

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 consist 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 (Baguma 2019). 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 outside 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 (FTC) 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 most 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, 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. 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 methods are a critical component of effective research planning in the field of research ethics (Karunaratna et al., 2024). A comprehensive review was conducted to assess the prevalence and context of female circumcision among female refugees and asylum seekers residing in communities within Africa. A sample size of 30 participants was selected in accordance with established scientific guidelines. The study employed a questionnaire incorporating qualitative methods, including drawing techniques, to gather data. The research was carried out in the urban area of Etekwin, South Africa,

involving 30 refugees divided into two groups. Participants under the age of 18 and those considered vulnerable were excluded from the study. The study design included collecting demographic information and utilizing a research proforma to facilitate data collection. Participants aged 18 or older who were able to provide informed consent were included after appropriate ethical considerations. The findings of this study provide substantial evidence that female genital mutilation/cutting (FGM/C) and circumcision pose significant health risks for school-aged children across Africa and beyond. Specifically, FGM practices, which involve cutting or removing parts of the female genitalia—similar to male circumcision—are prevalent primarily in the Southern Hemisphere (Carvalho, 2024). Results indicate that female circumcision is practiced in certain countries, highlighting the urgent need to implement measures to safeguard women's health. Respondents emphasized the importance of prevention strategies, including education and public health initiatives, to reduce infection rates associated with traditional circumcision practices. Additionally, participants expressed condemnation of the influence of religious and cultural traditions that sustain such practices, particularly in rural areas. Participants hypothesized that some traditional circumcision practices, such as Female Traditional Circumcision (FTC), Male Traditional Circumcision (MTC), and Infant Ligation Events (ILE), may be viewed as cultural or religious rites that pose health risks to young women and girls. In many cases, parents engage in these practices for religious or cultural reasons. For example, Judaism, Islam, and Christianity all include circumcision as a customary practice. Circumcision is also widespread in regions of Africa, Australia, and the Middle East. The study identified several motivations for circumcision, including hygiene, cancer prevention, sexually transmitted diseases, and urinary tract infections (Gotye et al., 2024). Some participants associated traditional circumcision of girls (GC) or girls' circumcision (GTC) with health risks for young women. Interestingly, FGM is not widely practiced in certain Central African countries such as the Democratic Republic of the Congo (DRC) and South African Development Community (SADC) regions. Despite this, women in the southern regions are less familiar with ILE practices compared to northern regions. In rural areas of DRC and Zambia, there is a tendency to condemn ILE practices, which often involve traditional medicines used to enhance male sexual pleasure. ILE practices have psychological impacts on girls, including trauma and distress, particularly when such practices are performed without their consent or understanding.

Such experiences can adversely affect girls' mental health and academic performance. In urban areas, a minority of high school girls reported not practicing ILE, whereas most girls in rural communities were aware of and believed in the cultural importance of such practices, often viewing them as essential to becoming a "true African woman." Among girls from North Africa or the Sahara, FGM practices are perceived as less related to religion or tradition, focusing more on cultural identity. Using a qualitative approach, this study found that practices of FGM in the North are generally distinct from ILE practices, with limited overlap. Participants perceived FGM as a traditional cut or procedure, and concerns about infection, swelling, fever, and pain were common. The overarching goal of this research was to examine health risks associated with circumcision among refugee women from northern regions and areas south of the Sahara. Efforts to reduce FGM and ILE practices should include empowering women, especially in rural areas, through increased participation in decision-making processes. This can be achieved by organizing community meetings and workshops tailored to address illiteracy and conducted in local languages and accessible locations. This approach aims to promote awareness and support for the abandonment of harmful traditional practices.

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 survey included 30 female participants who attended the sessions at Escape Market and Durban Home. This study employed a qualitative data collection methodology. The sample consisted of 30 women, including both young women aged 18-22 and adult women aged 23 and older. All participants were familiar with female genital mutilation (FGM) or injection (ILE). The sample comprised six individuals from regions north of the equator and twenty-four from Sub-Saharan Africa. To ensure the reliability of the findings, three in-depth interviews were conducted to address

unresolved questions. FGM, also known as female circumcision or infusion (ILE), is one of the oldest traditional practices, often sustained by limited understanding of its socioeconomic, cultural, psychological, and health implications. This study also explores the experiences of women who have encountered gender-based harassment, particularly in educational settings. The findings indicate that girls and women who have undergone FGM or ILE often suffer persistent pain. These practices are sometimes justified by cultural norms but are increasingly recognized as harmful, sometimes referred to as “unsafe practices” (Chung, 2024). According to the World Health Organization (Harrison-OBI), the physical and psychological consequences of FGM can be severe, including intense pain and psychological stress caused by invasive procedures. Overall, this research highlights the importance of increased awareness and understanding of the health and social impacts associated with FGM and ILE.

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.

