International Journal of Social Science And Human Research

ISSN (print): 2644-0679, ISSN (online): 2644-0695

Volume 06 Issue 09 September 2023

DOI: 10.47191/ijsshr/v6-i9-21, Impact factor- 6.686

Page No: 5495-5503

Factors Associated with the Persistence of Female Genital Mutilation (FGM) in Benin

Alphonse Mingnimon AFFO
University of Abomey – Calavi

ABSTRACT: Female Genital Mutilations (FGM) officially constitute a particular form of Gender-Based Violence associated with certain socio-cultural groups and / or regions. They are generally practiced with the purpose to control women sexuality. In Benin, the political will materialized by restrictive legislation as well as multiple strategies and actions developed to eliminate FGM has not yet been able to curb their trend. On the contrary, they persist through more underground forms that are sometimes deterritorialized. This paper aims to examine factors underlying the persistence of FGM in Benin. The explanatory factors for the persistence of FGM were investigated through the analysis of a secondary data from the survey on the persistence of FGM in the four departments of North Benin conducted in 2020. Thus, Multiple Correspondence Analysis, Regression analysis and content analysis methods were used. Results show that parents who approved the continuation of FGM are mostly uneducated, live in rural areas in poor households, are unaware of the laws that prohibit FGM, praise the benefits of FGM and already have at least one "circumcised" daughter. Moreover, they consider the control actions ineffective. For them, FGM represents a symbol of identity that provides affection, security, protection, solidarity and survival to women. The analyses also show that the department, the ethnicity, household wealth index, the recognition of the advantages of FGM, the non-regret of having been affected by FGM and the ignorance of the laws against FGM perpetuate this phenomenon. From a reproductive justice perspective, it is possible to negotiate with the grassroot population the perpetuation of the symbolic and festive character of this identity rite by substituting any attack on the physical and psychological integrity of women with sexual and reproductive health education.

KEYWORDS: Female Genital Mutilation, factors, persistence, Benin

INTRODUCTION

Female Genital Mutilation (FGM) is any procedure resulting in partial or total removal of a woman's external genital organs or any other lesion of the female genital organs performed for non-therapeutic purposes. They are divided into four groups: (i) clitoridectomy; (ii) partial or total excision or removal of the clitoris and the labia minora, with or without excision of the labia majora; (iii) infibulation or narrowing of the vaginal opening with recovery by removal and attachment of the labia minora or labia majora, with or without excision of the clitoris and (iv) all other harmful procedures performed on female organs for non-therapeutic purposes, such as stretching the labia minora, puncturing, piercing, incising, scarifying and cauterizing (WHO, 2008).

In 2016, it is estimated that more than 200 million girls and women have undergone this genital surgery, especially in Africa, the Middle East and in immigrant communities in industrialized countries. Moreover, there was an estimated 3 million girls at risk of undergoing FGM every year (UNICEF, 2016). Mutilated women do not always know the types of FGM practiced on them, which makes the statistics on the classification of the phenomenon questionable. The same holds true for self-declaration marked by a certain uncertainty and under-declaration induced by a criminogenic legislative context (Andro, Lesclingand, 2016). FGM is becoming a worldwide phenomenon due to human mobility and is being practiced increasingly at young age (under 15 years old). Their prevalence varies according to region, ethnicity, place of residence and level of education (De Brouwere & al., 2013; De Brouwere & al., 2015). It is also observed that in all countries of the world, women's schooling indirectly promotes the decline of FGM. The same is true for the urban place of residence and the higher household income. In all countries, women affected by FGM are more favorable to its perpetuation than others. However, this group of women is not homogeneous because while some condemn them, others seem to defend FGM (Andro and Lesclingand, 2016, p52-53 ; p268). In addition, most of the countries where FGMs are practiced have ratified international conventions that prohibit it. FGMs still contribute to the high morbidity and mortality rates among women in Africa (Obiora & al., p11)

