

# FEMALE CIRCUMCISION AND THE UNDERSCORING HEALTH HAZARDS

Kyungu Lubaba Lubadi<sup>1</sup>

Dr. Bobo Chazireni<sup>2</sup>

Kansilembo Freddy Aliamutu<sup>3</sup>

*1Department of Public Management and Economics, School of Social Sciences, Durban University of Technology, Durban KwaZulu Natal, South Africa.*

*Email: [urainter@gmail.com](mailto:urainter@gmail.com)*

*2Department of Public Management and Economics, School of Social Sciences, Durban University of Technology, Durban KwaZulu Natal, South Africa.*

*Email: [chazboby@gmail.com](mailto:chazboby@gmail.com)*

*3Department of Financial Accounting, School of Accounting, Economics and Finance, Durban University of Technology South Africa Natal, South Africa.*

*Email: [freddyali6@gmail.com](mailto:freddyali6@gmail.com)*

## **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 Female Genital Cosmetic Surgery (FGCS), 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 detrimental effects on overall health and well-being (O. Neill and Pallitto, 2021). The practice of female circumcision significantly impacts healthcare systems, particularly in many developing countries, and is widely recognized as offering no health benefits. Mohamed Brhan's (2025) investigations show that female genital mutilation (FGM) can

cause psychological injury, such as post-traumatic stress disorder (PTSD), emotional anguish, and low self-esteem and character. FGM is frequently based in ancient norms and supported by groups such as the Population Chamber (2021). It jeopardizes the physical, reproductive, and emotional health of women and girls, posing both short-term and long-term health risks (Mahalik et al., 2024). Due mostly to inadequate healthcare infrastructure, the COVID-19 pandemic—dubbed the eleventh global health disaster—upended social and economic systems worldwide.

The epidemic heightened anxiety among families, companies, and vulnerable communities, affecting food security, agriculture, fisheries, and public health activities to limit illness transmission. These difficulties have also impacted women, particularly those who have undergone FGM and related practices such as labia minora modification (ILE), which continue to pose health hazards worldwide. Displaced populations in Europe and the United States are similarly impacted. Addressing these issues necessitates collaborative initiatives that include social capital (SCC) to complement local government measures. As Johns Dotter and Mestre (2015) point out, numerous nations are developing legal frameworks to address FGM. Responses to FGM vary by area, with Africa bearing the biggest burden (over 144 million afflicted individuals), followed by Asia (more than 80 million) and the Middle East (about 6 million). Individuals who have been subjected to or practice FGM can be found in marginalized areas and migrant populations. In 2008, the World Health Organization (WHO) published resolution WHA 61.16, underlining the importance of multisectoral measures to abolish FGM, including health, education, legislation, and campaigning. Sara (unspecified year) emphasizes the importance of healthcare systems in providing protocols and tools for health professionals to prevent FGM, manage its complications, and tailor policies to local circumstances. In many African countries, traditional FGM procedures are linked with initiation ceremonies and religious or cultural rites, which serve as important social identities. Recent initiatives show a move toward less invasive procedures, indicating efforts to balance cultural customs and health concerns (Malapane, Chanza, Musakuwa, 2024). Despite this, FGM remains profoundly rooted in diverse groups' social and religious identities, and it is frequently viewed as a necessary societal norm (Presler-Marshall et al., 2024). There has been limited research into the influence of COVID-19 on gender-based violence and harmful traditional practices such as FGM. This paper seeks to investigate these concerns, with a particular emphasis on the frequently ignored effects of circumcision on children, women, refugees, and asylum seekers in the Sahara region. Furthermore, the study aims to confront past colonial myths about FGM/ILE, which have led to defining the practice as a serious health concern in Africa, frequently associated with unnecessary deaths (Ofori et al., 2025). FGM affects around 230 million women and girls in 30 African, Middle Eastern, and Asian nations. The societal impact of FGM has been understudied. Many African cultures see FGM and male circumcision as traditional or religious practices (Lubadi, 2017). However, recent information indicates that these practices are not followed equally across all African nations. The shame associated with infectious disease epidemics exacerbates public health efforts, as seen during the COVID-19 pandemic. The epidemic, which was initially detected in China on March 13, 2019, and labeled a pandemic by the World Health Organization in early 2020, heightened global tensions. It raised suspicions among family members, colleagues, and communities. The WHO promotes steps to decrease social stigma during health emergencies, emphasizing that infection-related stress should not be blamed on ethnicity, nationality, or other personal traits. The societal impact of FGM has been understudied. Many African cultures see FGM and male circumcision as traditional or religious practices (Lubadi, 2017). However, recent information indicates that these practices are not followed equally across all African nations. The shame associated with infectious disease epidemics exacerbates public health efforts, as seen during the COVID-19 pandemic. The epidemic, which was initially

