

FEMALE CIRCUMCISION AND THE UNDERSCORING HEALTH HAZARDS

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Abstract

This qualitative study looks at the prevalence of female genital mutilation (FGM) and labial elongation (ILE) among refugee women in North Africa, with a focus on 30 participants in Durban, South Africa. It investigates cultural reasons, social dynamics, and health repercussions during the COVID-19 pandemic. The findings show that misinformation and societal pressure are major contributors to psychological trauma, stigma, and health concerns. The epidemic has exacerbated these issues by straining healthcare systems and limiting access to credible information. The study uses interviews and structured questionnaires to provide important insights into the participants' living experiences and cultural surroundings. It emphasizes major gaps in policy and healthcare responses and advocates for coordinated, multi-sectoral efforts—including international resolutions and local community engagement—to eliminate FGM and ILE and preserve the rights.

Keywords: *Female Genital Mutilation (FGM), Inner Labia Elongation, Refugee/Luba women, Cultural practices, Health hazard, Covid-19 (C-19)*

Introduction

Female genital mutilation (FGM) has been shown to have adverse effects on health and overall well-being (O. Neill and Pallitto, 2021). The practice of female circumcision significantly impacts healthcare systems, especially in many developing countries, and is recognized as offering no health benefits. Research by Mohamed Brhan (2025) indicates

that FGM can lead to psychological trauma, post-traumatic stress disorder (PTSD), depression, and can negatively affect self-esteem and personal identity. Culturally, FGM is often rooted in traditional norms and persists with support from organizations such as the Population Council (2021). It poses both short- and long-term risks, affecting the physical, sexual, and mental health of women and girls (Mahalik et al., 2024). The COVID-19 pandemic, regarded as the 11th global pandemic, disrupted social and economic structures worldwide, primarily due to insufficient information and healthcare infrastructure. The pandemic heightened fears among families, businesses, and vulnerable populations, impacting food security, agriculture, fishing, and public health measures aimed at preventing contamination. These challenges have also affected women, including those impacted by FGM and related practices such as internal labia modification (ILE), which continue to pose health risks globally. Refugee populations in Europe and the United States are also affected. Addressing these issues requires coordinated efforts that involve social capital (SCC) to support local government interventions. As Johns dotter and Mestre (2015) note, establishing a legal framework to combat FGM is underway in several countries. Responses to FGM vary across regions, with Africa hosting the largest affected populations—over 144 million people—followed by Asia with over 80 million and the Middle East with approximately 6 million. Small practitioner communities and migrant populations also harbor individuals subjected to or practicing FGM. In 2008, the World Health Assembly adopted resolution WHA 61.16, emphasizing the need for multisectoral action including health, education, legal systems, and advocacy to eliminate FGM. Sara (year unspecified) emphasizes that healthcare systems play a critical role, developing guidelines and resources for healthcare professionals to prevent FGM, manage its complications, and adapt strategies to local contexts. In many African societies, traditional practices related to FGM are intertwined with initiation rites and religious or cultural norms, serving as important social markers. There is also a movement within some communities toward less invasive procedures, reflecting efforts to balance cultural traditions with health considerations (Malapane, Chanza, Musakuwa, 2024). FGM remains deeply embedded in cultural and religious identities in various communities, often viewed as a necessary social norm (Presler-Marshall et al., 2024). Limited research has examined the impact of COVID-19 on gender-based violence and harmful traditional practices such as FGM. This paper aims to explore these issues, with particular focus on the often-overlooked consequences of circumcision among children and female refugees and asylum seekers in the Sahara region. Furthermore, this research aims to bridge the communication gap regarding FGM/ILE using a historical colonial lens. This communication gap has contributed to FGM/ILE being misrepresented as an unconventional health practice in Africa, with the practice frequently depicted as dangerous and associated to unnecessary deaths (Ofori et al., 2025). Female genital mutilation (FGM) affects an estimated 230 million women and girls in 30 African, Middle Eastern, and Asian nations. Women's circumcision has a significant community impact that has received little research. Many African societies regard FGM and male circumcision as cultural or religious rituals (Lubadi, 2017). According to current knowledge, these practices are not widely used in all African countries. Furthermore, this paper attempts to bridge the communication gap around FGM/ILE from a historical colonial perspective. This communication gap has contributed to FGM/ILE being misrepresented as an unconventional health practice in Africa, where it is frequently described as a hazardous procedure associated with unnecessary deaths (Ofori et al., 2025). Female genital mutilation (FGM) is estimated to have affected around 230 million women and girls in 30 African, Middle Eastern, and Asian nations. The community impact of women's circumcision is mainly

unexplored. Many African societies consider FGM and male circumcision to be traditional or religious practices (Lubadi, 2017). According to current knowledge, these traditions are not common in all African countries. Stigma connected with viral outbreaks complicates public health interventions. The COVID-19 pandemic, also known as 2019-nCoV, was formally diagnosed in China on March 13, 2019, and declared a global pandemic by the World Health Organization (WHO) in early 2020. The pandemic has also exacerbated tensions in interpersonal and community interactions, resulting in heightened distrust among families, colleagues, and community members. The World Health Organization advocates implementing initiatives to minimize social stigma during health crises, emphasizing that disease-related worries should not be based on ethnicity, country, or other personal traits. In April 2020, Chinese officials performed targeted testing on members of the South River African community.