Rather than a classification of violence into different types, the triangle of violence provides a relational understanding of different dimensions of violence. From this perspective, cultural violence is definitely a very important dimension of FGM, which is also intertwined with its direct violence and structural violence dimensions (Galtun, 1990). By therefore considering FGMs as a form of cultural violence, we can understand that strategies developed to control them face many barriers. Indeed, FGMs constitute at the

same time a health, social, legal, cultural and geopolitical issue, particularly in the sense that they continue to raise controversies between supporters and opponents on the one hand and between northern and southern countries on the other hand. While it seems easier to understand the issue of protecting the children's and women's rights that underpins the fight against FGMs, the need for protecting the right to a fulfilling sexuality and pleasure is not unanimously shared. The endeavors in affected countries to fight against the phenomenon generally have had little effect on its evolution because, very often, abolitionists pay little attention to the real intentions and meanings behind this practice even before formulating policies and strategies that condemn and criminalize it, thus minimizing that it is part of a tradition rooted in a culture (Shell-Duncan, 2016 ; Vissandjée & al., 2014, op.cit.; Andro, Lesclingand, 2016, op.cit.).

FGMs represent an internalized norm that translates into a coming-of-age rite for some and into an identity rite for others. They are of paramount importance in certain communities and even countries. This is the case, for example, in Mali where, according to the results of the 2018 Demographic and Health Survey (DHS), most of women at reproductive age (89%) were affected by FGMs. Likewise, 70% of women and 68% of men aged 15-49 associate FGMs with a religious requirement and almost the same proportion of people (76% of women and 74% of men) approved its continuation (INSTAT/CPS/SS-DS-PF and ICF, 2019, p345). The same situation is observed in Guinea where in 2012, the majority of women (97%) in childbearing age had been affected by FGMs (INS & ICF international, 2013). Mostly carried out during early childhood, FGMs are, according to Griaule (1966) and Dieterlen (1951), at the heart of the founding myths of the Dogon and Bambara peoples in Mali and represents identity markers that guarantee social cohesion. Anthropological or ethnological studies based on functionalist or cultural approaches have made it possible to understand the foundations and social representations of FGMs, sometimes assimilated to female circumcision. These works also show that FGMs are not a purely personal decision, but generally a shared decision by the family or community, so that any questioning is considered an affront to a community or family group prescription. Likewise, the women who accompany their daughters in this process represent only the tip of the iceberg of a tradition otherwise considered educational and protective and in which the family is invested. Droz (2009, p118) by focusing on the morality of the prohibition of clitoridectomy in Kikuyu country (Kenya) highlighted the difficulty of establishing a dialogue between Kikuyu and Christian ethos with the ethics of Rights on the one hand, and the social consequences of the ban on clitoridectomy on the status of women, on the other. Muller (1993) made similar analysis on the Dìì peoples of Adamaoua in northern Cameroon.

The strategies engaged against the phenomenon are many and varied, ranging from the most discreet and private to those with the most media coverage, which arouse many controversies, misunderstandings and over-interpretations, sometimes leading to a reactionary defense to attacks from detractors accused of mixing moral, cultural and objective realities (Cabin, 2006; Kimani & Sell-Duncan, 2018). In general, the control approaches were first based on the health consequences of the phenomenon, which has led some to consider medicalizing them to make them less risky. They subsequently became legal, educational, economic and political (Muteshi, Sass., 2005 ; Reb and al., 2013; Chege & al., 2001). Although prohibited by the World Health Organization (WHO), the medicalization of FGMs in Africa has become predominant in Egypt, Sudan and Nigeria (Shell-Duncan & al., 2017). It aims above all to prevent the deterioration of the quality of life of affected women. With regard to human rights, medicalization which aims to reduce the pain associated with the practice of FGMs and therefore the minimization of health risks is a crime because in addition to the protection and well-being sought in the girl/woman, it is her freedom and the integrity of her body which also deserve protection (Kimani & Sell-Duncan, 2018). In addition, the debates opposing supporters of the thesis of zero tolerance to FGMs and those who consider medicalization as a strategy for reducing the pain caused by FGMs have resulted in contributing to the underground and precocity of the phenomenon. These strong positions as well as the strategies of struggle built around the theories of conventions and social change have not been able to curb the trends of the phenomenon. Sometimes they have had perverse effects, especially when they lead to the imposition of hegemonic social norms (Vissandjée & al., 2014). In this respect, Coene (2007, p21) points out that:

"Discrimination and the disadvantaged position of minorities induce 'reactive culturalism', in which traditions are reinvented or recreated to define the identity of the group. Specific gendered behaviors and generally patriarchal behavioral codes are then considered to belong to the core of authentic culture. Young girls and women are recognized as the symbolic bearer and translator of the group's culture, while boys and men have the responsibility of ensuring respect for these gender norms and defending the boundaries of identity of the group".