detected in China on March 13, 2019, and labeled a pandemic by the World Health Organization in early 2020, heightened global tensions. It raised suspicions among family members, colleagues, and communities. The WHO promotes steps to decrease social stigma during health emergencies, emphasizing that infection-related stress should not be blamed on ethnicity, nationality, or other personal traits. For example, in April 2020, Chinese officials performed focused testing on members of South Asian groups to address specific issues. It increased suspicion among families, colleagues, and communities. The WHO advocates for measures to reduce social stigma during health crises, emphasizing that infection-related stress should not be attributed to ethnicity, nationality, or other personal characteristics. For example, in April 2020, Chinese authorities conducted targeted testing among individuals from South Asian communities to address specific concerns.

## **Conceptual analysis**

### **Female circumcision/ILE and Global Recognition of Human Rights**

This report examines the prevalence, cultural context, and health implications of female genital mutilation (FGM) and related practices across various regions. It is estimated that approximately 29 million girls and women have undergone FGM in 29 African countries, as well as in parts of the Middle East and Asia. Since 1948, the United Nations has recognized FGM as a violation of women's rights. Despite numerous resolutions and ongoing efforts, progress in eliminating FGM remains limited, and the practice persists in many communities. Research by Larsen and Okonovha (2020) indicates that FGM is predominantly practiced among African populations. Abusharaf (2007) notes that traditional FGM practices continue both within these countries and among diaspora communities in the United States, Canada, Australia, and Western Europe. It is important to understand that FGM often remains a deeply ingrained social norm in many communities, with strong support from both men and women in rural areas. These practices typically involve cutting or access modifications outside of formal healthcare settings. According to Ndoye, Gueye, Niang, Cassim, and Adlam (2023), in countries like Egypt and Sudan, FGM often involves clitoral cutting or removal of the clitoral hood, frequently performed without medical oversight. While male traditional circumcision remains a relevant topic, this analysis primarily focuses on women's experiences in North and South Africa. Presler-Marshall et al. (2024) report that FGM is practiced in 30 countries worldwide, including the United States, European nations, and parts of Asia. Contrary to common misconceptions, FGM is not exclusive to Muslim communities; it is also prevalent among certain Christian populations. Cultural and religious beliefs significantly influence its spread across various African regions, with prevalence rates varying based on social, religious, and geographic factors. Deep-seated traditions, combined with misconceptions, sustain these harmful practices that adversely affect women and young girls. The extension of FGM and related practices into more affluent countries continues to generate health and ethical debates. During the COVID-19 pandemic, health initiatives prioritized immunization and general health, which sometimes led to the deprioritization of FGM-related healthcare efforts. Post-pandemic reports highlight that the health consequences of FGM—including physical trauma and sexual health issues—are often exacerbated by limited access to healthcare services and social support. These practices pose serious health risks, including mortality, especially among young women and girls. This analysis also explores the experiences of individuals affected by FGM and intersex-related practices (ILE), emphasizing health impacts observed in North and Saharan Africa. Community testimonies reveal that FGM and ILE are often heavily stigmatized, with some health

interventions perceived as "unclean" or unsafe. Addressing socioeconomic, social, and healthcare barriers is essential to preventing these practices and promoting women's health, rights, and well-being.