Conceptual analysis

Female circumcision/ILE and Global Recognition of Human Rights

According to research, approximately 29 million girls and women have undergone female circumcision, also known as female genital mutilation (FGM), in 29 African countries, as well as the Middle East and Asia. Since 1948, the United Nations has declared FGM a violation of women's rights. Despite continued attempts, including about 22 relevant resolutions, progress in tackling FGM is slow, and the practice persists in many countries. Larsen and Okonovha (2020) found that FGM is primarily practiced among African populations. According to Abusharaf (2007), traditional FGM practices still exist in these nations, as well as in immigrant populations in the United States, Canada, Australia, and Western Europe. Therefore, it is important to recognize that FGM remains a cultural practice in many communities and regions. In rural Africa, both men and women strongly embrace traditional circumcision. These methods frequently include cutting or incisions outside of modern medical settings. According to Ndoeye, Gueye, Niang, Cassim, and Adlam (2023), FGM in countries such as Egypt and Sudan consists of clitoral cutting or removal of the clitoral hood, which is frequently performed without medical intervention. While the subject of male traditional circumcision is still pertinent, this study focuses on women's experiences in the North and South African regions. According to Presler-Marshall et al. (2022), FGM is practiced in 30 countries in Africa and around the world, including the United States, Europe, and Asia. Evidence suggests that FGM is not confined to Muslim groups, but is equally frequent among Christian populations. Cultural and religious beliefs play important roles in the perpetuation of these practices across many African communities, where the frequency of FGM varies depending on cultural, religious, and geographical setting. Furthermore, myths and prejudices lead to the perpetuation of damage against women and girls. FGM and associated practices have also spread in wealthy countries, prompting ongoing discussions regarding health and ethics. During the COVID-19 pandemic, for example, the emphasis on vaccination and health measures often overshadowed the importance of addressing FGM, resulting in increased health risks. Post-pandemic assessments indicate that the negative health consequences

associated with Female Genital Mutilation (FGM)—including trauma and concerns related to sexual well-being—are intensified by limited medical infrastructure and cultural barriers. These practices carry significant health risks, including mortality, particularly among young women and girls. This study examines the experiences of individuals affected by FGM and Intersex-Related Practices (ILE), with a focus on health impacts observed in regions such as North and Saharan Africa. Participant narratives reveal that FGM and ILE are often stigmatized, with certain health interventions being regarded as "unclean" or unsafe. The findings emphasize the need to address cultural, social, and healthcare challenges to effectively prevent FGM and promote women's health and rights. Growing children's behaviour and emotional states are greatly impacted by the progress being made on gender inequality. The study demonstrates how "constraint form of a manifest discrimination does without facing ferocious government and local societies," as well as the persistent gender inequality and FGM/ILE prevalence ingrained in the practice of FGM. However, ILE practices are more common in the South of Africa and FGM is more common in the North, there are links between the frequency of FGM and larger gender inequalities within cultures. As was previously shown, the study investigated the possible relationship between developed and developing countries. In addition, there have been differences in FGM/ILE practices between rural and urban areas of Africa. Stated differently, the study investigated the possible relationship between nations that engage in FGM and their capacity to manage public health emergencies and human rights awareness. It is crucial to remember that FGM/ILE practices are considered human rights violations as long as they persist. It is equally vital to recognize that all or any of these traditions are universally practiced over the world. Women's and girls' rights are especially imperilled since most victims are either frightened to reject their culture or religion, or they are coerced into these activities by adults. This study emphasizes the necessity for international initiatives to eliminate FGM in the North of Saharan region, mitigate ILE behaviours in Sub-Saharan countries, and promote gender equality in reaching rural regions where these practices are still prevalent. Billet (2007), avers that circumcision, which is a long-standing custom in Africa and throughout the world and involves chopping off a woman's body part, should end right away because it is thought to pose health risks to women. He also emphasized the potential health risks associated with both male and female traditional circumcision as well as Infant Labial Extension (ILE) in rural areas, including the possibility of catching infectious due to underscoring health hazards. Additionally, it underscores that both male and female traditional circumcision, as well as Infant Labial Extension (ILE), in rural areas may pose health hazards, including the risk of contracting infectious diseases such as COVID-19. Yenjela (2024) argued that this means that both the uncircumcised and those circumcised outsides of cultural norms, such as those undergoing hospital circumcision, would feel ashamed for having violated or ignored their traditional responsibilities, effectively delegitimizing their societal belonging. There is need for a critical examination of these unsafe practices and a consideration of the potential health consequences for young girls and new-born females. Yet for personal hygiene male circumcision has been encouraged by both governments and the World Health organization instead to be performed in clinics/hospitals in some countries to reduce the number of casualties while female circumcision including the female genital mutilation (FGM), the Infant Labial Extension (ILE) the Female Traditional Circumcision (FTCO as well as the Male

Traditional Circumcision (MTC) are forbidden practices among the local populations kept by the authors in complicity with their victims as a hidden agenda. Greely, Maharaj, Letsoalo, and Miti (2013) present a counterargument, suggesting traditional circumcision performed on males in what is known as the initiation school is not safe on other occasions because some boys die there. The debate over traditional circumcision, including male and female, continues, with South Africa reporting 400 annual deaths since 1994. Despite health risks, some ethnic groups maintain their cultural traditions. In the Democratic Republic of Congo, FGM, ILE, and FTC/MTC are considered integral to cultural identity. For the boys/men, they are circumcised either traditionally or in hospital causing death to thousands of youth and a life of misery to their families.

Types of FGM and its persistence

Types of FGM and Their Persistence
 Respondents stated that FGM differs by area, with various practices, cultural beliefs, and considerations. FGM is frequently classified according to traditional culture, religious beliefs, and geographical area. Pharaonic and Sunnah circumcisions are two of the most common types of FGM. According to UNICEF (2017), FGM is practiced in 29 African countries, including Burkina Faso, Cameroon, the Central African Republic, Chad, Côte d'Ivoire, the Democratic Republic of Congo, Djibouti, Egypt, Eritrea, Ethiopia, Gambia, Ghana, Guinea-Bissau, Kenya, Liberia, Mali, Mauritania, Niger, Nigeria, Senegal, Sierra Leone, Somalia, Sudan, Tanzania, Togo, Uganda, and Zambia. In the Democratic Republic of Congo (DRC), a poll of 30 female refugees, including both adults and school-aged girls, indicated that 26 respondents from Sub-Saharan region practiced only inner labia elongation (ILE) and expressed a lack of knowledge regarding FGM. While 4 out of the 30 participants stated that they were unaware of inner labia elongation (ILE) and instead practiced FGM, this practice continues to be strongly prevalent in both rural and urban areas, particularly across the majority of Saharan regions and surrounding areas. Goodwin (2019) identifies four types of FGM, which are practiced for various cultural and social reasons such as:

- Clitoridectomy.