In Benin, FGMs are more noticeable in the northern region of the country with almost the same justifications for respecting social and cultural standards as in other countries of the sub-region. National statistics show that the phenomenon seems to have experienced a decline over the past twenty years, dropping from 17% in 2001 to 13% in 2006 and 7% in 2011. (INSAE & ORC Macro, 2002; INSAE & ORC Macro, 2007; INSAE & ICF, 2013). With this downward trend, public authorities celebrated the end of FGMs in Benin in 2010 through an official session of "knife rejection" by some excisors mobilized for the occasion. But this political and marketing event was perhaps aimed at discouraging the latest attempts at FGMs and removing Benin from the list of States indexed by the international community. It should be recalled that despite an overall decrease at the national level, the same statistics indicated that the proportion of women of reproductive age affected by FGMs was 26% in Northern Benin (INSAE & ICF, 2013, op.cit.). In addition, no study has found the disappearance of FGMs in Benin. On the contrary, some groups of individuals

continued to praise the benefits of FGMs while others complained to the extent of awakening the attention of rulers and non-state associations. In 2020, a study carried out on FGMs in the four departments of Northern Benin (OFFE, 2020) revealed that this practice is part of an ancestral tradition; it has become more subterranean, discreet and precocious; the prevalence has risen to 52% among women of childbearing age and is maintained in settings where it is seen as conducive to controlling girls for marriage.

The public authorities in Benin have been engaged in the fight against FGMs for the past two decades by mobilizing the ministries in charge of health, education, justice and social protection, as well as requesting the support of technical and financial partners (including United Nations agencies) and some NGOs. Usually indirect, approaches to fight the phenomenon are a mixture of provisions based on legislation, education, health, feminism, etc. FGMs are subject to criminal penalties (Republic of Benin, 2003). Approaches to fighting FGMs are based on prevention and repression. The resulting strategies are: the promotion of girls' education, financial or in-kind support for income-generating activities for women and some cases of denunciation by NGOs and public protection services. It should be recalled that article 18.1 of the Convention on the Rights of the Child (CRC) emphasizes that the primary responsibility for raising belongs to the parents who must be guided above all by the best interests of the child (UN, 1989). It therefore appears that the responsibility for such a situation belongs to the public authorities but also the parents of children at various levels. It is therefore interesting to measure the scope of such a fight in the field because if the foundations of the fight are not understood at the empirical level, the expected effects could be slow to be noticed and the risk of development of a bypass strategy is not excluded. If obviously the response is slow to produce significant effects, it is perhaps because it is either unsuitable or ineffective, or because it is not built with all the actors, or because it is awkwardly imposed, or because it is misunderstood by those who support the perpetuation of FGMs. Our analysis will focus on shedding light on the factors involved.

This study examined the factors that explain the persistence of FGMs in Benin. It aimed to study resistance to the abandonment of FGMs in a context where these practices are subject to criminal penalties and have been the subject of a media battle for several years to eliminate them.

The literature review shows that generally, cultural tradition, religion, educational level, ignorance of laws against FGMs, marital status, urban place of residence, as well as the higher standard of living are factors associated with the perpetuation of FGMs. The influence of these factors is variable and complex. Indeed, a study carried out in Burkina Faso shows younger women and those from specific groups and religions (Christians) are less likely to have undergone FGMs. Also a higher level of education may be protective for Christian women (Karmaker & al., 2011). The analyses carried out by Sakeah & al. (2018) in Ghana confirm the negative influence of the high level of education on FGMs and additionally add the link between the marital status of women and the high incidence of FGMs and the prevalence of FGMs among women with low socio-economic status. Furthermore, Berg & Denison (2013 : p837) found six key factors that underpin FGMs: cultural tradition, sexual morals, marriage, religion, health benefits, and male sexual pleasure. Referring to positive law, FGMs is about gender discrimination and inequality. But this practice is also a standard of living for some communities. It is therefore a complex phenomenon whose analysis and framing involve the social sciences.