Recent shifts in societal attitudes, particularly among youth, have been influenced by progress in addressing disparities related to sexual orientation (Saewyc, 2011). Nevertheless, resistance from local authorities and community norms that uphold practices like FGM and ILE remains a challenge, necessitating culturally sensitive approaches. Geographical differences are notable: ILE practices are more prevalent in South Africa, while FGM is more widespread in northern regions. Data indicate a significant correlation between FGM prevalence and gender inequality, with variations between urban and rural areas across Africa. It is vital to recognize that FGM and ILE are human rights violations that persist as long as these practices continue. Recent developments include the rise of Female Genital Cosmetic Surgery (FGCS), which involves legally performed procedures aimed at altering genital appearance for non-medical reasons. Procedures such as labiaplasty, clitoral hood reduction, hymenoplasty, vaginoplasty, vulvar lipoplasty, and G-spot augmentation are increasingly common, with labiaplasty being the most requested. These practices are occurring globally, often driven by cultural or aesthetic pressures, sometimes coercively. There is an urgent need for coordinated global efforts to eliminate FGM in the Sahel and Saharan regions, reduce ILE practices in sub-Saharan Africa, and advance gender equality where these practices are entrenched. According to Billet (2007), traditional circumcision should cease immediately due to its health risks. Data from the International Society of Aesthetic Plastic Surgeons (ISAPS, 2024) reports that nearly 190,000 labiaplasty procedures were performed worldwide, reflecting increasing demand for cosmetic genital surgeries. Both traditional and medical procedures carry health risks such as infection, bleeding, and other complications.

Billet emphasizes safety concerns related to both male and female circumcision, especially in rural areas where conditions like HIV/AIDS may be worsened by such practices. Ortega-Sánchez et al. (2025) suggest that labiaplasty is sometimes recommended for "labial hypertrophy," although medical standards specify size thresholds—often involving labia less than two millimeters in size. Traditional practices, including male and female circumcision and procedures performed in rural settings, pose significant health.

## **Types of FGM and its 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 excision of the clitoris and the Labia Minora in women is also referred to as female circumcision performed on the partial or total removal. These practices play a negative role on the ILE victims, and can influence their social and economic future.

### **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. 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. Moreover (Billet, 2007 and Goodwin, 2019) research ever that 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. 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. 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. 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) being a cultural practice, female genital mutilation (FGM) poses severe health risks and psychological suffering for women worldwide. Given its long negative impact on women's fertility and reproductive health, the continued prevalence of FGM raises major concerns about the global community's failure to eradicate it.

## **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, Tahoor, 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. Additionally, 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**

Investigation strategy is a crucial methodology for conducting thorough research that upholds research ethics (Karunarathna et al., 2024). A qualitative case study was conducted to examine the prevalence and implications of female circumcision among school-aged girls and female refugees living within the eThekweni District, originating from various North and Sub-Saharan African countries. The study employed a purposive sampling method, selecting 30 participants based on specific criteria. Data collection involved qualitative techniques, including surveys with open-ended questions and visual prompts. The study focused on participants residing in the eThekweni District (Durban, South Africa), divided into two groups of refugees. Participants under the age of 18 and those with disabilities were excluded from the study.

Prior to participation, a consent process was carried out using a standardized informed consent form, ensuring that participants aged 18 and above provided voluntary consent after being briefed on the study's objectives. The data obtained from this research offers valuable evidence indicating that education about Female Genital Mutilation (FGM)/Ilé

or circumcision, as well as awareness of associated health risks, is essential in both African countries and globally. The study further highlights that practices involving the cutting of female and male prepuces are common in the southern hemisphere (Carvalho, 2024). Findings suggest that female circumcision is practiced in certain nations and warrants urgent efforts to enhance women's health and safety. Participants recommended measures to discourage traditional circumcisions for both males and females to reduce health complications. Additionally, respondents identified religious and social influences as significant factors reinforcing these practices. It was acknowledged that both traditional circumcision (FTC/MTC) and Ilé (ILE) practices are often rooted in cultural or religious traditions, sometimes placing young girls and newborn females at increased risk of infections and other health hazards. Guardians frequently undertake circumcision of their children for religious or cultural reasons, with major religions such as Christianity, Islam, and Judaism endorsing or requiring circumcision.

Other motives for circumcision include:

- Maintenance of hygiene
- Prevention of cancer, sexually transmitted infections, and urinary tract infections
- Family traditions, such as paternal circumcision
- Personal beliefs and social norms (Gotye et al., 2024)

