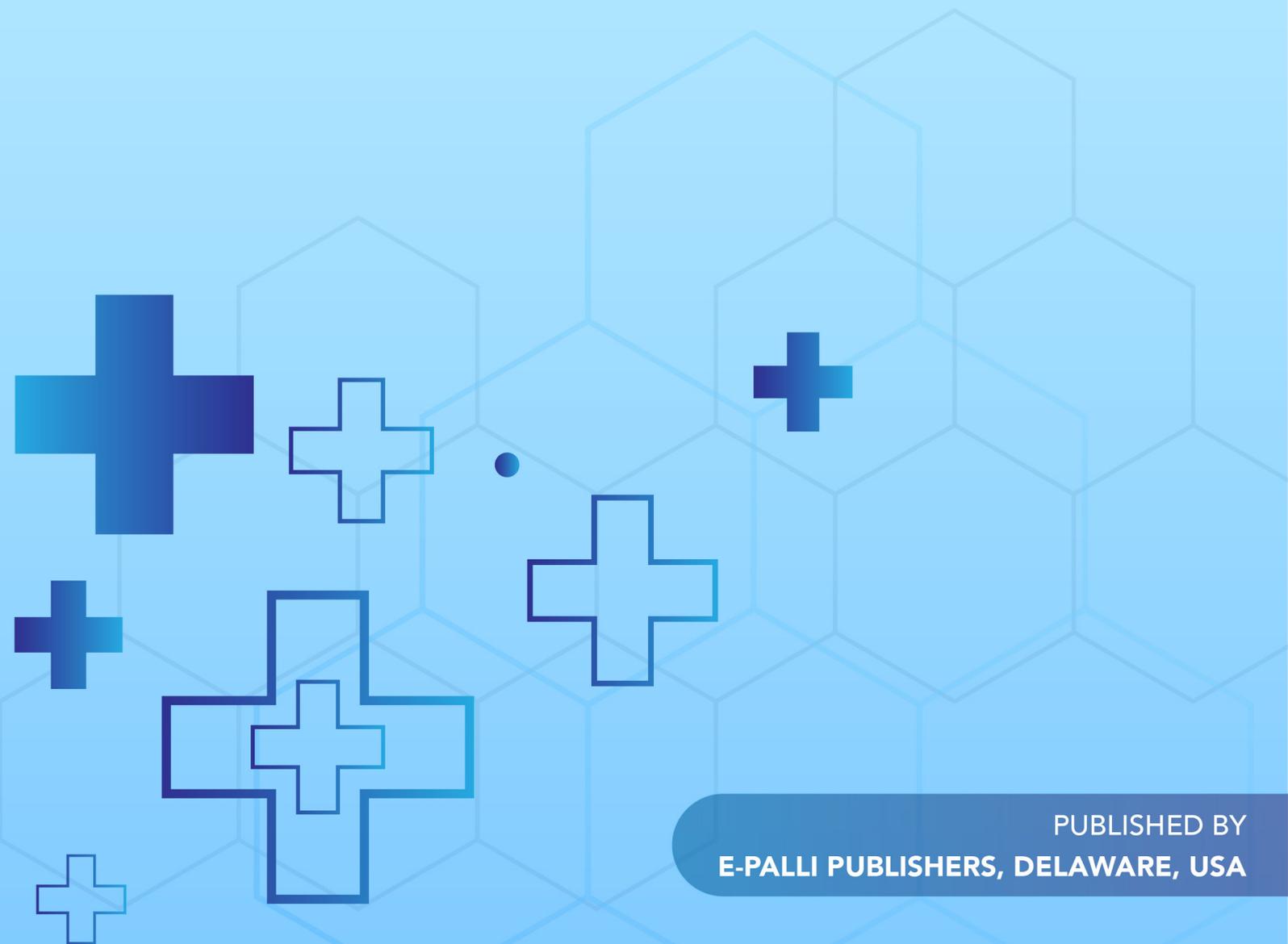




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## An Overview of the Knowledge and the Practice of Female Genital Mutilation Among Adult Women in Ondo State, South Western Nigeria

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### ABSTRACT

The practice of female genital mutilation (FGM) is one of the very significant health and human right issues in the world according to UNICEF. A qualitative research methodological and in-depth interview of one hundred and twenty informants were used to investigate FGM's knowledge and practice in Ondo state, southwestern Nigeria. A multi-stage sampling technique was used to select the participants from the study population. The findings of the study revealed that the majority of the residents are aware of FGM as it is being widely practiced by traditional birth attendants, an health officials. The study also confirmed that the majority of the respondents are of the opinions that FGM reduces promiscuity, initiates young girls into womanhood; ensures spiritual cleansing; enhances fertility and prevents instant mortality while the majority have inadequate knowledge about the untoward health consequences of the practice. The study concluded that there is high rate of prevalence and poor understanding of the harmful effects of FGM. It is therefore recommended that certain collaborative measures which include aggressive enlightenment programmes. Among the communities, enactment of laws as punitive measures for the practitioners of government policy re-engineering and early education of girl's children on FGM among others have to be implemented to eliminate the scourge in society.

