

Assessment of Female Genital Mutilation on Healthy Living of a Girl-Child in Southwest Geo-Political Zone in Nigeria

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Abstract

The study assessed female genital mutation on the healthy living of a girl-child in the southwest geo-political zone in Nigeria. A survey research design was to be adopted for this study. The population for this study comprised all students of the Secondary Schools in each state capital of the Southwest zone states. A sample of one hundred students from each of the states in the Southwest zone of Nigeria was used for the study. Consequently, a total of six hundred (600) respondents were selected for this study. A structured questionnaire was the instrument used for the study. An expert was consulted to validate the questionnaire and check the expected content of the questionnaire developed. The questionnaire was administered to students of some secondary schools who are not understudied and a reliability coefficient of 0.89 was gotten which pointed out that the instrument was reliable. The data collected were analysed using descriptive statistics with Statistical Package for Social Sciences (SPSS 23.0). The findings of this study revealed that the level of societal attitudes towards female genital mutilation practice in Southwest Geo-political Zone in Nigeria is poor and the level of prevalence and awareness of female genital mutilation on girl-child in Southwest Geo-political Zone in Nigeria is very low. Based on these findings, it was recommended among others that all hands must be on deck to protect

the wellbeing and fundamental rights of the girl-child across the globe through proper sensitization of the dangers attached to female genital mutilation.

Keywords: Female, Genital Mutilation, Healthy Living, and Girl-Child

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Introduction

Women are seen as the weaker vessel in the family and society at large; therefore they should be taken proper care of. Unfortunately, some of the traditions and customs being practised to improve their lifestyle and well-being, irrespective of their age and sex, oftentimes, turn out to harm them.

However, the exact origin of female genital mutilation circumcision is unknown. Some people believe that the practise started in ancient Egypt. Some believed that it was during the slave trade when black slave women entered the ancient Arab cities. Also, some have believed that female mutilation began with the arrival of Islam in sub- Sahara Africa, before the arrival of Islam notably among warriors and some belief the practice developed independently among certain ethnic groups in sub-Saharan Africa as part of puberty rites.

Recently, the United Nations Population Fund, (UNFPA), and United Nations International Children's Emergency Fund (UNICEF), in a joint press statement said that about twenty million women and girl-child were subjected to Female Genital Mutilation. The organization recently revealed this at the trinity for stakeholders drawn from five states to explore an evidence-based communication process to promote behavioural change in Calabar, Cross river state. They also noted that Female Genital Mutilation, (FGM) remains a major problem in Nigeria and its harmful practice has serious health implications on the girl-child. UNICEF (2010) remarked that the practice of FGM is prevailing in five states which are Ebonyi, Ekiti, Imo, Osun, and Oyo. UNICEF affirmed that about 25% of every girl in secondary schools and women outside the school environment has been mutilated.

WHO (2009) believed that Female Genital Mutilation (FGM) comprises all procedures involving partial or total removal of the female external genital or any other injury to the female genital organs for non-medical reasons or traditional practice in some cultures of partially or removing the external genital of girls and young women for a non-medical reason. WHO affirmed that it is illegal in many countries. Though Female Genital Mutilation (FGM) is practised in more than 28 countries in Africa and a few scattered communities worldwide. It is more prevalent in Nigeria, Egypt, Mali, Eritrea, Sudan, the Central African Republic, and the Northern part of Ghana where it has an old traditional and cultural practice of other various ethnic groups. The highest prevalence rate is found in Somalia and Djibouti where (FGM) is virtually universal (WHO, 2009).