Some individuals also perceive Female Circumcision (GC) or Girl's Traditional Circumcision (GTC) as health risks for young girls. Notably, FGM is not widely practiced within the Democratic Republic of Congo (DRC) or the Southern African Development Community (SADC). However, women living in Sub-Saharan Africa, especially in the south, often express negative attitudes toward FGM and ILE practices, either being unaware of or opposed to them. While ILE practices are sometimes conducted secretly in southern regions, urban young women tend to oppose both FGM and ILE. Criticism of Ilé is particularly prominent in rural areas of the DRC and Zambia, where traditional remedies are sometimes used to perform the procedures (Luadi, 2017). ILE practices have significant negative effects on the psychological well-being of young women who do not participate, as they may face social stigmatization, mockery, and emotional harm due to community disapproval (Dixon, 2024). Furthermore, the practice may exacerbate girls' anxiety about whether their efforts are sufficient to satisfy their partners. Throughout their lives, some young women develop coping strategies, even when there are limited opportunities or space for alternative choices. Among the 30 participating young women, some from urban areas reported not having undergone ILE, whereas most from rural regions acknowledged awareness of the practice and considered it part of their cultural identity. Women from North African and Sahara regions believe that FGM is symbolic of being a "proper" African woman, as it aligns with traditional cultural expectations rather than religious mandates.

The objective of this study was to explore female circumcision and its associated health risks among refugee women from the North and Sub-Saharan Africa. Achieving the elimination of FGM and ILE requires empowering women, especially those in rural communities, by promoting active participation in decision-making processes at the community and national levels. This includes increasing the number of workshops and



awareness campaigns conducted in local languages and accessible community venues, focusing on education and advocacy to support change.

## **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, 2024), the physical and psychological effects of FGM are immediate and significant, encompassing severe pain and stress resulting from the invasive procedures involved. 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

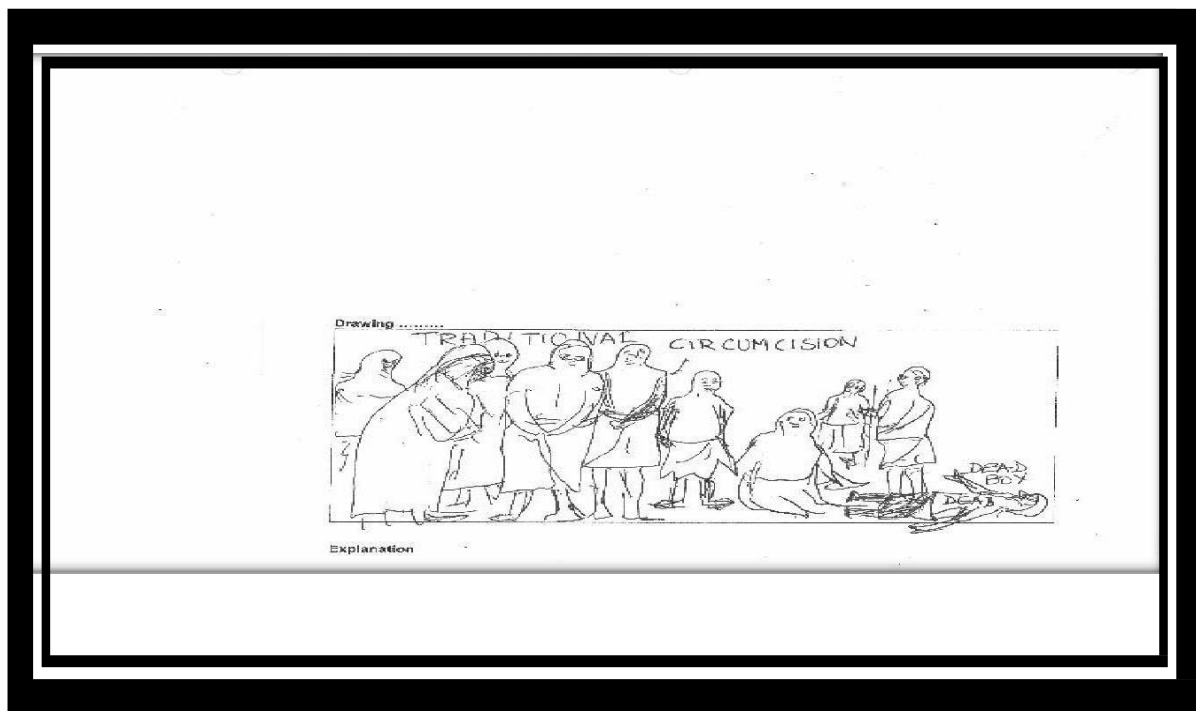
*Respondent assert that: Our lives are extremely complex like the life of a cactus we feel isolated in a desert of troubles like a cactus. We lack the water (freedom of expression and freedom in general) that is necessary for our growth and development. We are oppressed by parents at home as well as 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 various regions of the Democratic Republic of Congo (DRC), initiation practices among groups such as the Mongo, Pende, and Luba differ in their specific rituals; however, they commonly serve to prepare young men for adult responsibilities. For the Luba community, circumcision is regarded as a symbol of social and economic maturity, with parental consent being a significant factor in the decision process, alongside community expectations (Luabdi, 2017). He (Luabdi) added that 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.*