### INTRODUCTION

Female genital mutilation (FGM), also known as female genital cutting, is defined by World Health Organisation (2007) as all procedures that involve partial or total removal of the external female genital and or another injury of the external female genital organs for non medical reasons. Female genital mutilation (FGM) origin is shrouded in controversy, the exact origin cannot be ascertained but evidence suggests that that it originated from Egypt (WHO, 1996)

In Africa, FGM is widely practiced in Nigeria, Egypt, Mali, Togo, Ethiopia, Sudan, Kenya, Somalia and so many other countries where it has been an old traditional and cultural practice among various ethnic groups. (UNICEF, 2001). FGM is widely practised in Nigeria being a country with a large population Nigeria has the highest absolute number of FGM cases in the world, accounting for about one quarter (1/4 ) of the estimated 115-130 million circumcised women worldwide (UNICEF, 2007). In Nigeria, among adult women, FGM has the highest prevalence in the south- south (77%), followed by the south east (68%) and south west (65%). The practise is on a smaller scale in the north (Adegoke, 2005) Nigeria comprises six large ethnic groups, Yoruba, Hausa, Ibo, Fulani, ijaw and Kanuri. Only the Fulani do not practice any form of FGM according to the report on FGM in 2005 by Senior Coordinator for International women's issues. Okeke, Anyachie and Ezenyeaku (2012) said that procedure has no health benefit for girls and women but influenced by socio cultural and religious determinants. FGM is promoted behind closed doors by hospital nurses, churches, senior matrons in rural government

hospitals, traditional birth, attendants and community elders (Olutosin 2021) because of lack of government intervention to control the practice as there is no state or federal laws that prohibit the practice of FGM in Nigeria unlike in some countries like Scotland where the probation of FGM (Scotland) Act 2005 made it a criminal to have female genital mutilation carried out in Scotland or abroad, and increased penalty from five to fourteen years imprisonment (UNICEF 2007) .

Similarly, the Director of Centre for women studies and intervention (CWSI), Abuja in 2010 stated that although the age of which procedure takes place varies from one ethnic group to another, FGM most commonly takes place between 0-7 days after a baby was born or when the woman is pregnant.

In Ondo state, mothers subject then daughters to the FGM to protect them from being ostracised, beaten, shunned or disgraced (Volder and Khan, 2007).

Globally treatment of the health complication of FGM is estimated to cost health systems and individuals US\$1. 4 billion per year, this amount is expected to rise unless urgent action is taken towards its prohibition (UNICEF, 2023)

### Statement of the Problem

Female genital mutilation (FGM) has no health benefits. It is known to be injurious to girls and women in many ways with short and long term health consequences (UNICEF 2017). It is also a violation of human rights of girls and women. Various data presented by health organizations, government records and NGO's are instructive to appreciate the magnitude of the situation of this barbaric

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practice. An estimated 100 million to 140 million girls are at risk of cutting each year in the African continent alone (WHO, 2008). In Nigeria, the national prevalence rate of FGM is 4% among adult women.

Despite the campaigns, the practice continues unabated among the residents and is being carried out in a barbaric manners by traditional both attendants and mid-wives with no medical trainings.

### General Objectives of the study

The study's general objective is to investigate the knowledge and practice of female genital mutilation among adult women in Ondo state.

### Specific Objectives of The Study

- i. To investigate the prevalence rate of female genital mutilation practice among adult women in Ondo state.
- ii. To determine the knowledge of the adult women about FGM in Ondo state.
- iii. To assess the influence of social-cultural and religious factor on FGM in Ondo state
- iv. To evaluate the effects of the existing government efforts on the practice of FGM in Ondo state

### Research Questions

1. What is the rate of prevalence of FGM practice among adult women in Ondo state?
2. What is the level of knowledge about FGM practice among women in Ondo state?
3. What are the influence of socio-cultural and religious factors on FGM in Ondo state?
4. What are the effects of the existing government efforts on the practice of FGM among adult women in Ondo state?