As one of harmful practices, respondents opine that there are different types of FGM across regions involving different characters, practices and considerations. The FGM for some are classified according to the traditional culture, religious belief and region. The most known of FGM are the pharaonic and the sunny types of circumcision. In addition to the preceding account, it is important to mention the UNICEF (2017) elucidated that the following 29 African countries are practicing the FGM: Burkina Faso, Cameroon, Central African Republic, Chad, Cote d'Ivoire, Democratic Republic of Congo, Djibouti, Egypt, Eritrea, Ethiopia, Gambia, Ghana, Guinea-Bissau, Kenya, Liberia, Mali, Mauritania, Niger, Nigeria, Senegal, Serra Leone, Somalia, Sudan, Tanzania, Togo, Uganda and Zambia. In the Democratic Republic of Congo (DRC), the 30 responding refugee's females' adults and those of schooling ages who participated in the survey supposedly while 26 inhabitant of the Sub-Saharan region said that they only practiced the ILE, and stressed that they were ignorance regarding FGM. Goodwin, (2019) enumerates four types of FGM

in which young girls and young adults' women are involved in to beautify their bodies namely:

The Clitoridectomy

The technique, also known as female circumcision or female genital cutting, is primarily performed by a traditional circumciser using a blade in hazardous conditions on young girls aged infancy to 15 years (Dilbaz, İflazoğlu & Tanın, (2019). It has been found that the Clitoridectomy FGM is one type of female circumcision which removes partially or totally the clitoris or what is known as prepuce.

The Excision

The second type of female circumcision is the excision called the double FGM practices that focus on the partial or the total removal of both the clitoris and the Labia Minora.

The Infibulation

The infibulation type of circumcision is one of cruel practices exerted on the females as it is a two ways painful practice through which the victims are obliged to have their upper portion of secret body or their external genitalia stitched. Thereafter, at the time of first marriage or before childbirth there is often a necessity to re-open the stitched portion despite the endured pain. Infibulation is one of severe and harmful forms of FGM imposed on women and girls as a religious or cultural practice. Particularly, the participants revealed that the infibulation is one of horrible practices that has been long practiced on women in the two Sudan. In support of the idea, WHO, (2023) avers that the FGM involves painful stitching of the external genitalia, followed by the necessity reopening at the time of marriage or prior to child birth through incision (WHO,2023). This process victimizes significantly psychologically and physically while violating women rights and bodily autonomy leading to sexual reproduction, stress and need/fear more sexual relationships with their male partners.

The female genitalia non-medical practices

Female genitalia non-medical practice can be categorized as FGM that focusses on the beatification of the female-genitalia body as it is voluntarily exerted in the form of pricking, piercing, incision, scraping and cauterization of the skin. According to Goodwin (2019), despite being a cultural practice, female genital mutilation (FGM) poses severe health risks and psychological suffering for women worldwide. Given its harmful impact on women's fertility and reproductive health, the persistence of FGM raises serious concerns about the global community's failure to eradicate it. Goodwin (2019)'s research investigated the historical backdrop of FGM, tracing it back to ancient practices thought to have originated in Ancient Egypt's Pharaonic era, as corroborated by evidence from mummies dating back to 484 BC (Billet, 2007). According to Goodwin (2019), despite being a cultural practice, female genital mutilation (FGM) poses severe health risks and psychological suffering for women worldwide. Given its harmful impact on women's fertility and reproductive health, the persistence of FGM raises serious concerns about the global community's failure to eradicate it. Goodwin (2019)'s research investigated the historical backdrop of FGM, tracing it back to ancient practices thought to have originated in Ancient Egypt's Pharaonic era, as corroborated by evidence from mummies dating back to 484 BC (Billet, 2007).It contrasts FGM with the practice of Inner Labia Elongation (ILE) in the Democratic Republic of the Congo (DRC), where girls frequently

miss school to perform traditional rites, highlighting the social pressures that deem women who do not participate in these practices unworthy or unsuitable for marriage (Lubadi, 2017). Billet (2007) argues that, while legal positivism can defend human rights, it may also clash with cultural norms that perpetuate harmful practices. The declaration emphasises the significance of international morality in campaigning for the rights of vulnerable groups, particularly teenagers subjected to FGM. Furthermore, the discussion emphasises that, while community standards can serve as the framework for ancient practices, they should not be prioritised over fundamental human rights. According to Billet (2007), depicts FGM as a violation of human rights that requires immediate attention and action from both local and global communities to defend women's well-being and dignity. According to Goodwin (2019), despite being a cultural practice, female genital mutilation (FGM) poses severe health risks and psychological suffering for women worldwide. Given its harmful impact on women's fertility and reproductive health, the persistence of FGM raises serious concerns about the global community's failure to eradicate it. Goodwin (2019)'s research investigated the historical backdrop of FGM, tracing it back to ancient practices thought to have originated in Ancient Egypt's Pharaonic era, as corroborated by evidence from mummies dating back to 484 BC (Billet, 2007).

Cultural and Religious Influences

El Guindi (2007) said that in one of the anthropological investigations conducted among the Kenuz Nubians in Egypt, they used the term "circumcision" for male procedures and "excision" for female procedures. In reality, El Guindi creates a net linguistic (rooted in Egyptian language and culture) and cultural practice difference inside the Kenuz Nubian ontology. The idea behind circumcision in Arabic terms designates human purification in line with the Arabic root t-h-r affiliated with the female gender's form as tahara/kutahara or kutahariwa (often used for male circumcision, Swahili Lang, and Disao, Luba lang. but in Arabic it is an f/feminine known in western medical terms as female circumcision) and tuhur (m/masculine circumcision known also as khitan and khifad). Abusharaf (2007) lists numerous names for FGM in various African languages and practices, including Bolokoli, Khifad, Tahara, Tahoora, Godiin, irua, Hondo, Kuruna, Negekorsigin, and Kene-kene (terms used in local African languages), whereas El Guindi (2007) prefers not to use Western surgical terminology or medically orientated literature, such as female genital mutilation, which is commonly used by outsiders advocating or implementing intervention. It is critical to remember that any medical practice that lacks professionalism, medical principles, and/or practices cannot protect both patients and medical practitioners.