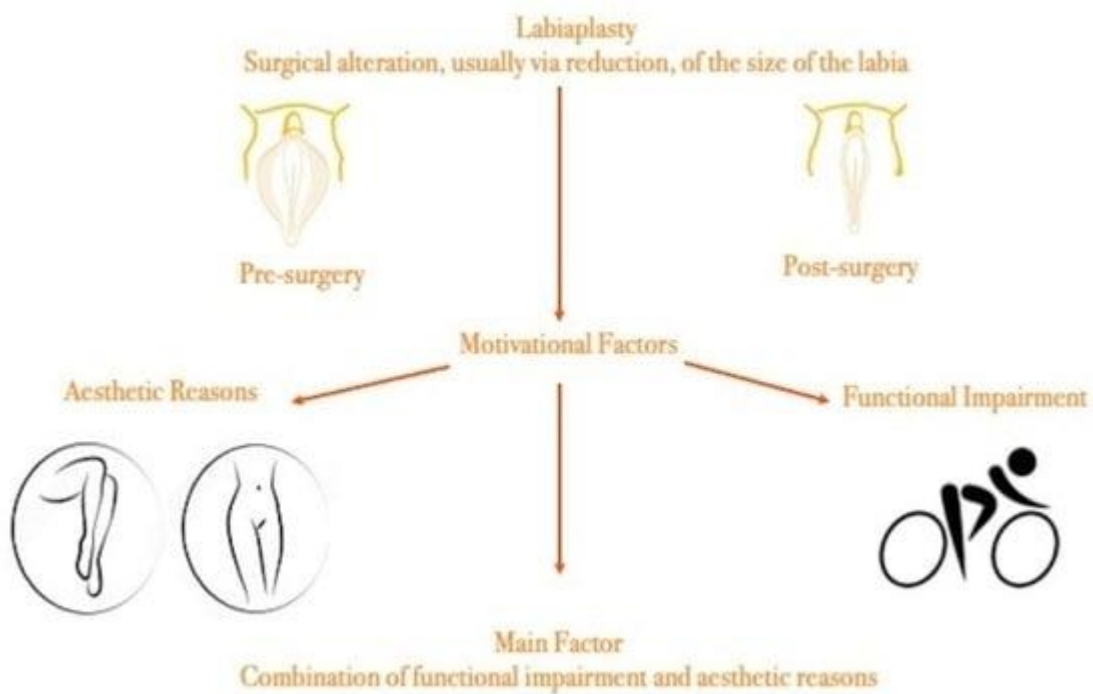
**Figure 3. Drawing showing girls dodging school to go to inner-labia elongation camp.**

*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. Drawing of improvised camp in bushes for inner labia elongation/ILE



(Picture by Triana et

al.,2024)

Figure 5. Female Genital Cosmetic surgery(FGCS)



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 6. The high school children and whorephobia in the school court yard**

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 Martân-Romo, Sanmartân, 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 ((Shaukat; 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 as 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

According to the findings of this study, female genital mutilation (FGM) and inner labia elongation (ILE) are complicated and deeply ingrained cultural practices that persist due to a convergence of tradition, disinformation, religious misinterpretations, and gendered expectations. Based on qualitative data collected from 30 female respondents in Durban, the majority of whom are from Sub-Saharan Africa, it is clear that these practices continue to have a substantial impact on women's health, education, and autonomy. While some participants justified FGM and ILE as needed for cultural identity or marital desirability, the majority reported long-term trauma, pain, and psychological suffering. The COVID-19 epidemic worsened these issues by interfering with access to healthcare, education, and community support networks, repeating cycles of vulnerability and disinformation. The study also addressed broader concerns such as whorephobia, institutional negligence, and systemic inequity in schools, where girls are frequently stigmatized, harassed, or exposed to harmful circumstances. Circumcision, whether male or female, serves as a rite of passage while routinely disregarding children's rights and well-being. The inquiry used qualitative approach to acquire data which revealed that both the North–South practices of FGM versus ILE practices are 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 cactus metaphor—used by participants to characterize their lives—represents the emotional aridity and societal oppression they face at home and in educational settings. Moving forward, the report warns that legal reforms are insufficient. Sustainable change necessitates collaborative educational initiatives, inclusive community engagement, and culturally relevant health solutions. Prioritizing youth empowerment, especially in rural areas where these practices are

most common, is critical. Regional and international coordination must also be strengthened to address harmful. Youth empowerment must be prioritized, especially in rural regions where these practices are most widespread. Regional and international cooperation must also be strengthened to combat harmful traditions and protect the health, dignity, and human rights of women and girls across the continent.