1. DATA AND METHOD

1.1. Data

The data came from the study on the persistence of FGMs in the four departments of North of Benin carried out in 2020 by the Observatory of Family, Woman and Child (OFFE) with the financial support of UNFPA and CUSO International. It aims to provide basic data necessary for the evaluation and improvement of strategies to control FGMs in Benin. This is a mixed study. Its quantitative part is the result of a two-stage sampling survey which made it possible to randomly select intervention villages and households (first and second degree respectively). In total, 1,280 heads of households of both sexes and 1,280 teenage girls aged 15-19 (one teenage girl per household) were interviewed in 64 villages in 16 municipalities in the four departments under study. The present quantitative analysis was carried out using the database of heads of household, also called the parents of children database. They were supplemented by the qualitative analysis resulting from the use of in-depth individual interviews carried out with the people involved and the girls affected by FGMs. The qualitative component made it possible to interview 36 people (12 females and 24 males) selected on a reasoned basis in different departments (Atacora: 11; Alibori: 7; Borgou: 8; Donga: 8). The number of people questioned by category depended on the saturation and triangulation principles.

1.2. Methodology

The profile of people in favor of maintaining FGMs was identified using the technique of Multiple Correspondence Factor Analysis (MCFA) which makes it possible to describe the “variables/individuals” universe by trying, from the data, to identify the factors, major trends and the most visible oppositions between different sub-populations. In particular, it makes it possible to show the proximities between the modalities of the same variable (study of the profile of individuals) and the proximities between the modalities of different variables (study of the profile of the variables). In this case, all the modalities of the variables (dependent and independent) of the “parents’ database” have been projected in the cloud of points. The study variable being “the attitude towards the perpetuation of FGMs”, it is composed of two modalities: the respondents favorable to the perpetuation of FGMs and those not

favorable to them. Thus, in the cloud we observe among the modalities of each explanatory variable, those which are close to the group of "favorable persons" and those which are similar to the "non-favorable" group. The profile of favorable people is identified by taking into account the modalities of the explanatory variables which are positioned close to the “favorable” modality.

The identification of the explanatory factors for the persistence of FGMs was made through logistic regression analysis which makes it possible to explain a difference in behavior compared to a phenomenon studied according to several variables. In the present case, the binary logistic regression was retained by considering as a dependent variable, “the attitude towards the maintenance of FGMs”, a dichotomous variable coded 1 if the respondent approves the perpetuation of FGMs and 0 if not. The interpretation based on the Odd Ratio expresses the degree of dependence between qualitative random variables and allows the effect of a factor to be measured. The results are interpreted at a threshold of 5%. The method of analyzing qualitative data is content analysis.

2. RESULTS

2.1. Profile of parents in favor of the persistence of FGMs

As shown in Figure 1, parents in favor of the perpetuation of FGMs are located in rural areas in the departments of Alibori and Borgou and belong to the Peulh, Dendi and Bariba ethnic groups. They are also uneducated; live in poor households; they stated that they didn’t know any case of repression against FGMs perpetrators; praise the benefits of FGMs and already have at least one “circumcised” daughter. Furthermore, they are not aware of the law which prohibits FGMs, but they are informed of the control actions that they consider ineffective.