Empirical review

Kala, (2023) opine that community practiced FGM inhibits African countries' ability to fully reap the benefits of current advanced FGM technologies that can be utilised locally or accessed from other developed countries that have modernised FGM like Japan, and Korea. In addition, cultural barriers inhibit the adoption of new technologies. In some circumstances, ancient beliefs or traditions may clash with current technical advances. Esho, Matanda, Abuya, Abebe, Hailu, Camara, Mouhammed, Kapsandui, Kamanzi,

Wabwire and Kagurusi, (2022) assert that because of the complicated link between female circumcision and ILE, global public health concerns such as the Coronavirus Disease 2019 (C-19) pandemic and infectious sickness can be expected to intensify them. Chan (2023), maintains that the COVID-19 epidemic increased family tensions and limited resources to manage stress. Pandemic-related stress as well as sickness related to circumcision and ILE unprofessional practices can have an unpredictable and difficult-to-control impact on local and global populations health sustainability. Pandemics often emerge unexpectedly and do not discriminate based on social class, including wealth or aristocracy. Consequently, through the dirty hands circumcision individuals who downplay the effects of pandemics may face significant personal or familial consequences. In time of danger and scarcity, those who assert fearlessness frequently encounter regret, unhappiness, grief, and discontent, whereas those who exercise caution find happiness and laughter. Bagnol and Mariano (2008) examined the present and potential effects of FGM/ILE-health concerns among women and the youths in the Democratic Republic of Congo and the African continent, to find the out about the availability of women's FGM/ILE practices.

Methodology

Research method is an important strategy for planning strong research which abide into research ethics(Karunarathna *et al.* 2024).A narrative review was conducted to explore the realities of female circumcision among school-aged girls and female refugees and asylum seekers living in the eThekweni Municipality from different countries of North and South of Saharan regions in Africa through a qualitative approach. A sample size of 30 participants was selected following key scientific guidelines. Scientific guidelines used qualitative methods, questionnaires including drawing prompt. The study areas of the study were held in the eThekweni Municipality (Durban, South Africa) in one urban area among 30 refugees divided in two groups. Participants below the age of 18 years and those with sensibilities were excluded from the study. The next step related to the study design was completed with a study pro-forma used for the population demographic characteristics, data collection, upon the study. Participants who were 18 years old and above and who were legally allowed to sign informed consent before engaging themselves into the research study, an approval was given to them after due considerations. The study data yielded by this study provide strong and convincing evidence showing that schooling children's both FGM/ILE and circumcisions of some oldest health hazards practices in the African Continent as well as the rest of the world. The particularity of FGM practices which involves mainly the cutting of body parts of both females and foreskin of males were thus, practiced in the Southern hemisphere(Carvalho 2024). The results indicate that female circumcision is practiced in certain countries and it has to be immediately stopped for the sake of women safer health life. Respondents recommended that measures should be taken to prevent Traditional Circumcisions for either males or female to mitigate infections. Moreover, participants blame the religious and cultural influence upon the male and female traditional circumcision (FTC)/ (MTC) and the (ILE) especially in the rural areas. It has been believed by respondents that the FTC and MTC practices can be considered either as some of cultural or religious antiquary practices which has put the young girls/new born female babies in under protection or in danger of allowing or contracting infectious sickness. Parents frequently circumcise their children for religious or cultural reasons. Christians, Muslims, and Jews all need or urge

circumcision. Circumcision is also prevalent in several parts of Africa, Australia, and the Middle East. Other causes for circumcision include:

- Hygiene
- Preventing cancer, sexually transmitted illnesses, and urinary tract infections.
- Family considerations, such as the father's circumcision.
- Personal motives (Gotye et al. 2024). Some have also considered Girls Circumcisions (GC) or any Girl's Traditional Circumcision (GTC) and ILE to be associated health hazards against the youth female. Remarkably, it has been found that the FGM is not practiced in the DRC and the majority of SADC. However, female living in the South of Sahara in spite of those living in the North they are ignorant of FGM practices rather they are acquainted with the ILE practices. While the ILE practices are known or practiced secretly in the majority of female of the South of Sahara, the urban girls have shown their different attitude against both the FGM and ILE practices. However, in the rural area of the DRC and Zambia there have been common denunciations against the ILE practices including the use of traditional medicinal to please the male partners during the intercourse. The ILE practices have devastating impact on the psychology of girls who did not practiced it because, it is traumatizing the victims on the first day of trial including its daily demand that push girls not concentrate on their schooling tasks. Additionally, the ILE prolong the girl's trauma because they must think about if what they did is enough to satisfy their partners. At in their life long set up a practice slot even if their they no hidden space for practices. Out 30 schooling girls who responded the questionnaires including the prompt few lived in urban areas and have not practiced the ILE while most girls from the rural areas confirmed of being aware of the ILE practices and believed that it was worthwhile to be practiced being real Africa woman. Girls from the North or around the Sahara Desert opine that the practice of FGM is representing because it is less related to religion and traditional culture. The inquiry used qualitative approach to acquire data which revealed that both the North –South practices of FGM versus ILE practices unknown or not practiced by one or another group. The former group believed that whether it is an incision or any sort of cut, though their fear of infection, swelling, fever and tenderness the traditional culture and belief may for bide them to stop the FGM for themselves and their growing children. The goal of this study was to investigate the female circumcision and the underscoring health hazards among refugee women from the North and those from the Sub-Saharan region. Therefore, the mitigation of FGM and ILE will be achieved by strengthening women's capacity—particularly focusing on rural women—to ensure their active participation in global decision-making processes. This will include increasing the number of conferences and workshops tailored to illiterate populations, conducted in local languages and accessible locations within their communities.