However, FGM is widely practised in Nigeria, and with its large population, Nigeria has the highest absolute number of cases of FGM in the world, accounting for about one-quarter of the estimated 115-130 million circumcised women and girls worldwide. Thus, there is still considerable support to the practice in areas where it is deeply rooted in local tradition. This act is part of child abuse imagine the physical and psychological trauma that a girl will go through. There are cases of some girl's child that bled to death during this act. Some of the girls that survive this trauma will tell you, they feel less of a woman if they grow into adults (Adeosun 2009). The (UN) says the practice could cause some health and psychological challenges to victims. In this regard, the (UN) has set February 6, yearly as the international day for zero tolerance to FGM/C. This was the thrust of the event organized by the United Nation Population Fund (UNFPA), United Nations International Children Emergency Fund (UNICEF), and the Guardian UK at the president villa, Abuja on Tuesday, February 9, 2013. However, UNICEF (2013) described the practice as the major problem in Nigeria which affects one in every four women/girls. The organisation described FGM as "a harmful and violent practice that could scare girls for life both physically and psychologically".

Statement of the Problem

Despite the global effort to promote the abandonment of Female Genital Mutilation (FGM) the overall role of decline in prevalence has been very slow. The trend seems to be more in developing countries like Nigeria, Ghana, Mali, and among the communities in Oyo, Osun, and Ekiti to mention but a few. Over 6 million girls/women are victims of female genital mutilation across the six states in the southwest is Ekiti, Ondo, Osun, Lagos, Ogun, and Oyo Nigeria. Thus, the girl-child mutilation among the societal seems to pose a problem such as infection, barrenness as regards the health issue. Even death of the female child is alarming as a result of the practices of female genital mutilation by the society, in addition to this, infertility, loss of sexual urge, excessive bleeding after birth, broken of homes and virginal vesicles can result from this barbaric practice. In this regard, female genital mutilation may result in all the identified hazards mentioned above. On this note, this research work will examine the effect of female genital mutilation on the healthy living of a girl-child in the cities of the geo-zone mentioned above. A group, a new initiative for social development at a training organized for journalists in Ado-Ekiti state on Wednesday, January 13, 2016, said that Oyo state has the highest figure with almost two million victims. The training tagged “reduction of discrimination and violence against women in Southwest Nigeria was organized with the support of the British commission”. The one-day training was aimed at creating awareness for the “violence against persons” prohibition act which was signed into law in May 2015, after three years in the National assembly.

Purpose of the Study

This study generally investigated the effect of female genital mutilation on the healthy living of a girl-child. Especially, the study will examine the extent of female genital Mutilation on girl-child in Southwest Zone.

It will also:

- I) Identify the societal attitudes towards female genital mutilation practices in Southwest Zone.

- 2) Confirm the health implications of female genital mutilation in girl-child for healthy living in Southwest Zone.
- 3) Determine the prevalence and awareness of female genital mutilation on girl-child in Southwest Zone.

Research Questions

The following research questions guided the study;

- i. To what extent has female genital mutilation hampered the sexual relationship of the girl-child in the Southwest Geopolitical Zone in Nigeria?
- ii. What is the level of societal attitudes towards female genital mutilation practice in the Southwest Geo-political Zone in Nigeria?
- iii. What are the health implications of female genital mutilation for healthy living of girl-child in Southwest Geo-political Zone in Nigeria?
- iv. What level of prevalence and awareness of female genital mutilation on girl-child in the Southwest Geo-political Zone in Nigeria?

Significance of the Study

The findings of this study will be of great help to the girl-child in the sense that it will help to:

- i. Enlighten the entire populace that female genital mutilation leads to sexual advances of the girl-child.
- ii. Prevent the affliction on the girl-child among the cultural practices.
- iii. Enlighten the mothers, especially of the girl-child on the laws against female genital mutilation.
- iv. Create awareness on the eradication of female genital mutilation in our society.

Scope of the Study

This study examined the effect of female genital mutilation on the healthy living of a girl-child in the southwest geo-political zone of Nigeria. This study delimited into some selected schools in the

zone within each city of states that comprise the Southwest geopolitical zone of Nigeria. That is Oyo, Osun, Ogun, Lagos, Ondo, and Ekiti. The choice of these states was based on the rudiment of the community on the prevalence practices of female mutilation, as well as their beliefs in their cultural practices.