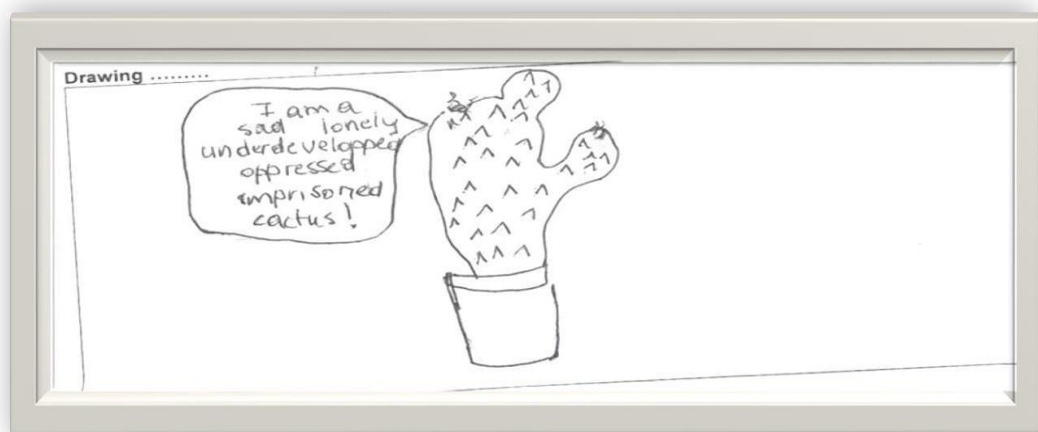
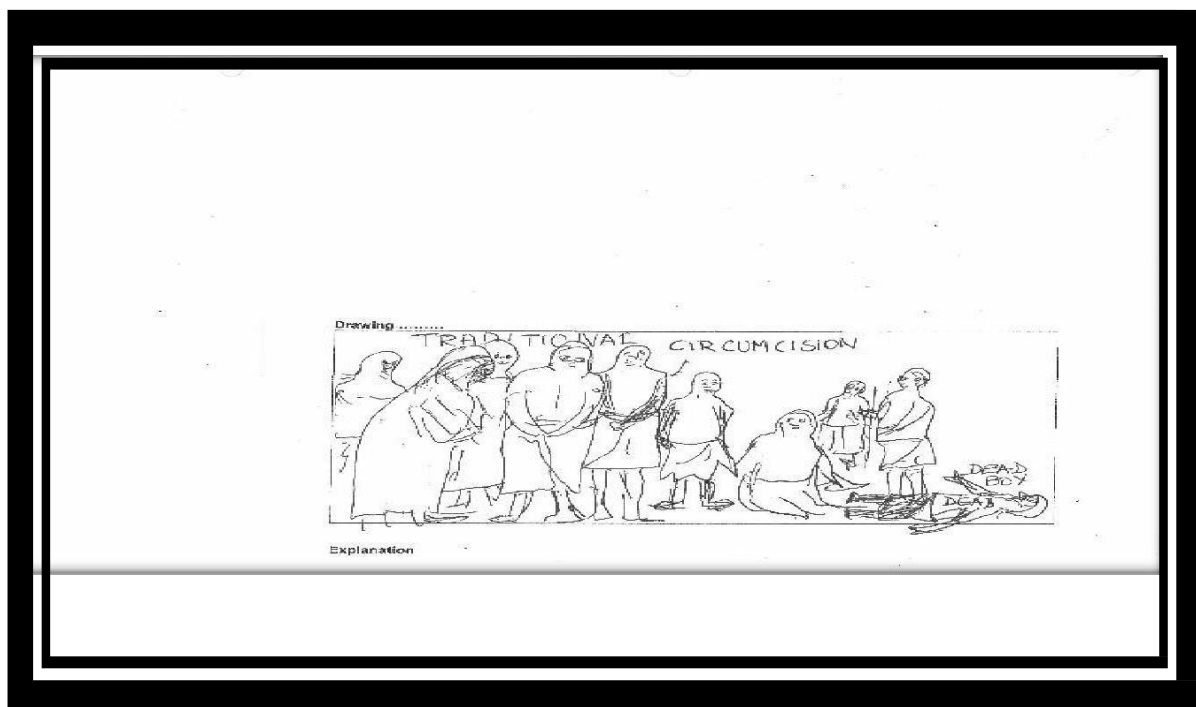


Figure 1 The Cactus metaphor’s meaning.