Theoretical framework

The Female Genital Mitulation and the Inner Labia Elongation as some of oldest human practices have persisted without strong constraints against women. In support of the (Klein *et al.* 2018) argued that parents and religious leaders promote circumcision within their communities to uphold cultural traditions for future generations. The interplay of these factors contributes to the recognition of FGM as a public health issue that necessitates culturally sensitive intervention. In the same veins, (Baguma 2019) opine that among traditional practices, those related to human sexuality are often widespread and surrounded by taboos. Globally, various genital modification procedures have been

carried out for aesthetic, cultural, or hygienic purposes. These claims are documented in numerous articles concerning FGM, ILE, and related practices. However, many of these FGM/ILE gathering do not adequately address the fundamental needs of rural women, particularly their understanding of the health risks associated with these practices. Instead, international conferences are frequently held in urban areas catering to urban populations, while decisions are made purportedly for the benefit of rural women, who often continue to practice FGM and ILE at higher rates. As a rebuttal to this point, it could be argued that in Africa, one of the practices that involves the elongation of the minor vulvar lips remains a subject of ongoing discussion. This practice has garnered differing perspectives, with debate occurring both among Western and African researchers, as well as between human rights advocates and proponents of traditional customs (Baguma 2019). Social construct theory and socio-religious frameworks have evolved over time to significantly influence generational adherence to traditional practices such as Female Genital Mutilation (FGM) and Initiation into Local Ethos (ILE). These theories often function to legitimize and reinforce cultural norms by linking non-compliance to social sanctions, including stigmatization based on physical appearance, perceived sexual propriety, or disobedience to cultural expectations. The role of Western cultural influence in reshaping gender transitions—particularly the passage of women into socially constructed ideals of womanhood and men into manhood—remains both complex and contested within many African societies. Social constructivism, as a theoretical lens, offers critical insight into how collective beliefs and values inform gender identities and perpetuate practices such as FGM and ILE. Despite increasing legal restrictions, these practices persist in many parts of the world, notably in Africa, where they are often conducted in secrecy and sustained by entrenched cultural or religious rationales. This persistence underscores the tension between formal legal frameworks and deeply rooted societal norms that continue to shape the lived experiences of women and girls.

Finding and discussion

The study involved 30 female respondents who participated in the session accordingly in the Flee Market and home, Durban. The study used a qualitative data collection approach, using a purposive sample of 30 female participants, encompassing both middle-aged school women (18-22 years) and adult women (23 years or older). All participants were knowledgeable about either Female Genital Mutilation (FGM) or Infibulation (ILE). The sample included 6 persons from regions north of the Equator and 24 from Sub-Saharan Africa. To establish the study's credibility, three key informant interviews were performed with open-ended questions. FGM, sometimes referred to as female circumcision or infibulation (ILE), is one of the oldest ancient practices. Its persistence is frequently fuelled by a lack of understanding about its socioeconomic, cultural, psychological, and health effects. Furthermore, the study investigates the experience of women who have encountered whorephobia, notably in educational context. This study found the persistent pain that girls and women face because of FGM and ILE, which are frequently excused by cultural conventions and characterized as "dirty practices" (Chung 2024). According to the World Health Organization (Harrison-Obi) the physical and psychological consequences of FGM are immediate and severe, including great pain and stress induced by the invasive methods utilised. The study used a qualitative data collection approach with a purposive sample of 30 female participants, both school-aged 18-22 and adult women 23 years and older, all of whom were knowledgeable about FGM or the ILE, with 6 participants from the North of the Equator and 24 from Sub-Saharan

Africa. To increase the study's credibility, three key informant interviews were conducted using an open-ended questionnaire. Female genital mutilation (FGM), also known as female circumcision or infibulation (ILE), is one of the oldest traditional practices, perpetuated by a lack of knowledge about the individual socio-economic, cultural, psychological, and health consequences of being a Whorephobia student victim. This study found the persistent pain that girls and women face because of FGM and ILE, which are frequently excused by cultural conventions and characterized as "dirty practices" (Chung 2024). According to the (Harrison-Obi) the physical and psychological consequences of FGM are immediate and severe, including great pain and stress induced by the invasive methods utilised

FIGURE 1 THE CACTUS METHAPHOR'S MEANING

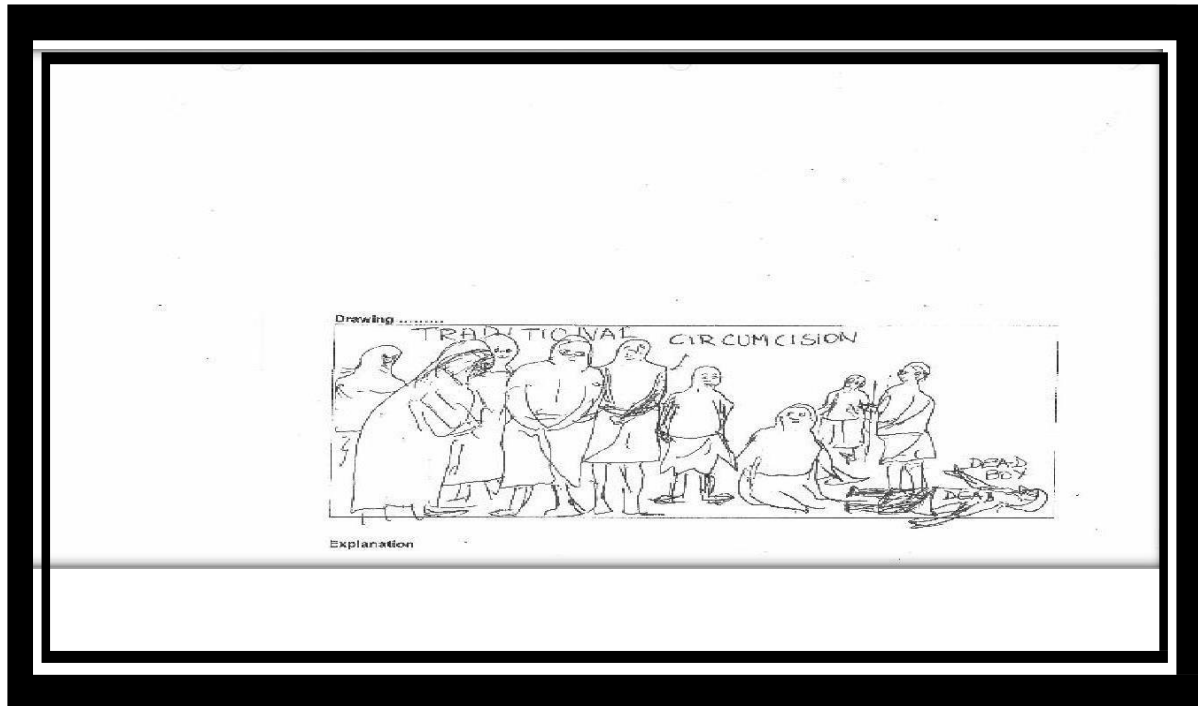
Respondent assert that: Our lives are extremely complex like the life of a cactus we feel isolated in a desert of troubles like a cactus. We lack the water (freedom of expression and freedom in general) that is necessary for our growth and development. We are oppressed by parents at home as well as by the school governing body (SGB) because they act as superior even to our principal. The way I see their job at school is apathetic power that imprisons us. There seems in a power that limits us from achieving our true intellectual and creative purpose.



