

## Kayan mata: A silent and emerging form of female genital mutilation in Nigeria

**Author:** D. G. Muhammad<sup>1,\*</sup>

**Affiliations:** <sup>1</sup>Physiotherapy department, Dutse General Hospital, Jigawa state, Nigeri

Dear Editor,

Female genital mutilation involves any procedure of totally or partially removing external female genitalia or any form of injury directed to female genital organs for non-therapeutic purposes [1]. WHO [2] recognized four types of FGM in Nigeria: Type I or Clitoridectomy, which involves removing part of the clitoris. Type II or Sunna involves total removal of clitoris together with partial or total excision of labia minora. Type III or infibulation involves narrowing of the vaginal canal. Type IV involves any harmful unclassified procedure to female genital organs such as Gishiri (vaginal orifice scraping) cuts, Angurya cut (Vaginal wall cutting) or introduction of any harmful substance or herbs into the vagina [2-4].

FGM is a practice mainly in the southern part of the country than the northern part [3]. Paradoxically, the less severe form of FGM (type I and II) is practiced in the South, with the severe forms in the North [3]. Some of the reasons for FGM include increasing the sexual pleasure of the husband, enhancing fertility and increasing matrimonial opportunities for a woman who underwent the cut [3].

Durosinlorun [5] defined Kayan Mata as an appetizer or sweetener that is a concoction prepared to make a woman okay. Kayan Mata is a Hausa word coming from Kaya, meaning property, things or stuff and Mata meaning women. Therefore, it literally means the women properties or women things or women stuff. Kayan Mata is a group of traditional medicines used by women in different forms as sexual pleasure, enhancers, or aphrodisiacs in northern Nigeria. However, it has now spread to some southern parts of the country. Aphrodisiacs are any food, drink, drug, scent, or device that increases sexual performance [6]. Several cultures used various substances for such purposes.

Though most users are northern women who are predominantly Muslims and Islam is against the harmful act [5]. There are different routes of administration, but the main ones are the oral and vaginal routes. The oral route type taken through the mouth is primarily in liquid form. The oral Kayan Mata includes Aya (Tiger nut), Dabino (dates), onions, watermelon, and moringa seeds. As stated, Kayan Mata can be harmful or beneficial [6]. The oral Kayan Mata can be termed beneficial because its ingredients are fruits [5]. Fruits like watermelon contain citrulline that has an effect on sexual drive.

The vaginal route of administration includes the introduction of substances into the vagina. As opposed to the oral route, the substance may be liquid or gas [5]. In the administration of the gaseous substance,

**\*Corresponding author:** Daha Garba Muhammad, Physiotherapy department, Dutse General Hospital, Jigawa state, Nigeria, email:dahagarba@gmail.com; **Potential Conflicts of Interest (Col):** All authors: no potential conflicts of interest disclosed; **Funding:** All authors: no funding has been sought or gained for this project; **Academic Integrity.** All authors confirm that they have made substantial academic contributions to this manuscript as defined by the ICMJE; **Ethics of human subject participation:** The study was approved by the local Institutional Review Board. Informed consent was sought and gained where applicable; **Originality:** All authors: this manuscript is original has not been published elsewhere; **Review:** This manuscript was peer-reviewed by three reviewers in a double-blind review process; **Type-editor:** Ahmed (USA).

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a woman is asked to burn certain herbs and allow the smoke to enter her vagina. However, some liquid substances are inserted into the vagina while some are introduced through a Sitz bath. Each substance belongs to a certain category based on its purpose of use. For instance, Dan Matsi (Tightness), the first category of Kayan Mata, is thought to increase the tightness of the vagina almost equal to a virgin. Dan Matsi is usually used after delivery or by aged women [5]. The second category, called Karya Gado (Break a bed), is used to increase sexual pleasure to a partner [5].

Before a woman is taken to her matrimonial home, she will be taken to “Wajen Gyaran Jiki”, a place for preparing her body and paid for by the husband. At Wajen Gyaran Jiki, the preparation includes skincare, but the Kayan Mata are also included.

This practice's complications and adverse effects include vaginal itching, vaginal discharge due to infection, burning sensation, and excessive bleeding after delivery [5]. In addition, the efficacy of these substances is not well established, but the users claimed to be efficacious based on anecdotal evidence [5].

Therefore, the vaginal form can be termed as harmful traditional practices and based on the above reasons and the WHO criteria, the vaginal form of these can be grouped as type IV FGM.

There are only a few studies on Kayan Mata despite its usage among northern Nigerian women. Therefore, studies should also be conducted on this Kayan Mata. In addition, the efficacy, the harmful effects of this practice should be studied using a prospective study as none has been reported earlier, and more studies will help collect data for advocacy to abolish this type of FGM.

Daha Garba Muhammad

## REFERENCES

1. World Health Organization. “Female Genital Mutilation: An overview”. In Geneva: World Health Organization. 1998.
2. World Health Organization. “Female genital mutilation. A joint WHO/UNICEF/UNFPA statement”. In Geneva: World Health Organization; 1997.
3. TC Okeke, U Anyaehie, C Ezenyeaku. “An overview of female genital mutilation in Nigeria”. *Annals of Medical and Health Sciences Research*, vol. 2, pp 70-3, 2012.
4. N Kandala, G Atilola, CC Nnanatu, E Ogundimu, L Mavatikua, P Komba, Z Moore, and D Matanda. 2020. “Female genital mutilation/cutting in Nigeria: Is the practice declining? A descriptive analysis of successive demographic and health surveys and multiple indicator cluster surveys (2003–2017).” *Evidence to End FGM/C: Research to Help Girls and Women Thrive*. New York: Population Council UNICEF. “Children’s and Women’s right in Nigeria: A wake-up call. Situation Assessment and Analysis” in *Harmful Traditional Practice (FGM) Abuja NPC and UNICEF Nigeria*; 2001. pp. 195200.
5. AM Durosinlorun. “Kayan Mata: the secret world of local aphrodisiacs in Northern Nigeria”. *Sexuality in Africa magazine*, vol. 5, pp. 12-13, 2009.
6. RK Westheimer. “Encyclopedia of sex”. New York continuum publishers, 2000.