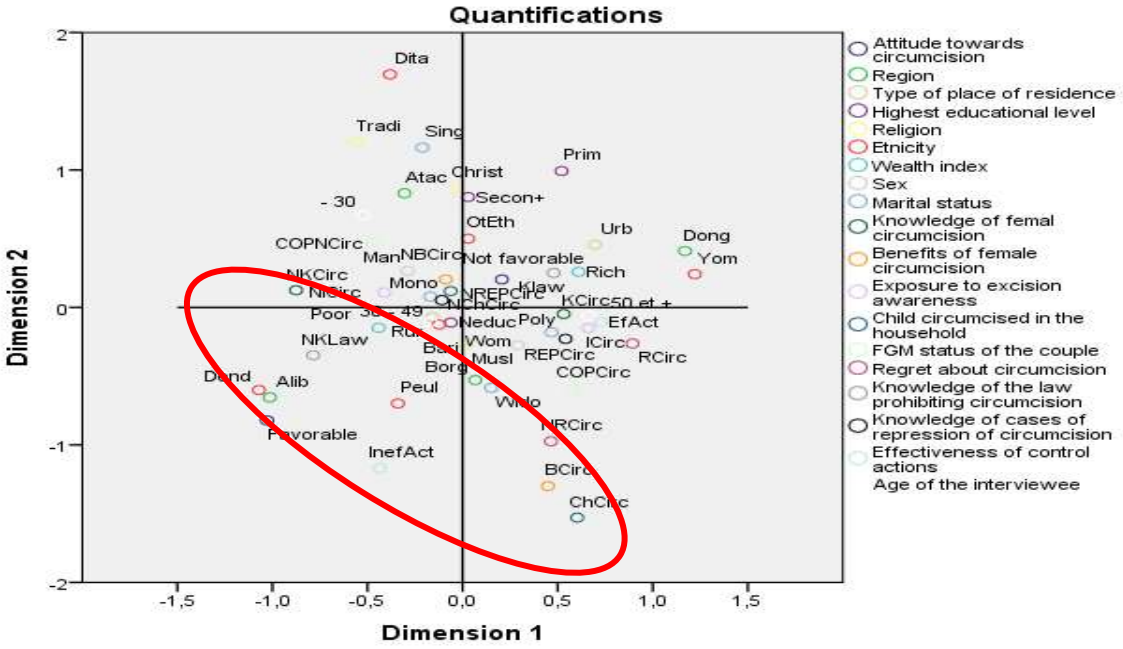

Figure 1: Factorial map of the MCFA

2.2. Factors explaining the persistence of FGMs

The analyses showed that the factors explaining the persistence of FGMs were: the department, the ethnic group, the household's standard of living, the perception of FGMs’ advantages, the feeling of regret for having been affected by FGMs and knowledge of the law against FGMs (table 1).

***Department*:** Compared to respondents from Alibori Department, those from Borgou were 0.11 times less likely to be in favor of perpetuating FGMs, but there was no significant difference between respondents from Atacora and Donga when compared with the reference (Alibori).

***Ethnicity*:** Being a member of the Dendi ethnic group increases the risk of perpetuating FGMs by 7.5 times compared to the Bariba ethnic group. On the other hand, this risk is 0.3 times less among Peulh compared to a Bariba. There is no significant difference between the Yom/Lokpa compared to the reference group.

Since the language or the ethnic group are vehicles of culture, we understand that they represent habits and customs. The qualitative interviews illustrate some of the manifestations of these habits and customs.:

“For the population, FGMs prevent girls from engaging in deviant sexual behavior before marriage”. Male, 34, Social Protection Officer, Nikki (Borgou Department).

"FGMs represent a custom that we inherited without knowing its origin. They are practiced to control girls' sexuality and also to guarantee their sexual fidelity once they are married. Religion has nothing to do with this practice". 70-year-old man, local leader, Barikini, Bassila (Department of Donga).

"At my time, when you have not been excised, you are always insulted. And when we make mistakes, our moms would say, "It's because you haven't been excised yet that you behave this way". Any time we go to bathe in the backwater, those who had not yet been excised would hide their sex so as not to be laughed at by others. In short, it was a tradition and not religion". 59-year-old woman, housewife, Bakabaka, Bassila (Donga).

"In some communities, FGMs are compulsory. When you do not do it, the sanction of the ancestors falls on you. You cannot change someone without their consent. If the actors themselves are not convinced that their practice is not the right one, they will always continue, bypass all strategies and end up committing their crimes. For the people who practice FGMs, they are like other practices such as scarification, cicatrization. They are part of the customs and the mores and this is what represents their authenticity, their reason for being, this is what differentiates them from other people". 45-year-old woman, social protection officer, Pehunco (Department of Atacora).

Standard of living: A well-off or wealthy person is 0.23 times less likely to be in favor of perpetuating FGMs compared to a non-wealthy or poor person.