Figure 1 The Cactus metaphor's meaning.

Furthermore, students' self-esteem and social withdrawal can be intensified when school administrators respond excessively to rule violations. Conversely, peer behaviours, such as bullying, can also significantly contribute to a student's sense of isolation and loneliness. Regarding traditional circumcision, it is often regarded as a moral and cultural rite deeply embedded in societal values. Many parents choose traditional circumcision for their children, believing it imparts moral virtues and cultural identity. Increased awareness about potential health complications is essential, and government programs should focus on educating communities about safe practices. Involving qualified medical professionals and adopting modern circumcision techniques can help reduce health risks, minimize stress, and prevent tragic outcomes such as death. Many parents choose traditional circumcision for their children, believing it imparts moral virtues and cultural identity. Increased awareness about potential health complications is essential, and government programs should focus on educating communities about safe practices. Involving qualified medical professionals and adopting modern circumcision techniques can help reduce health risks, minimize stress, and prevent tragic outcomes such as death.

Figure 2. The circumcision thrust within the sub-Saharan region



Traditional circumcision remains a longstanding cultural practice across many African communities, representing an important aspect of social and spiritual identity. In Xhosa society, it is regarded as a key rite of passage into adulthood and a marker of cultural belonging. Scholars such as Froneman and Kapp (2017) note that this practice is closely linked to personal development, independence, ancestral ties, and societal acceptance, often influenced by family and community pressures. Despite known health risks, many young men view traditional circumcision as a vital cultural tradition. Similarly, Ijov, Biam, and Inguram (2015) emphasize the importance of education in fostering social development within contemporary African contexts. In the Baluba tradition, circumcision is a significant cultural event performed on children, adolescents, and adults, typically by trained specialists such as Nongo and overseen by community leaders like Ntambo, who supervise circumcision camps and provide post-operative care. In the Zulu community of KwaZulu-Natal, circumcision, known locally as uKusoka, holds comparable cultural significance. Across regions of the Democratic Republic of Congo (DRC), initiation practices differ among groups such as the Mongo, Pende, and Luba, but share a common purpose of preparing young men for adult responsibilities. For the Luba, circumcision symbolizes social and economic maturity, with parental consent playing a significant role, although community expectations also influence decision-making. Organized youth camps, such as the Disao, serve as controlled environments for initiation. These camps are male-only spaces where experienced supervisors, including figures like Ntambo or the symbolic "Lion," provide cultural education and oversee health and safety measures. However, concerns have been raised regarding minors' autonomy and the importance of ensuring informed consent during the procedure. Parents and educators bear the responsibility of guiding young individuals to make informed decisions, balancing cultural traditions with ethical considerations. Efforts to preserve and revitalize traditional initiation ceremonies have been documented in South Africa. For instance, in 2009, Zulu King Goodwill Zwelithini ka Bhekuzulu promoted the revival of circumcision

practices during the annual First Fruits Ceremony, highlighting their cultural significance amid discussions surrounding health challenges such as HIV/AIDS (Mayekiso and Mawere, 2022). While male circumcision remains widely practiced and celebrated across Southern Africa, female circumcision persists in some countries, including Sudan, continuing to generate debates related to human rights and health implications. It has been highlighted that a totally different angle of challenges to young girls' schooling in rural Lubaland. She states that:

On our way back from school, we spend time with our friends for ritual inner labia elongation in the bush because we are always running short of time because only Sunday is a free day. However, the Church activities also wait for us every Sunday. There is no time for taking care of our female bodies. We are well pleased to do it mutually in the bush alongside the road to school because it has enough bushes to hide in. It offers many plants that we are using for inner labia elongation. Because it is not good for women to stay without doing it, it is our tradition and a better way to prepare ourselves before getting engaged in marriage as a woman that brings pleasure to the husband.



Figure 4.9 Drawing showing girls dodging school to go to inner-labia elongation camp.

Also it has been added that, a woman who does not take care of her body especially those who don't know (kwikana) inner labia elongation cannot be differentiated from men. A good woman/girl should be the one who does the preparation of her body for her husband to be happy through the inner labia elongation. Even though we are too occupied with daily schooling, sometimes we can do it in the bush on the way back from school or when go fetch water at the river. Some girls dodge school to go to the bush to elongate their inner labia in preparation for marriage. This shows girls who value getting married more than their education, especially because they do not get any encouragement from either their

teachers or their parents. *This comes out additionally that:*

After that we also decided to do the women's things (kwikana). Therefore, I was very scared that if my parents can find out about what we were doing in the bush instead of going to school I will be in trouble. We waited for the time to go back home just as if we attended school. We were lucky because our parents are not checking our daily school work and assignments.



Figure 4.10 drawing of improvised camp in bushes for inner labia elongation

The practice of inner labia elongation is a traditional rite of passage in many African communities, including the DRC. According to Khau (2012), women who do not go through this rite are not regarded as real women and they are believed to be unpleasant to their men sexually. Thus young women who want to get good marriages are advised by their elders to elongate their inner labia.