However, many have attributed the act or practice to religion and some of their culture. Muslim scholars have come up with an Islamic injunction that supported the practice, but the Christians and the Jews have no basis for this practice. The distribution of the practice does not follow the distribution of the religious groups but rather a continuity of influence among neighbouring countries indicating that this practice is more of cultural belief than relief, (Dorkenro, 2010).

Ajol (2012) believed that FGM is a practice whose origin and significance is shrouded in secrecy, uncertainty, and confusion. The origin of FGM is fraught with controversy either as an initiation ceremony of young girls into womanhood or to ensure virginity and curb promiscuity or to protect female modesty and chastity. However, the ritual has been so widespread that it could not have risen from a single origin.

The practice of FGM exposes victims to serious infections and other health hazards which include HIV/AIDS, tetanus, hepatitis B, and haemorrhage (Insel & Roth, 2006). The practice is dehumanizing, the consent of the victims was neither sought nor received, and they were often subjected to untold agonies. Various types of unsterilized instruments used for the operation range from special knives, scissors, scalpels, pieces of glass, razor blades, fingernails, and herb mixtures. Cow dung, chickens or dog faeces, earthen or ashes which are thought to contain some clotting properties are rubbed on the wound to stop bleeding (The Minority Right Group reports 1985). All these instruments and materials initiate, complicate and aggravate post-operation infections.

Types/Variation of FGM in Nigeria

FGM practised in Nigeria is classified into four types:

- i. Type I or clitoridectomy: This is the least severe form of practice. It involves the removal of the prepuce or the hood of the clitoris and all or part of the clitoris. In Nigeria, this usually involves the excision of only a part of the clitoris.
- ii. Type II or “sunna” is a more severe practise that involves the removal of the clitoris along with partial or total excision of the labia minora. Type II is more widely spread but less harmful compared to type III.
- iii. Type III (infibulations) is the most severe form of FGM. It involves the removal of the clitoris, Labia Minora, and adjacent media part of the Labia Majora and the stitching of the vaginal opening, leaving an opening of the size of a pinhead to allow for menstrual flow or urine.
- iv. Type IV or other unclassified types recognized include; introcision and gishiri cuts, pricking, piercing or incision of the clitoris and labia, scraping and cutting of the vaginal (angurya cuts), stretching the clitoris or labia cauterization, the introduction of corrosive substance and herbs in the vaginal, and other forms.

FGM and Women's/Girls Right

Female genital mutilation is recognized worldwide as a fundamental violation of the human right of girls and women. It reflects deep-rooted inequality between the sexes and constitutes an extreme form of discrimination against women. It involves the violation of the right of the children and violation of a person's right to health, security and physical integrity, the right to be free from future and cruel, inhuman or degrading treatment and the right to life when the procedure results in death. Furthermore, girls usually undergo the practice without their informed consent, depriving them of the opportunity to make an independent decision about their bodies (UNESCO, 2013).

Reasons to Justify FGM

The reasons behind the practices of female genital mutilation are analysed thus:

Regarded as a tribal traditional practice i.e. our custom is a good tradition and has to be protected as superstitious belief practised for the preservation of chastity and purification, family honour, hygiene esthetic reasons, protection of virginity and prevention of promiscuity, modification of socio-sexual attitudes (countering failure of a woman to attain orgasm), increasing the sexual pleasure of husband and enhancing fertility and increasing matrimonial opportunities.

Other reasons are to prevent mother and girl-child from dying during childbirth and for legal reasons for example, one cannot inherit property if not circumcised. However, in some parts of Nigeria, the cut edges of the external genitalia are snared with secretions from a snail footpad with the belief that the snail being a slow animal would influence the circumcised girl to “go slow” with sexual activities in future. Thus FGM is often routinely performed as an integral part of social conformity and in line with community identity (Adeosun, 2009).

Health Consequences of FGM

UNESCO (2010) analysed the extent of harmful effects or damage this scourge has infringed on the girl-child in Nigeria and the world at large.