Regret about the practice of FGMs: Respondents who do not regret having practiced FGMs are 6.9 times more at risk compared to their counterparts who regret it. The trend is the same for respondents who mention advantages linked to the practice of FGMs as well as those who are not exposed to awareness-raising actions on FGMs compared to their counterparts who do not recognize any advantage and those who are exposed to FGMs awareness-raising messages.

"In the past, there were the Bariba and especially the Gando. The Gando still continue to excise their daughters, they cross the borders to go and excise children in Sakabansi (near Nigeria). Nowadays there is a kind of hypocrisy, there is not too much information about the FGM cases in Kalale, they are doing it in secret. It is socially accepted in the community". Male, 34, Social Protection Officer, Nikki (Borgou Department).

***Knowledge of laws against FGMs*:** Respondents who do not know the laws prohibiting FGMs are 6.9 times more at risk compared to their counterparts who are aware of it.

The results also indicate that: age, sex, level of education, marital status, place of residence, experience of repression against FGM perpetrators and religion are not significant in the context of the present analysis.

3. DISCUSSION

Analysis showed that FGMs represent a cultural and social heritage in Benin. In the communities in which they are practiced, FGMs is an identity mark to be retained at all costs. FGMs also raise the concern of the place of the girl/woman in her social group and also that of respect for elders or tradition in general. Thus, not practicing them is assimilated to a certain self-ostracism, a deviance with consequences of devaluation and marginalization. Educational value par excellence for the peoples who support them, the suffering associated with FGMs by helping to grow in the social hierarchy helps the woman (not excised) to pass from her nature of incomplete individual to that of accomplished individual (excised) and integrated into a culture that reveals her in her identity group as an important part of social norms (Cabane, 2006). For the same defenders of the perpetuation of FGMs, they are part of a mechanism aimed at regulating women's sexual desire. Thus, as several research works indicate, respect for tradition, compliance with social norms, control of sexuality, hygienic and aesthetic reasons for certain societies are the foundations (Gage & Van Rossem, 2006; UNICEF, 2013; CEDOCA, 2014).

Lack of knowledge of the law as well as the lack of opportunity to experience situations of repression against perpetrators of FGMs are also factors associated with their perpetuation. Benin is currently working to develop public policies in favor of sexual and reproductive rights including in gender issues. Since 1990, the country has strengthened its legislative and regulatory framework to fight GBVs by integrating international conventions such as the Convention on the Rights of the Child (CRC) and the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW). These laws complement others[1] developed at the

[1] 1. Law No. 2003-03 dated March 3, 2003 on the repression of the practice of female genital mutilation in the Republic of Benin. Obviously, Beninese legislation criminalizes the practice, instigation, preparation and assistance in an act of FGM, the non-reporting of incidents related to FGM, the participation of health professionals in an act of FGM as well as the cross-border practice of FGM
2. Law No. 2003-04 dated March 03, 2003 on Sexual Health and Reproduction which recalls the universal nature of the right to reproductive health, self-determination in matters of procreation and marriage, the right of access to health care and services, the right to non-discrimination, the right to security of person and confidentiality
3. Law No. 2002-07 dated August 24, 2004 on Persons and Family Code
4. Law No. 2005-31 dated April 10, 2006 on prevention, care and control of HIV/AIDS in the Republic of Benin;
5. Law N ° 2006 - 19 dated September 5, 2006 on repression of sexual harassment and protection of victims in the Republic of Benin
6. Law No. 2011-26 dated January 9, 2012 on prevention and repression of violence against women;

national level to constitute a legal arsenal intended to promote family in Benin. Likewise, since 2008 Benin has a National Policy for Gender Promotion, a framework of strategies and actions intended to eliminate disparities between men and women. Despite the political will to reduce the gender divide, social norms remain important markers of life in Benin. They result in a segregation of social and economic roles according to gender, which compromises the achievement of the country's development goals (MFSN, 2008).