Figure 3. The hidden corners to teachers and leaners

Teachers and vice principals supervise a calm portion of our schoolyard that is connected to our activities. We sat with two loved ones, who kiss, speak, and share with one another. This is difficult to discuss with parents, teachers, and family, particularly parents and teachers. We are well recognized for gender stereotypes of low-income people who are regarded illiterate or who are portrayed as sexy schoolchildren looking for money to pay their tuition. Today,

schoolgirls appear to engage in sexual activities in both urban and rural locations to earn money and support their children, putting schools and academics at risk due to a lack of local learning and academic institutions, as well as enough learning materials. It's remarkable how some young females are constantly behind the wheel of their parents' aged and grandparents' cars, looking for money in exchange for sex. These elderly guys are not ashamed to seek out small children in our schools. Furthermore, it was claimed that there was a horn on our school premises that teachers would not assault, particularly during breaks, but that many girls and boys would hide there, smell deadly cigarettes, and use dangerous substances, all of which are prohibited by school rules. In truth, we did not reject to make friends with female co-workers, but we discovered that part of their activity in the hidden corner near the toilet was inappropriate, as it was sexually active. But I'm terrified to tell our professors because I worry that girls are being beaten by a group of people who are forcing them to kiss or touch their bodies.



Figure 3 The high school children and whorephobia in the school courtyard

Whorephobia is a phrase that originated in the United Kingdom and has been highlighted through scholarly study involving students involved in the country's sex business, which includes local entertainment services and specialized training programs (Shaukat; Simpson, 2022). Furthermore, children who have been sexually abused frequently experience a loss of serenity during childhood, which can emerge as aggressive or nervous behaviors in the absence of proper social support. Such behaviors can have a huge influence on society, since unresolved psychological trauma can lead to individuals making hazardous decisions motivated by anger and frustration. In today's discourse, social media platforms are increasingly facilitating discussions about issues like xenophobia. Incidents of xenophobic violence in Africa have often been associated with a phenomenon known locally in South Africa as Afrophobia. This term refers to hostility or prejudice directed specifically toward African foreign nationals residing in the country. Similar patterns of violence and discrimination have also been observed in Libya and Morocco, where African migrants have encountered hostility and abuse from local populations. It is important to differentiate xenophobia from other forms of social prejudice. For example, Besera et al. (2023) describe whorephobia as a term derived from the words “whore” and “phobia,” used to characterize stigma and discriminatory attitudes toward sex

workers. In many African contexts, sex work remains highly stigmatized and is frequently met with societal condemnation and exclusion. Nonetheless, social norms tend to encourage young adults who rely on sex work for a living or education, particularly those who get little financial aid. According to Martán-Romo, Sanmartán, and Velasco's (2023) research, whorephobia stems from societal stigma against sex workers and is linked to larger attitudes regarding sexuality. Many African cultures and traditions have stringent taboos around sexual conduct, which might impede open discourse and support for sex workers. Human rights organizations must provide more help to promote good media depiction, economic opportunities, and religious debate about sex work. There is compelling evidence of widespread Whorephobia in university environments. Institutional reputation management frequently leads in the exclusion of underrepresented voices and experiences (Simpson, 2022). In many local communities, particularly informal settlements, jokes and derogatory remarks against sex workers and the LGBTQ+ population are considered morally reprehensible. As a result, people who work in the sex industry are commonly stigmatized in their homes, churches, schools, and hospitals. Current educational levels in youngsters show worrying disparities, with many research conducted under questionable conditions and little discussion of sexual health and activity. Recent UK research highlights students' involvement in sex work in the entertainment industry as a source of financial assistance. However, these studies show important gaps in the issues faced by these students, which are exacerbated by institutional indifference to their experiences (Simpson). This raises questions regarding the prevalence of institutional whorephobia in South African educational institutions. Addressing behavioral difficulties in schools is difficult, especially with the rise in substance addiction among adolescents. Uncontrolled wrongdoing by educators and administrators has raised worries about school security and safety. In South Africa, parents having children out of wedlock might lead to persistent criminal acts. Adoptive children may be mischievous or lack sufficient communication with siblings or maidens.

- Ex-partners may argue about the parenting and care of their children if not won, they end up in shooting and killing of a partner including the claimed child.
- Disparities in social culture between couples and their families appear to contribute to an increase in the number of children and women being by killed their partners.
- Children under guardianship, rather than being cared for by their original parents, have faced threats to their safety and undermined efforts to maintain public order. There is an urgent need to intensify efforts to address violations against women and children in South Africa. Criminal activities frequently occur within family units. For example, female genital mutilation (FGM) is often carried out in unsafe, non-medical environments, particularly in rural areas where traditional practices prevail. These procedures pose serious health risks and reflect attitudes that undermine women's rights. Researchers such as Besera et al. (2023), Goodwin (2019), and Lubadi (2018) have noted that cultural beliefs related to FGM are often linked to perceptions of sexual attractiveness and social acceptance; however, they also lead to long-term health complications. FGM is internationally recognized as a human rights violation and affects approximately 200 million women and girls worldwide. Between 2015 and 2020, efforts to eradicate FGM encountered major challenges, with gaps in both intervention and education remaining. Detailed investigations on FGM practices are essential for generating effective guidelines and health interventions to end this harmful tradition. There is a significant link between women who have had FGM (including associated operations such genital cutting or infibulation) and poor health outcomes. Young women's shift from virginity to higher-risk behaviors can be characterized by disappointed expectations, frustration, and trauma. Studies on early-age traditional circumcision in questionable medical settings reveal significant rates of trauma, which are fueled by social, cultural, and religious silence on these topics. According to Bogale, Markos, and Kaso (2014), FGM is less common among urban young women, although it is still pervasive in rural and religious settings. FGM's continuance is due to strong

cultural beliefs and complicated social processes, which are frequently defended by traditional, religious, and political organizations. Initiatives such as education campaigns and workshops are more accessible in cities, whereas rural areas—where such behaviors are most prevalent—get less attention.