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



In numerous African communities, traditional circumcision remains a longstanding cultural practice regarded as a vital aspect of social and spiritual identity. Within the Xhosa Society, it is considered a significant ritual marking the transition to adulthood and affirming cultural heritage. Research by Froneman and Kapp (2017) indicates that this practice is closely associated with individual development, independence, social connections, and community acceptance. Despite recognized health risks, many young men perceive traditional circumcision as an important cultural tradition. Similarly, Ijov, Biam, and Inguram (2015) highlight the importance of education in promoting social development within contemporary African contexts. In the Barbah tradition, circumcision is a major cultural event involving children, adolescents, and adults. It is typically supervised by trained professionals such as Nongos and community leaders like Ntambo, who oversee circumcision facilities, provide postoperative care, and monitor procedures. In the Zulu community of KwaZulu-Natal, circumcision, locally known as Uksuka, holds comparable cultural significance. In the Democratic Republic of the Congo (DRC), while initiation practices vary among groups such as Mango, Pende, and Ruba, they share the common goal of preparing young men for adult responsibilities. For the Luba people, circumcision symbolizes social and economic maturity. Although parental consent is important, community expectations also influence decision-making. Organized youth camps, such as Disao, serve as controlled environments for initiation, led by experienced mentors like Ntambo and the renowned "Lion," who provide cultural education, health monitoring, and security. However, concerns have been raised regarding minors' autonomy and the importance of obtaining informed consent during these procedures. Parents and educators have a responsibility to guide young people toward making healthy decisions, balancing cultural traditions with ethical considerations. In South Africa, efforts to preserve and rejuvenate traditional initiation rituals have been documented. For instance, Zulu King Goodwill Zwelithini ka Beczur promoted the revival of circumcision practices during his annual fruit ceremony, emphasizing their cultural significance in relation to health issues such as HIV/AIDS (Maykiso and Mawere, 2022). While male circumcision is widely practiced and celebrated across South Africa, female circumcision remains present in some countries, including Sudan, and continues to generate debate regarding human rights and health implications.

Figure 3. The hidden corners to teachers and learners

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 court yard

Whorephobia is a term originating from the United Kingdom, predominantly through academic research involving individuals in the UK sex industry, including entertainment services and specialized training programs (Shaukat; Simpson, 2022). Additionally, children who experience sexual abuse often face ongoing psychological distress, which can impede their peace of mind. Unresolved trauma can lead individuals to make harmful decisions motivated by anger and frustration, thereby significantly affecting society. In contemporary discourse, social media platforms increasingly facilitate discussions on topics such as xenophobia. For example, incidents of xenophobic violence in Africa are linked to the phenomenon known as "afrophobia," which describes negative perceptions of foreigners within the African context. Attacks on outsiders in Sahara Africa are categorized as xenophobia, which differs from other phobias such as "whorephobia." According to Besera et al. (2023), "whorephobia" is a term derived from "prostitute" and "phobia," used to characterize negative attitudes toward sex workers. In many African communities, sex work is often subject to criticism and ridicule. Nonetheless, social norms sometimes support young individuals engaged in sex work, especially as a means of financial resilience or educational support amidst economic hardship. Research by Martín-Romo, Sanmartín, and Velasco (2023) describes "holephobia" as a prejudice rooted in societal condemnation of sex workers and linked to broader

attitudes toward sexuality. Many African cultures maintain strict taboos concerning sexual behavior, which can hinder open conversations and supportive measures for sex workers. It is crucial to enhance support from human rights organizations to foster religious dialogue, promote positive media representations, and expand economic opportunities related to sexual work. Within university environments, there are notable indications of widespread homophobia. Institutional reputation management often results in the marginalization of vulnerable groups and their experiences (Simpson, 2022). Many local communities, including informal settlements, perpetuate jokes and negative stereotypes about sex workers and LGBTQ+ individuals, which are frequently deemed morally unacceptable. As a result, individuals involved in sex work often face criticism linked to the country, religion, and institutional settings such as education and healthcare. The current state of sexual health education for children reveals significant gaps, with many studies conducted under uncertain conditions and limited discussions about sexual health and behavior. Recent UK research highlights the inclusion of students in sex work within the entertainment sector as a form of financial support, though these studies identify gaps related to institutional indifference and lack of comprehensive support (Simpson). This raises questions regarding the presence of institutional homophobia within South African educational settings. Addressing behavioral issues in schools poses additional challenges, especially amid rising substance abuse among youth. Misconduct by educators and administrators has created security concerns, while persistent criminal activity in communities jeopardizes children's safety and undermines public order. Furthermore, there is an urgent need to intensify efforts to combat violence against women and children in South Africa. For instance, female genital mutilation (FGM) is often performed in unsafe, unregulated environments, especially in rural areas where traditional practices prevail. Such practices contribute to adverse health outcomes and undermine women's rights. Research by Besera et al. (2023), Goodwin (2019), and Lubadi (2018) indicates that cultural beliefs surrounding FGM are often linked to notions of sexual attraction and social acceptance but result in long-term health complications. FGM is internationally recognized as a violation of human rights and affects approximately 200 million women and girls globally. Efforts to eradicate FGM from 2015 to 2020 faced significant obstacles due to gaps in intervention strategies and education. In-depth research into FGM practices is essential to develop effective health

guidelines and intervention programs aimed at eliminating this harmful tradition. Data suggests a strong correlation between FGM procedures—including related practices such as genital cutting and informational deficits—and adverse health outcomes among women. The transition from virginity to sexual activity in young women can be driven by unmet expectations, frustration, and trauma. Studies on traditional circumcision in early childhood within uncertain medical settings reveal high levels of trauma, often fueled by social, cultural, and religious silence around these issues. According to Bogale, Markos, and Kaso (2014), FGM practices are less prevalent among young urban women but remain widespread in rural and religious communities. The persistence of FGM is deeply rooted in cultural beliefs and complex social dynamics, often maintained through resistance by traditional, religious, and governmental institutions. Efforts such as educational campaigns and workshops tend to be more accessible in urban areas; however, rural regions, where these practices are most prevalent, receive 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.

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