this knowledge in mind, evidence-based interventions and strategies are created to address and prevent female genital mutilation.

Partnerships and Advocacy: UNDP works with governments, affected communities, civil society organizations, and other UN agencies to end female genital mutilation. They support and take part in national, regional, and international policy debates aimed at enhancing the way that the practice is addressed.

The UNDP implemented the "Education for Empowerment" initiative, focusing on communities that practice female genital mutilation in collaboration with civil society organizations and the Nigerian government. Providing women and girls with opportunities for economic development and education was the initiative's main goal. The initiative gave women and girls the tools they needed to explore for alternative sources of income and to combat the practice of female genital mutilation through business development support, vocational training, and scholarships. This intervention promoted women's empowerment in addition to reducing the incidence of female genital mutilation by improving women's access to economic resources and education (UNDP Nigeria, n.d.). Together with UNFPA and UNICEF, the UNDP implemented the "Joint Programme on Female Genital Mutilation" in Nigeria. The campaign, which involved women's organizations, young people, medical professionals, and community leaders, aimed to promote the ending of female genital mutilation. It required a comprehensive approach that included providing healthcare services to survivors, increasing awareness through campaigns, and developing capacity. Strengthening the legal and policy response to female genital mutilation was another major focus of the effort. The intervention impacted behavior and decreased the practice's frequency by causing a noticeable increase in community debate on the harmful effects of female genital mutilation (UNFPA Nigeria, 2020).

Tostan's Community Empowerment Program-Senegal

Operational in numerous African nations, including Senegal, the Tostan Community Empowerment Program has won praise for its efforts to stop female genital mutilation (FGM) in the area. In Senegal's areas where it operates, the program has been effective in lowering the practice of female genital mutilation by enabling communities to make their own decisions and encouraging discussion on delicate topics (Utz-Billing & Kentenich, 2008). Tostan deals with female genital mutilation via teaching and discussion rather than by confrontation and condemnation. In order to help communities make educated decisions about their practices and to increase knowledge of the negative consequences of female genital mutilation, the program collaborates. Tostan has contributed to dismantle firmly held cultural views about female genital mutilation by educating people about human rights, health, and cleanliness (Utz-Billing & Kentenich, 2008).

Tostan's strategy includes the adoption of community-led statements, in which locals promise to stop performing female genital mutilation. Signed by members and leaders of the community, these declarations act as an outward pledge to change and have been successful in encouraging a feeling of responsibility and ownership (Shell-Duncan et al., 2013). Research indicates that Tostan's strategy has been effective in lowering the frequency of female genital mutilation in Senegal. Areas where Tostan had been operating showed a far lower rate of female genital mutilation than areas without Tostan's participation, according to a Population Council research (Diop & Askew, 2009). All things considered, Tostan has been successful in effecting good change in Senegal with his community-led strategy to combat female genital mutilation. The program has contributed to question deeply rooted cultural ideas and lower the incidence of female genital mutilation by enabling communities to make their own decisions and encouraging discussion on delicate subjects.

Community Empowerment Program (CEP) is the main initiative of grassroots organization Tostan, which has been fighting to eradicate female genital mutilation in West Africa since 1991. The initiative aims to encourage social change and enable communities to act in order to better the lot of women and girls. It seeks to build a network of civic groups committed to advancing constructive social change and includes instruction on human rights, democracy, cleanliness, and health. Apart from combating female genital mutilation, the initiative has advanced women's participation in agriculture. Beekeeping and vegetable gardening are two new talents that women pick up that raise their income and social standing. They also get instruction in product marketing and negotiating higher rates. They can so create more stable lives and grow more autonomous, having greater say over their resources and decision-making procedures.

Education and Empowerment Program – Somalia

UNICEF noted that, about 98 percent of women in Somalia have undergone female genital mutilation, making it one of the most commonplace countries in the world. Deeply ingrained in Somali culture, this custom is seen as a rite of passage for girls to become women.
Female genital mutilation is fought in Somalia in large part via the Education and Empowerment Program. To help women and girls in particular make educated decisions, the initiative seeks to increase awareness and education in communities. Through education of girls and their families on the negative consequences of the practice, this initiative has made major attempts to address the problem in Somalia. They work along with traditional and religious leaders as well to encourage community discussion and increase knowledge of the negative consequences of female genital mutilation. The Somalian Education and Empowerment Program has advanced consensus-building and community-led discussions significantly. They ask the community to talk about and express their opinions on female genital mutilation at frequent gatherings and discussions so that a solution may be found. Raising knowledge and lowering the occurrence of female genital mutilation in Somalia have been successful goals of this approach. Besides, the programme gave women a forum to express their opposition to female genital mutilation. Women are urged to talk about their experiences and how female genital mutilation affects their health and wellbeing during awareness-raising activities and seminars.