Conclusion

This study enhances understanding of female genital mutilation (FGM) and medial labia (ILE) development by examining women's health, socio-cultural, and psychological impacts across Africa, with a focus on the populations of Zaha and North African regions. Based on qualitative interviews with 30 refugee women in Durban, South Africa, the research sheds light on how these practices are sustained by factors such as cultural heritage, misinformation, social pressures, and religious or traditional beliefs. The COVID-19 pandemic has further exacerbated vulnerabilities by restricting access to healthcare, education, and reliable information, thereby increasing health risks associated with FGM and ILE. Eliminating FGM and ILE requires more than legal measures; it necessitates comprehensive initiatives including training, dialogue, community engagement, and empowerment strategies. The continued prevalence of FGM in Muslim-majority countries, particularly in tropical regions, is often rooted in misconceptions regarding religious texts. However, scholars like Mohamed Brhan (2025) have argued that the Qur'an does not endorse FGM, and many of the hadiths cited to justify the practice are weak or inaccurate. Conversely, higher rates of FGM and ILE are observed in sub-Saharan Africa, especially in rural areas where cultural traditions persist more strongly than in urban centers. Despite efforts by media outlets, non-governmental organizations, and religious groups to promote women's empowerment and social change, persistent cultural resistance, alongside challenges such as corruption, limited educational opportunities, and gender-specific social expectations, continue to hinder progress (Mohamed Brhan, 2025). Implementing educational programs targeting both urban and rural populations is essential for sustainable change. Additionally, regional and international collaboration is critical to address the complex health and human rights issues associated with FGM and ILE.

References

Allam, Z. 2020. The second 50 days: a detailed chronological timeline and extensive review of literature documenting the COVID-19 pandemic from day 50 to day 100. *Surveying the Covid-19 pandemic and its implications*, Article ID: 9.

Baguma, G. 2019. Knowledge Attitude and Practice of Genital Labia Minora Elongation among College's Students in Uvira Town, Democratic Republic of the Congo. *International Journal of Progressive Sciences and Technologies*, 18 (1): 71-84.

Carvalho, E. 2024. Rethinking Female Genital Cutting through Postcolonial lens. Article ID.

Chung, F. M.-Y. 2024. Utilising technology as a transmission strategy in intangible cultural heritage: the case of Cantonese opera performances. *International Journal of Heritage Studies*, 30 (2): 210-225.

Gong, J. and Firdaus, A. 2024. Is the pandemic a boon or a bane? News media coverage of COVID-19 in China daily. *Journalism Practice*, 18 (3): 621-641.

Gotye, L., Nomatshila, S. C., Maake, K., Chitha, W., Mabunda, S. A. and Nyembezi, A. 2024. Acceptability of Medical Male Circumcision as an HIV Prevention Intervention among Male Learners in a South African High School. In: Proceedings of *Healthcare*. MDPI, 1350.

Harrison-Obi, C. N. INTRODUCING A HUMAN RIGHTS AND TRAUMA-INFORMED APPROACH TO FEMALE GENITAL MUTILATION CASES IN NIGERIA. Article ID.

Johnsdotter, S. and Mestre i Mestre, R. M. 2015. *Female genital mutilation in Europe: an analysis of court cases*. European Commission-Directorate-General for Justice.

Karunarathna, I., Gunasena, P., Hapuarachchi, T. and Gunathilake, S. 2024. *Data collection fundamentals: A guide to effective research methodologies and ethical practices*: ResearchGate. <https://www.researchgate.net/publication ...>

Klein, E., Helzner, E., Shayowitz, M., Kohlhoff, S. and Smith-Norowitz, T. A. 2018. Female genital mutilation: health consequences and complications—a short literature review. *Obstetrics and gynecology international*, 2018 (1): 7365715.

Lewitt, M. S. 2022. The political theatre of dirty hands in the UK government response to the COVID-19 pandemic. *Performance Research*, 27 (1): 115-121.

Lubadi, K. L. 2017. Traditional Practices and Girl Education in Rural Democratic Republic of Congo: Exploring the Voices of Luba Girls. Article ID Nelson Mandela Metropolitan University.

Mahalik, M. K., Padhan, H., Patel, G., Mishra, S. and Chyrmang, R. 2024. The role of gender life expectancy in environmental degradation: new insights for the BRICS economies. *Environment, Development and Sustainability*, 26 (4): 9305-9334.

Malapane, O. L., Chanza, N. and Musakwa, W. 2024. Transmission of indigenous knowledge systems under changing landscapes within the vhavenda community, South Africa. *Environmental science & policy*, 161: 103861.

Mohamed Brhan, D. J. 2025. Female Genital Mutilation: Cultural or Religious Obligation? Exploring Perspectives on Female Genital Mutilation Within Communities and Practitioners. In: *Muslim Women's Lived Experiences and Intersectional Identities: A Global Perspective*. Springer, 415-435.

O'Neill, S. and Pallitto, C. 2021. The consequences of female genital mutilation on psycho-social well-being: a systematic review of qualitative research. *Qualitative Health Research*, 31 (9): 1738-1750.

Ofori, M. A., Bekalo, D. B., Mensah, D. K. and Jha, N. 2025. Female genital mutilation among children in Ethiopia: A time-to-event analysis of age at circumcision. *PloS one*, 20 (1): e0317966.

Onyango, Q. 2021. An Evaluation of Communication Strategies for the Eradication of Female Genital Mutilation (FGM): A Case Study of West Pokot, Kenya. Article ID.

Presler-Marshall, E., Jones, N., Endale, K., Woldehanna, T., Yadete, W. and Abdiselam, A. 2024. "People will talk about her if she is not circumcised": Exploring the patterning, drivers and gender norms around female genital mutilation in Ethiopia's Somali region. *Social Science & Medicine*,

345: 116664.

Salah, N., Cottler-Casanova, S., Petignat, P. and Abdulcadir, J. 2024. Investigating Factors Associated with Migration and Cultural Adaptation in Relation to Change in Attitudes and Behavior towards Female Genital Mutilation/Cutting (FGM/C) among Populations from FGM/C-Practicing Countries Living in Western Countries: A Scoping Review. *International Journal of Environmental Research and Public Health*, 21 (5): 528.

Shah, N. 2001. *Contagious divides: Epidemics and race in San Francisco's Chinatown*. Univ of California Press.

Zay Hta, M. K., Ting, R. S.-K., Goh, P. H., Gan, Q. H. and Jones, L. 2024. A systematic review on the cultural factors associated with stigma during pandemics. *Current Psychology*, 43 (14): 12938-12969.