These are as follows:

- i. An adverse shock from pain and haemorrhage.
- ii. Causes of infection, acute urinary retention.
- iii. Damage of the urethra or anus in the struggle of the victim during the procedure.
- iv. Chronic pelvis infection/acquired gynatresia resulting in hematocopos vulva adhesions, dysmenorrhea, retention cysts, and sexual difficulties with anorgasmia.
- v. Sexual dysfunction.
- vi. Defibulation with bleeding.
- vii. Mental and psychological agency.

Methodology

This chapter presents the methodology adopted in carrying out this study. It consists of research design, population, sample and sampling technique, research instrument and method of data analysis.

Research Design

A survey research design was to be adopted for this study. Survey research is a research method that involves the use of questionnaires and statistical surveys to gather information from people and their thoughts and behaviour on certain issues or phenomena. This study specifically gathered information on the effect of female genital mutilation among the girls in the southwest geo-political zone.

Population

The population for this study comprised all students of the Secondary Schools in each state capital of the Southwest zone states.

Sample and Sampling Techniques

To ensure that all parts of the population are adequately represented, a purposive sampling technique was adopted for this study to enhance the chance of the equal possibility of selection. A sample of One hundred students from each of the states in the Southwest zone of Nigeria was used for the study. Consequently, a total of six hundred (600) respondents were selected for this study.

Research Instrument

A structured questionnaire was the instrument used for the study. The structured questionnaire comprises two sections A and B; section A dealt with demographic information of the subjects, section B contains questions drawn from the four research questions formulated for the study in an open-closeform with a four-point Likert scale. This required the respondents to indicate

their level of responses, varying from strongly agrees, agree, disagree, and strongly disagree.

Validity and Reliability of Instrument

To enable the researcher to determine the validity and reliability of the instrument for the study, an expert was consulted on the expected content of the instrument developed. After carefully, verifying the draft of the instrument, the expert made corrections and guidelines, then the researcher developed the final instrument. The instrument was administered to students of some secondary schools who are not understudied and a reliability coefficient of 0.89 was gotten which pointed out that the instrument was reliable.

Administration of Research Instrument

When all the sample schools had been determined, the researcher with the help of a research assistant administered the questionnaire among the selected students in the six states of the Southwest zone, Nigeria. The researcher made sure the purpose and contents of the questionnaire were explained to respondents as well as given them enough time to complete the filling of the questionnaire before collecting them.

Method of Data Analysis

The completed questionnaires were retrieved from the respondents and subjected to statistical analysis. The data collected were analysed using descriptive statistics with Statistical Package for Social Sciences (SPSS 23.0).

Results

The results of the research were arranged according to the research questions stated.

Analysis of Demographic Data

Table 1: Sex of Respondents					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Female	600	95.8	100.0	100.0
	Male	0	0	0.00	
Missing			0		
Total		600	100.0		

The table above shows that all the respondents are females. This is from the fact that the topic under investigation was female gender-based.

Table 2: Class of Respondents					
		Frequency	Per cent	Valid Percent	Cumulative Percent
Valid	JSS	114	18.2	19.0	19.0
	SSS	486	77.6	81.0	100.0
	Total	600	95.8	100.0	
Missing	System	26	4.2		
Total		626	100.0		

Table 2 shows the demonstration distribution of respondents by class. The table shows that 114 (19%) of the respondents are in Junior Secondary Schools while 486 (81%) of the respondents are in Senior Secondary schools.

Answering Research Questions

Research Question I: To what extent has female genital mutilation hampered the sexual relationship of the girl-child in the Southwest Geopolitical Zone in Nigeria?