### Significance of The Study

The paper offers insight into terminology origin, proposed purposes, prevalence of the FGM, the practice and recommendations. The study will assist the government and other stake holders to engage in more aggressive and efficient crusades against the practice of FGM and to formulate policies and laws that will discourage this crude, dangerous, and unhealthy practice. The study will also add to the body of knowledge about the phenomenon under investigation.

## LITERATURE REVIEW

### Conceptual Review of FGM

Family genital mutilation (FGM) is also known as female cutting (FGC). ((UNICEF 2007). This practice is common in many countries, especially in Africa, the middle East and Southeast Asia. (Llamas 2017). Amnesty International in 2017 stated that the FGM involves the removal of all or part of the labia minora or cutting of the major to create raw surface when are then held firmly by a collar over the vagina when the wound heals.

FGM is widely practiced in Nigeria with his large population. Nigeria has the absolute number of FGM

worldwide, accounting for about one quarter of the estimated 115-130 million circumcised women worldwide (UNICEF, 2001). The national prevalence of FGM is 41% among adult women (UNICEF, 2023). The origin of FGM is controversial and remains unclear. Some scholars have proposed Ancient Egypt (present- day Sudan and Egypt) as its site of origin because of the discovery of circumcised mummies from the first century BC. Other scholars theorized that the practice spread across the route of slave trade, extending from the western shore of the red sea to the southern, western African regions, or spread from the Middle East to African via Arab traders. With its widespread prevalence, a multi- source origin" has also been proposed, claiming that FGM spread from "original cores" by merging with pre-existing initiation rituals for men and women.

Despite the complexity and controversies surrounding its origin, the practice of FGM spreads across the globe, serving several socio-religion-cultural purposes for the communities that propagate it. (Llamas,2017).

### Classification of FGM

There are four types of FGM practiced in Nigeria (WHO 1997). These are:

#### Type 1

This is the least severe form of the FGM. This involves the removal of the prepuce or the head of the clitoris and all par5t or part of the clitoris. In Nigeria this only involves part excision of only part of the clitoris of only a part of the clitoris. This is also called CLITORIDECTOMY.

#### Type 2

This is also known as sunna: it is more severe practice and involves the removal of the removal of the clitoris along with partial or total excision of the labia minora.

#### Type 3

This is the most severe form of FGM. It involves the removal of the clitoris, the labia minora and adjacent medial part of the labia majora and the stitching of the vaginal orifice, leaving an opening of the size of a pin head to allow for menstrual flow or urine. It is also known as INFIBULATION.

#### Type 4

This involves introcision, pricking, piercing or incision of the clitoris and or labia, cauterization, the introduction of corrosive substances and herbs in the vagina and other types.

### Superstitions about FGM

Religion-sociocultural reasons are being used to propagate the practice of FGM in South western Nigeria.

FGM is regarded as a tribal tradition or ritual practiced for to preserve chastity and purification (Kolawole 2010) and family honour and hygiene, it is also done to protect virginity and prevent promiscuity enhance fertility and

inheritance of the family property. It is also believed that mutilation of female genitals will prevent itching and bedwetting and prevent mother and child from dying during child birth ( Monegan, 2010).

### Health Complications of FGM

Apart for being a violation of women's and girls' human rights (Babatunde1998), and possible outbreak of matrimonial disharmony, some of the adverse health consequences are pain and haemorrhage (Versin, 1975), infection, acute urinary refection damage to the urethra or anus, chronic pelvic infection, acquired gycnatresia. Resulting in hematocolpos, vulva adhesions, dysmenorhea, retention cysts and sexual difficulties with anorgasmic, dermoid cysts, keloids and sexual dysfunction (Okeke, anyachie and Ezenyeaku, 2012).

### Prevalence of FGM in Ondo State

A non-Governmental organisation, movement for the survival of the Underprivileged (MOSUP) has decried the increasing rates of female genital mutilation and cutting (FGM/C) in Ondo state, urging the state government and humanitarian groups to reduce the scourge.

Ondo state has recorded spates of FGM/C in recent times and this is common in the Akoko area of the state, exposing the girl-child to service of mental and psychological problems, Ondo state has a 45% prevalence rate of circumcised women. According to the abiye safe motherhood repost by Ondo state ministry of health in 2015, despite the implementation of safe motherhood programme of Ondo state government between 2009-2017 and series of activities of the Inter-Africa committee on Traditional practices (IAC) particularly with regards to FGM which focused on the reproductive health of women and health issues of children, the FGM practice is still rampant in the state.