In Somalia, the Education and Empowerment Project (EEP) is a multifaceted initiative meant to empower women and stop gender-based violence, such as female genital mutilation. The initiative takes a rights-based strategy that gives economic growth, healthcare access, and education first priority. Working with religious leaders, who are crucial in encouraging and maintaining the practice, the initiative addresses female genital mutilation. The effort also engages the locals to promote alternate rites of passage and to increase knowledge of the harmful consequences of female genital mutilation. The program offers vocational training and support with income-generating activities in order to encourage women's economic empowerment. Along with learning skills like weaving, soap-making, and tailoring, women get help marketing their goods. People can so better support themselves and their families and enjoy greater control over their lives and resources.

Safe House Foundation – Kenya

The Safe House Foundation is a non-governmental organization (NGO) founded in Kenya that is dedicated to campaigning against female genital mutilation. The charity was started in 2007 by a survivor, Agnes Pareyio, who was motivated to stop other girls and women from experiencing the painful practice. Safe House Foundation provides a safe haven for girls who have experienced genital mutilation to rehabilitate and receive education, and also creates awareness among local communities about the dangers of the practice.

Safe House Foundation has contributed greatly towards the fight against female genital mutilation in Kenya. Through their advocacy campaigns and awareness-raising initiatives, they have able to spread the message about the detrimental effects of the practice, including the physical and psychological damage it does to girls and women. The group works closely with local leaders and communities to convince people to stop the practice and promote alternative rites of passage for girls. One of the important successes of Safe House Foundation is the introduction of alternative rites of passage ceremonies for girls. These ceremonies give a cultural alternative to female circumcision and enable girls move into womanhood without experiencing the damaging practice. The organization has managed to persuade numerous communities in Kenya to reject such practice and adopt these alternative rites of passage. Safe House Foundation has also aided survivors by providing them with a safe location to rehabilitate and receive knowledge. The group offers a rescue facility where girls who have undergone the procedure or are at risk can get shelter, food, and access to education. The center has helped many girls escape from negative impact of the practice and receive support to reconstruct their lives.

The Girls' Power Initiative (GPI)

The GPI is a local NGO in Nigeria that has been working to address female genital mutilation and promote girls' rights and development. The UNDP has helped GPI in numerous ways, including giving technical assistance and financial support. GPI's solutions involve conducting workshops and training sessions for girls, parents, and community leaders to raise awareness about the detrimental repercussions of the practice of female circumcision. Through their programs, GPI actively engages girls in debates surrounding female genital mutilation, body autonomy, and gender equality. The charity also offers skill-building programs and mentorship to empower girls economically. GPI's activities have contributed to shifting perceptions around the practice and encouraging girls to exercise their rights and make educated decisions about their bodies (Girl's Power Initiative, n.d.).

Role of men and boys in female genital mutilation

As global attention increases on the eradication of female genital mutilation (FGM) and the promotion of gender equality, men and boys have a key role in helping this cause, particularly within the field of agricultural communication. In many rural communities in poor countries, men are often the key decision-makers in households, which means that involving them in discourse about the practice and gender equality can be vital in bringing about genuine improvement. While it is a practice that mostly affects women and girls, it is vital to remember that men can endure harmful consequences. For instance, female genital mutilation can lead to challenges during childbirth, trauma, and infection; all issues that can affect both women and their male partners. Moreover, the practice fosters a strongly patriarchal culture in which women and girls are considered as inferior to men. This argues for the necessity to involve men and boys in attempts to abolish this practice and promote gender equality more broadly.

In the agricultural sector, men often hold great influence over the sector's culture and traditions. Traditionally, women are excluded from decision making processes connected to agricultural output, and they may confront unequal access to resources and extension services. As gender roles shift and more women engage into farming and associated sectors, it is crucial to ensure that agricultural communication programs are gender-responsive. Achieving this involves the cooperation of men and boys, as well, who may offer support and aid to break down cultural barriers and preconceptions. The efforts to eradicate this wild spread practice and promote gender equality involve the participation and assistance of men and boys, who are often the offenders, enablers, and beneficiaries of these destructive practices. Engaging men and boys in the process of change is vital to build durable and long-lasting societal shifts that challenge the normative beliefs, attitudes, and actions that perpetuate the practice of female genital mutilation and gender inequality.