Table 3: Effects of Female Genital Mutilation on Girl Child in South West Zone.				
S/N	Statements	N	Mean	Std. Deviation
1	Victims of genital mutilation feel dejected about their ordeal.	600	3.0133	1.13958
2	Female genital mutilation affects the psychological wellbeing of the girl-child.	600	3.3800	1.00197
3	Female genital mutilation leads to negative feelings towards the personal affection of the girl-child.	600	2.6433	1.05101
4	Female genital mutilation trauma affects the sexual relationship of the girl-child at old age.	600	1.7767	1.22718
	Valid N (listwise)	600		
	Weighted mean		2.70	

The table above reveals that all the effects listed in the table are effects of Female genital mutilation on girl-child in Southwest Geo-political Zone in Nigeria except that Female genital mutilation trauma do not affect the relationship of the girl-child at old age as agreed by the respondent with mean of 1.7767 which is lower than the weighted mean of 2.70

Research Question 2: What is the level of societal attitudes towards Female genital mutilation practice in the Southwest Geo-political Zone in Nigeria?

Table 4: Level of societal attitudes towards female genital mutilation practice in the southwest zone.

S/N	Statements	N	Mean	Std. Deviation
5	Female genital mutilation is practised in Islam	600	1.8200	.84189
6	Female genital mutilation is dominantly practised in the Southwest part of Nigeria	600	1.7217	.80121
7	Religious scholars support the practice of Female genital mutilation	600	2.1617	.87948
8	Western education encourages the practice of female genital mutilation	600	2.0333	.97321
9	There are cultural benefits to the practice of female genital mutilation	600	2.1400	.91750
10	Practices of female genital mutilation should be completely eradicated	600	2.5317	1.06656
	Valid N (listwise)	600		
	Weighted mean		2.07	

The above table reveals a weighted mean of 2.07 out of the maximum obtainable score of 4.00 which is lower than the standard mean of 2.5. This implies that the level of societal attitudes towards female genital mutilation practice in the Southwest Geo-political Zone in Nigeria is poor.

Research Question 3: What are the health implications of female genital mutilation for healthy living of girl-child in Southwest Geo-political Zone in Nigeria?

Table 5: Health implications of female genital mutilation for healthy living of girl child				
S/N	Statements	N	Mean	Std. Deviation
11	Female genital mutilation can transmit virus diseases to the girl-child.	600	3.1767	1.10188
12	Female genital mutilation causes infertility.	600	3.2783	1.05959
13	Female genital mutilation leads to virginal diseases	600	3.3333	.96459
14	Female genital mutilation increases the high level of infant mortality.	600	2.1017	.94842
15	Practices of female genital mutilation should be completely eradicated.	600	2.5317	1.06656
16	Female genital mutilation inflicts a permanent wound on the girl-child.	600	2.3183	1.03058
	Valid N (listwise)	600		
	Weighted mean		2.36	

Table 5 shows the health implication of female mutilation except that the respondents disagreed that female genital mutilation increases the high level of infant mortality with a weighted mean of 2.10 and that female genital mutilation inflicts a permanent wound on the girl-child with 2.3183 which are lower than the standard mean of 2.5 out of the maximum obtainable score of 4.00.

Research Question 4: To what level of prevalence and awareness of female genital mutilation on girl-child in Southwest Geo-political Zone in Nigeria?

Table 6: level of prevalence and awareness of female genital mutilation on girl-child				
S/N	Statements	N	Mean	Std. Deviation
17	Parents are aware of the negative effect of FGM on their female children.	600	1.6367	.48136
18	Female students are aware of the discouragement of FGM.	600	1.5617	.49660
19	There is awareness of campaigns organized by the Federal Government against FGM.	600	1.5383	.49894
20	People are aware of campaigns organized by the non-government organization against FGM.	600	1.6567	.62137
	Valid N (listwise)	600		
	Weighted mean		1.59	

The above table reveals a weighted mean of 1.59 out of the maximum obtainable score of 4.00 which is lower than the standard mean of 2.5. This implies that the level of prevalence and awareness of female genital mutilation on girl-child in Southwest Geo-political Zone in Nigeria is very low.