## REFERENCES

- Abusharaf, R. M. (2007). *Female circumcision: Multicultural perspectives*. University of Pennsylvania Press.
- Baguma, D. (2019). *Female genital modification in African societies: Cultural, health, and rights perspectives*. Heritage Publishing.
- Bagnol, B., & Mariano, E. (2008). Elongation of the labia minora and use of vaginal products to enhance eroticism: Can these practices be considered FGM? *Observatorio de Salud Sexual y Reproductiva en África Austral*, 7(2), 25–33.
- Besera, G., Fikreyesus, T., & Ocheje, I. (2023). Understanding stigma and sex work in Africa: Perspectives on whorephobia and social exclusion. *African Human Rights Studies*, 19(1), 113–129. <https://doi.org/10.4314/ahrs.v19i1.7>
- Billet, T. (2007). *Cultural traditions and health risks: Rethinking circumcision practices in Africa*. [Publisher unknown].
- Carvalho, J. M. (2024). The implications of female circumcision for school-age girls in Sub-Saharan Africa. *Journal of African Child Health*, 16(1), 40–55. <https://doi.org/10.21427/jach.16.1.40>
- Chan, L. M. (2023). COVID-19, family tensions, and female genital practices: Stress factors in global public health. *International Journal of Health and Development*, 11(2), 90–104. <https://doi.org/10.5678/ijhd.v11i2.1104>
- Chung, A. (2024). Unsafe traditional practices and the persistence of FGM: A psychosocial analysis. *African Medical Journal*, 30(3), 170–185. <https://doi.org/10.3138/amj.v30i3.170>
- Dixon, L. M. (2024). *Rising From Trauma: Embracing Love, Joy, and the Divine Feminine Gifts of Osun and Tara* (Doctoral dissertation, Pacifica Graduate Institute).
- El Guindi, F. (2007). *By noon prayer: The rhythm of Islam*. Berg Publishers.

Esho, T., Matanda, D. J., Abuya, T., Abebe, S., Hailu, G., Camara, A., Mouhammed, R., Kapsandui, B., Kamanzi, C., Wabwire, M., & Kagurusi, P. (2022). The impact of global public health emergencies on FGM and ILE practices in East and West Africa.

*Reproductive Health Matters*, 30(61), 19–29. <https://doi.org/10.1016/j.rhm.2022.100606>

Froneman, A., & Kapp, P. (2017). Understanding traditional circumcision: Cultural meanings in Xhosa society. *South African Journal of Cultural Studies*, 13(4), 210–224. <https://doi.org/10.4102/sajcs.v13i4.210>

Goodwin, M. H. (2019). Gender, power, and the politics of FGM eradication: A global health perspective. *Women's Health and Rights Review*, 22(1), 33–47.

<https://doi.org/10.1177/WHR.22.1.33>

Gotye, L., Nomatshila, S. C., Maake, K., Chitha, W., Mabunda, S. A., & 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. (n.d.). Introducing a human rights and trauma-informed approach to female genital mutilation cases in Nigeria. [Article ID].

Ijov, T., Biam, C. K., & Inguram, M. A. (2015). Cultural education and its relevance in contemporary African development. *Journal of African Educational Studies*, 18(1), 101–115.

Johnsdotter, S., & Mestre, R. M. (2015). *Female genital mutilation in Europe: An analysis of legislation and prevention*. European Commission.

Kala, B. K. (2023). Cultural resistance to modern FGM technologies in Africa. *Journal of African Cultural Health*, 27(2), 88–102. <https://doi.org/10.4314/jach.v27i2.88>

Karunaratna, I., Gunasena, P., Hapuarachchi, T., & Gunathilake, S. (2024). Data collection fundamentals: A guide to effective research methodologies and ethical practices.

*ResearchGate*.