One way for involving men and boys in achieving gender equality in agriculture and reducing the practice is to focus on education. Educating men and boys about the negative repercussions of the procedures and the benefits of gender equality can help break down detrimental attitudes and boost support for change. This education can happen through community programs, radio broadcasts, and other communication channels. It is vital to stress that this education and engagement should not try to demonize men or make them feel alienated, but rather to educate and involve them in the process of creating gender equality.

Secondly, they can work as allies, activists, and collaborators for women's rights and empowerment. By acknowledging the harm caused by the practice and the importance of gender equality, men and boys may support women's efforts to end the practice and promote gender equality in their communities. They can utilize their influence and resources to increase awareness, change attitudes, and provide support to women and girls affected by the practice. For example, fathers, brothers, and spouses can safeguard their daughters, sisters, and wives against female genital mutilation and campaign for their rights to education, health, and equality.

Thirdly, men and boys may confront and modify harmful gender norms and stereotypes that enable the practice and gender inequality. They can question and reject the perceptions that perpetuate the roles and expectations of women and men in society. For instance, men and boys can speak out against the damaging practices that perpetuate female genital mutilation, such as the assumption that women's sexuality must be controlled or that uncircumcised women are dirty or promiscuous. They can also question the beliefs that men must be dominating and aggressive and women docile and passive.

Another idea is that, men and boys can work as change agents and role models for other men and boys in their communities. They can motivate and support other men and boys to engage in measures that promote gender equality and end its practice. For example, young boys can be educated about healthy, respectful relationships with girls and women from an early age. Men can also mentor and guide younger men and boys to become allies for women's rights, thus producing a ripple effect of good change throughout numerous generations.

The impact of education and awareness on female genital mutilation

Female genital mutilation is a pervasive harmful traditional practice worldwide, affecting about 200 million girls and women in more than 30 countries, particularly in Africa and the Middle East (UNFPA, 2020). The practice is strongly ingrained in cultural and social conventions, and its perpetration has a major impact on women's health, including physical, mental, and psychological implications (WHO, 2020). To minimize its prevalence and safeguard women against this harmful practice, education and awareness-raising activities play a critical role in fostering behavioral change and empowering communities to stop the practice.

Several studies have pointed out the favorable influence of education and awareness-raising activities on reducing the occurrence of female genital mutilation. For example, a study undertaken in Sierra Leone indicated that education, awareness-raising, and community dialogue had a substantial influence on reducing prevalence of the practice (Berti et al., 2018). Similarly, a study conducted in Somalia demonstrated that female education was proven to be a protective factor against the practice, with girls' possibilities to study beyond primary level related with a decreased likelihood of the practice (Esho et al., 2018). Additionally,

community-based participatory measures, such as the employment of local leaders and opinion leaders to transmit positive messages and promote alternative rites of passage, have been found to be helpful in reducing prevalence of the practice (Tadele et al., 2018).

Similarly, boosting women's participation in agriculture through education and awareness-raising programs is crucial to establishing gender equality and empowering women in rural areas. Women form around 43% of the agricultural labor force globally, although they suffer considerable gender inequalities in access to resources, services, and markets, which limit their potential to contribute fully to the agriculture sector's growth and development (FAO, 2020). Women's empowerment and education, especially in rural regions, have been demonstrated to contribute positively to agricultural productivity and revenue generation (Zossou et al., 2017). Several studies have proved the good influence of education and awareness-raising activities on promoting women's engagement in agriculture. For instance, a study conducted in Ghana indicated that women who engaged in an agricultural extension program improved their understanding and application of improved agricultural techniques and boosted their crop yields (Ofosu et al., 2019). Similarly, a study undertaken in Nigeria found that women who got training on agricultural methods and business management acquired more power over household decision-making and boosted their revenue from agricultural production (Chiwona-Karltun et al., 2019).

Conclusion

Female genital mutilation (FGM) is a pervasive problem in Nigeria, driven by cultural, religious, and social influences. Despite diligent attempts to eliminate it, it continues to exist in specific communities. In order to eradicate female genital mutilation, it is imperative to alter prevailing societal norms, advance gender equality, and enhance awareness. Nigerian cultural beliefs and traditions have a significant influence on its continuity, affecting agricultural methods and the productivity of women. Efforts to eliminate female genital mutilation must take into account the cultural context and aim to change cultural practices. Female genital mutilation has adverse effects on both food security and agricultural development. It leads to the displacement of women, loss of female labor, and health complications. The eradication of female genital mutilation is of utmost importance in order to promote and enhance food security and agricultural progress in Nigeria.

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