Discussion of Findings

Table 1 of the result showed that all the respondents are females. This is from the fact that the topic under investigation was female gender-based and responses from the concerned individuals are required. It was also revealed that 114 (19%) of the respondents are in Junior Secondary Schools while 486 (81%) of the respondents are in Senior Secondary schools. The majority of the respondents are assumed to be grown up and mature considering their class. It implies that the responses gotten from them can be relied upon.

Table 3 revealed the effects of female genital mutilation on girl children in Southwest Geo-political Zone in Nigeria to be that Victims of genital mutilation feel dejected about their ordeal, female genital mutilation affects the psychological wellbeing of the girl-child and female genital mutilation leads to negative feelings

towards personal affection of the girl-child except that female genital mutilation trauma affects the sexual relationship of the girl-child at old age is not an effect. This is against the submission of Doskenro (2010) that FGM affects girl child sexual life in future.

Table 4 revealed that the level of societal attitudes towards female genital mutilation practice in the Southwest Geo-political Zone in Nigeria is poor. Table 5 shows the health implications of female mutilation to be that the health implications of female genital mutilation for healthy living of girl-child in Southwest Geo-political Zone in Nigeria are that female genital mutilation can transmit virus diseases to the girl-child, Female genital mutilation causes infertility, Female genital mutilation leads to virginal diseases except that the respondents disagreed that female genital mutilation increases the high level of infant mortality and that female genital mutilation inflicts a permanent wound on the girl-child. The result is corroborated with the view of Ajol (2012). This implies that the level of prevalence and awareness of female genital mutilation on girl-child in Southwest Geo-political Zone in Nigeria is very low. Some cultures believe that a girl-child should not be mutilated. This result is in line with the view of Adeosun (2009).

Summary of Findings

The findings of this study revealed that:

1. The effects of female genital mutilation on girl child in Southwest Geo-political Zone in Nigeria are that Victims of genital mutilation feel dejected about their ordeal, Female genital mutilation affects the psychological wellbeing of the girl-child, Female genital mutilation leads to negative feelings towards personal affection of the girl-child
2. The level of societal attitudes towards female genital mutilation practice in the Southwest Geo-political Zone in Nigeria is poor.
3. The health implications of female genital mutilation for healthy living of girl-child in Southwest Geo-political Zone in Nigeria are; female genital mutilation can transmit virus diseases to the girl-child, Female genital mutilation causes

infertility, Female genital mutilation leads to virginal diseases.

4. The level of prevalence and awareness of female genital mutilation on girl-child in Southwest Geo-political Zone in Nigeria is very low.

Conclusion

Female genital mutilation has been found to have a great danger to the psychological, educational, social, and physical wellbeing of female students. There is a need to intensify efforts in creating awareness in rural and remote places across the nations. Many attributed female genital mutilation to religion and some of their culture. However, it is important to note that the genesis of the act is culturally biased and as such, the act might be properly checked when working laws are made against the act. The psychological impact of female genital mutilation is one of several implications. The general psychological well-being of children can have an impact on other aspects of their lives that must be examined right now.

Recommendations

From the foregoing, the following recommendations are made for prompt actions.

- i. All hands must be on deck to protect the wellbeing and fundamental rights of female students across the globe through proper sensitization of the dangers attached to female genital mutilation.
- ii. The work of Non-Governmental Organizations about creating awareness to females both parents and children of the danger attached to genital mutilation should be supported by the government through enforcing punishments/fines attached to anyone found mutilating genitals of females.
- iii. The work of sensitization should be left along for Non-Governmental Organizations alone, parents and society should be ready to sensitize their wards on the dangers of female genital mutilation.

- iv. Female Genital Mutilation should be included in the curriculum of Junior Secondary Schools. This will allow for early orientation and awareness of the side effects or dangers of female genital mutilation.
- v. Sensitization programmes should be taken to remote places to familiarize those living in the rural and semi-rural areas with the dangers attached to female genital mutilation in Nigeria and across the globe.

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