Obviously, the legislative and regulatory provisions to address gender-based violence and FGMs, in particular in Benin, seem to face barriers, particularly at the community level. Indeed, despite the case law according to which ignorance of the law is no excuse, we note that the lack of information on the harmful consequences of FGMs for health, the amalgamations with religion (Islam), sometimes erroneous beliefs and superstitions are deeply rooted in the communities around this phenomenon. In this case, everything suggests that there are obviously two countries in one in Benin: the official and the real, or Benin as seen by high officials and Benin as seen by grassroots populations. The first one is the one belonging to the institutions of the Republic which edits laws or official standards which are not necessarily respected. The second one is the one belonging to peoples or communities which function more on the basis of practical norms based on local customs and traditions which, although unwritten, sometimes unclear and indeterminate, serve as their reference. Community life thus oscillates like a pendulum swing between these two norms as documented by Blundo & Olivier de Sardan (2007) regarding corruption in the sub-region. The deliberate refusal to abide by the prescriptions prohibiting FGMs reached its climax when, in 2017, dignitaries of the department of Atacora sent a letter to the Prefect of the region to notify him their opposition to the prohibition of FGMs on the grounds that “it is an inalienable and immutable ancestral practice”. This letter has remained in the memories as a mistrust of the public authorities because it was not followed by a real official reaction. In the field, testimonies from resource people attest that some traditional hairdressers called Wanzam who usually shave little girls during their naming ceremony (7th or 8th day after birth) are implicitly instructed by parents and carry out genital mutilation on identified girls marked with a distinctive mark (symbol) on their head that only initiates could decipher. The precocity of this practice makes it difficult for some girls to be awarethat they have been excised.

The analysis also reveals that religion is not associated with FGMs in Benin even though Muslims are in the large majority in the area of investigation (72.5% against 23.9% of Christians and 3% of practitioners of endogenous religions). Although contrary to the analysis of the DHS Benin 2011/2012 carried out by Kpozehouen & al. (2019), this result seems consistent with those of DHS Niger-2012 which reveal that a high proportion of women (85%) and men (86%) believe that FGMs are not required by religion. However, few women affected by this phenomenon (25%) had the same perception. Certainly, the literature informs that for many guardians of the tradition, FGMs are a religious requirement. But it is not excluded that such a belief results from an erroneous interpretation of the Holy Quran where a certain purity is required before communicating with God. Thus, while some scholars thought that this purity is physical or hygienic, others considered it rather symbolic, thus confirming the heterogeneity of perceptions between FGMs and religion (Cabane, 2006). It should also be recalled that FGMs date back to the Neolithic period (6000 years before Jesus Christ). We are also aware that the belief that FGMs are a religious requirement is a factor that may influence attitudes about its practice. In addition, beyond the initiatory and educational dimensions conferred by certain communities on FGMs, the attributes of incompleteness, ambivalence, impurity and unaesthetic conferred on the "non-excised" woman, it still remains in some minds the distressing fantasy of an enlarged clitoris (Gage & Van Rossem, 2006; Cabane, 2006, op.cit.).

Regression analysis also indicates that there is no association between parents' level of education or place of residence and their attitude towards the perpetuation of FGMs. This result seems contradictory to those of Kpozehouen & al. (2019, op.cit.) in the analysis of the DHS Benin 2011/2012. Likewise, others studies find that the economic development leads to gradual erosion of the practice of FGMs and added also that the more education a woman has, and the more she is exposed to modern media sources, the less likely her daughter is to be circumcised (Hayford, 2005). But it could be put into perspective by the rustic context of the study because the respondents (68.5% men against 31.5% women) lived mainly in rural areas (74.7%) and have no education level (67.3% against 30.4% at primary and 1.8% at secondary). We noticed that FGMs are also practiced in certain communities living in industrialized countries. Consequently, they seem to transcend modernity.

Medicalization, the start of a transformative change in FGMs?

As a ritual, FGMs are also an ordeal that expose to personal and/or family failure. This is why many people nowadays are considering their medicalization. This biomedical perspective, in addition to challenging self-control and the ability of the excised woman to resist, which is a pedagogical value of the pain conferred on her, leads to a deritualization of the phenomenon now practiced by health professionals who, presumably, do not link it to the festivals for which the defenders of this tradition are nostalgic. It should be recalled that in its original form, this practice sometimes generates serious complications attributed to witchcraft. Medicalization also excludes its collective character as well as its initiatory aim and social cohesion apart from physical marking. Therefore, the hypothesis that the medicalization of FGMs is a transformative primer in the understanding of FGMs can be tested.