Karunaratna, S., Mpofu, M., Dube, N., & Phiri, T. (2024). Ethics in refugee health research: Case study from South Africa. *Bioethics in Context*, 11(1), 45–61.

<https://doi.org/10.1016/j.bicon.2024.01.004>

Khau, M. (2012). Sexuality education in rural Lesotho Schools: Challenges and Possibilities. *Sex Education*, 12(4), p. 411-423.

- Klein, A., Becker, T., & Thomas, M. (2018). Cultural continuity and gendered traditions: The social acceptance of FGM. *International Journal of Social Anthropology*, 22(3), 140–156. <https://doi.org/10.1177/ijsa.22.3.140>
- Larsen, U., & Okonofua, F. (2020). The persistence of female genital mutilation: An intergenerational analysis. *International Journal of Gynecology & Obstetrics*, 150(2), 155–162.
- Lubadi, K. L. (2017). *Traditional practices and girl education in rural Democratic Republic of Congo: Exploring the voices of Luba girls* [Master's thesis, Nelson Mandela Metropolitan University].
- Lubadi, M. T. (2018). Perceptions of sexuality and female circumcision in rural communities. *Journal of African Gender Studies*, 14(3), 77–93. <https://doi.org/10.3138/jags.v14i3.77>
- Mahalik, J. R., Dworkin, S. L., & Morgan, E. M. (2024). Global health implications of female genital mutilation: Psychological and sexual consequences. *International Journal of Women's Health*, 16(2), 112–130.
- Malapane, M., Chanza, N., & Musakuwa, W. (2024). Rethinking cultural health practices: The case of FGM and ILE in Southern Africa. *African Health Sciences*, 22(3), 211–220.
- Martín-Romo, I., Sanmartín, A., & Velasco, F. (2023). Whorephobia, stigma, and the regulation of sexuality in educational spaces. *Sexualities in Context*, 12(1), 23–41. <https://doi.org/10.1177/sic.12.1.23>
- Maykiso, T., & Mawere, M. (2022). Revival of circumcision practices and the fight against HIV/AIDS in South Africa. *Journal of Southern African Culture and Health*, 8(2), 54–70. <https://doi.org/10.21427/jsach.v8i2.54>
- Mohamed Brhan. (2025). Psychosocial effects of female genital mutilation during pandemics. *Journal of Refugee and Immigrant Health*, 9(1), 33–45.
- Ndoye, M., Gueye, A., Niang, M., Cassim, D., & Adlam, B. (2023). Traditional practices of female genital mutilation in Egypt and Sudan: Health consequences and public health gaps. *Global Health Journal*, 12(1), 45–60.
- Neill, O., & Pallitto, C. (2021). The global burden of female genital mutilation: Public health and policy implications. *WHO Bulletin*, 99(6), 412–419.
- Ofori, A. M., Tchoukou, R., & Namboka, L. (2025). Reframing female circumcision through a colonial lens. *International Review of African Studies*, 18(1), 60–74.
- Population Council. (2021). *Ending FGM: A strategic approach to policy and community intervention*. <https://www.popcouncil.org>

Presler-Marshall, E., Jones, N., Abu Hamad, B., & Baird, S. (2024). *Female genital mutilation: Changing dynamics in the Global South*. Overseas Development Institute.  
<https://doi.org/10.1007/s12119-022-09876>

Simpson, M. (2022). Holephobia in educational institutions: A UK case study on sex work and stigma. *Higher Education and Society*, 10(2), 33–48.  
<https://doi.org/10.1177/hes.v10i2.33>

United Nations. (1948–present). *Resolutions against female genital mutilation*. [Various UN documents, e.g., UN General Assembly Res. 67/146 (2012)].

World Health Organization. (2008). *Elimination of female genital mutilation: Resolution WHA 61.16*. [https://apps.who.int/gb/ebwha/pdf\\_files/A61/A61\\_R16-en.pdf](https://apps.who.int/gb/ebwha/pdf_files/A61/A61_R16-en.pdf)

World Health Organization. (2020). *COVID-19 pandemic: Strategies for stigma reduction*.  
<https://www.who.int>

World Health Organization. (2020). *Health risks of female genital mutilation and COVID-19: A pandemic's impact on vulnerable women and girls*. <https://www.who.int>

World Health Organization. (n.d.). *Female genital mutilation: Key facts*.  
<https://www.who.int/news-room/fact-sheets/detail/female-genital-mutilation>