7. Law No. 2015-08 dated December 8, 2015 on Children's Code in the Republic of Benin
8. Law No. 2018-16 containing the Criminal Code in the Republic of Benin

With the lack of convincing results from the control approaches undertaken, it might be useful to try out community-led approaches aimed at changing social norms and promoting the empowerment of women. TOSTAN's experiences in Senegal are in this respect edifying (Kay Chesney, 2015). Thus, by agreeing with the actors in favor of its perpetuation, it is possible to carry out FGMs symbolically and based essentially on sex education and excluding any attack on the physical integrity of women. This leveling up is part of a reproductive justice perspective for which everyone is useful and counts in society.

The weaknesses of the present analyses may be related to the declarative nature of the data and also to the size of the sample which may result in some problems of precision (bias) compared to the study by Kpozehouen & al. (2019, op.cit) who covered the whole country with a size of 11,000 people. Idem for Karmaker & al. (2011, op.cit) with 12,049 women interviewed regarding Burkina Faso DHS data analyses.

4. CONCLUSION

The present analysis aimed at elucidating the factors explaining the persistence of FGMs in Benin. They reveal that the ethnic group to which they belong, the cultural values it conveys, the ignorance of laws against FGMs as well as the standard of living are factors associated with the maintenance of FGMs. No statistical differences were found with factors related to age, sex, marital status, place of residence, experience of repression against perpetrators of FGMs and religion. The lack of influence of educational attainment can be explained by the predominantly rural nature of the investigation.

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Table 1: Net effect of explanatory variables on the phenomenon studied

Variables and Values	A	E.S.	Wald	ddl	Sig.	Exp(B)
Ethnicity						
Bariba	0					1
Dendi	0.65	0.29	5.15	1	0.023	7.51
Yom / Lokpa	-0.28	0.37	0.56	1	0.454	0.76
Ditamari	0.10	0.41	0.06	1	0.811	1.10
Peulh	-1.61	0.29	30.44	1	0.000	0.30
Other ethnicity	-0.57	0.39	2.18	1	0.140	0.56
Type of place of residence						
Urban	0					1
Rural	-0.27	0.33	0.67	1	0.411	0.76
Highest educational level						
No education	0					1
Primary	-0.35	0.51	0.49	1	0.485	0.70
Secondary and more	-1.01	0.50	4.05	1	0.054	0.37
Religion						
Christian	0					1
Islam	0.54	0.32	2.91	1	0.088	1.71
Traditional	-0.44	0.53	0.69	1	0.405	0.65
Wealth index						
Poor	0					1
Rich	-1.01	0.25	16.21	1	0.000	0.23
Sex						
Man						
Women	-0.56	0.23	6.01	1	0.142	0.57
Current marital status						
Never in union	0					1
Married (Monogam)	-0.38	0.30	1.60	1	0.205	0.69
Married (Polygam)	-1.20	0.38	10.14	1	0.091	0.30
Widowed and Divorced	-1.30	.410	14.20	1	0.109	0.27
Benefits of female circumcision						
Benefits of female circumcision	0					1
No benefits of female circumcision	-2.81	0.30	87.01	1	0.000	0.03

Exposure to excision awareness						
Exposed to awareness about circumcision	0					1
Not exposed to awareness about circumcision	0.93	0.25	9.00	1	0.003	2.54
Child circumcised in the household						
Child circumcised in the household	0					1
No circumcised child in the household	-1.12	0.37	9.10	1	0.003	0.33
Regret about circumcision						
Regret having been circumcised	0					1
Do not regret having been circumcised	2.02	0.27	8.34	1	0.004	7.53
Knowledge of the law prohibiting circumcision						
Knows the law prohibiting circumcision	0					1
Does not know the law prohibiting circumcision	2.05	0.25	74.36	1	0.000	7.77
Knowledge of cases of repression of circumcision						
Knows of cases of repression of circumcision	0					1
Does not know of any repression of circumcision	-0.48	0.32	2.23	1	0.135	0.62
Age of the interviewee						
Under 30	0					1
30 - 49 years	0.29	0.28	1.06	1	0.304	1.33
50 years and over	-0.46	0.36	1.62	1	0.203	0.63
Constante	0.83	0.77	1.17	1	0.279	2.30