### Efforts Of the Government the Ngos and Other Stakeholders to Control FGM in Nigeria

As the female genital mutilation thrives in Africa, there is a law that has criminalised female genital mutilation (FGM) IN Africa. Article 5 of the protocol to the African charter, which Nigeria is a party to, on the human and people's rights on the rights of women in Africa titled Elimination of harmful practices states: "Parties shall take all necessary legislative and other measures to eliminate such practices, including : (b) prohibition, through legislative measures backed by sanctions of all forms of female genital mutilation, scarification, medicalisation and paramedicalisation of female genital mutilation, and all other practices in order to eradicate them." In Nigeria, there is no federal law banning female genital mutilation or cutting but section 34(1)(a) of the 1999 consistence of the federal republic of Nigeria that states:

No person shall be subjected to torture or inhuman or degrading treatment as the basis for banning the practice in Nigeria. In 1994, Nigeria joined other numbers of the 47th world health assembly to resolve to elimination FGM.

Steps taken so far to achieve the include establishment of a multi-sectorial technical working group on harmful traditional practices surveys on HTTPS, launching of a regional plan of action and formulation of a national policy and plan action, which was approved by the federal executive council for the elimination of FGM in Nigeria. In Nigeria, FGM is being tackled by WHO, United Nations International Children Emergency Fund (UNICEF). Federation of International Obstetrics and Gynaecology (FIOG), African Union (AU), The Economic Commission For Africa (ECA) and many women organisations.

Intensification of education of the general public at all levels has been done with emphasis on the dangers and undesirability of FGM. Despite the increased international and little national attention the prevalence of FGM has declined a bit (Okunade, Okunowo and Omosakin, 2016) from how it was years ago but the prevalence is still influenced by level of education and the geographical location.

### Theoretical Framework of the Study

The wealth belief model in health psychology is used to explain health behaviour. The health belief model provides the most appropriate theoretical Framework to predict a variety of health behaviour.

The basic components of the health belief model are derived from a well – established body of psychological and behavioural theory whose models hypothesise that behaviour depends mainly upon two variables (I) the value placed by an individual on a particular goat; and 2. The individual estimate of the likely hood that a given action will achieve that goal. In the context of health-related behaviour, these correspondences are (1) the desire to avoid illness (or if ill, to get well). And (2) the belief that a specific health action will prevent illness.

This health belief model (HBM) is a social-cognitive model developed in the 1950s by the US public health services (Mullen, Heresy And Inversion, 1987), which is often used to explain and predict health related behaviour (Stretcher And Rose Stock, 1997).

The relevance of this theory to the study lies in the fact that female folk will only accept any intervention with respect to female genital mutilation eradication based on their belief of the potential benefits of such intervention and the perceived negative impact of the practice.

### METHODOLOGY

The qualitative research employed for this study elicited secondary from previous researches, medical journals, from NGOs and internet materials that are relevant to this investigation. 120 love hundred and twenty data from in- depth interviews of informants selected randomly across the three senatorial districts of Ondo statelocal government areas were also gathered. Ondo State is one of the 36 States in Nigeria.

The three senatorial district are:

- (i) Northern senatorial districts consist of the following

6(six) local government areas: Akoko North West, Akoko North East, Akoko South west, Akoko South East, Ose and Owo.

(ii) Central senatorial district consists of the following (six) local government areas. Akure north, Akure south, Ondo west, Idanre and Ifedore.

(iii) Southern senatorial district consists of the following local government areas: ile-oluji/ oke- Igbo, odigbo, okitipupa, Irele, ilaje and ese-odo.

One local government was selected from each senatorial district through a multistage sampling technique and the sample size of 120 respondents selected randomly with the communities in the three local government areas by balloting. The three selected local government's areas an Akoko North West, Akoko South And Okitipupa. The data generated from both primary and secondary sources were analysed and presented in this research paper.

### Socio-Demographic Characteristics of the Respondents Consist:

- 120 adult women between the age brackets of 35-65 years.
- Majority of the respondents are educated up to secondary school level.
- They are female selected from the communities in AkokoNorth West, Akure south and Okitipupa local government areas.
- There are 80 Christians, 30 Muslims and 10 traditionalists.

### Research Question 1

What is the prevalence rate of FGM practice among adult women in Ondo state?

From the analysis of the opinions of the 120 respondents:

- 88(73%) agreed that FGM is good while 32 (27%) disagreed.
- 90 (75%) agreed that the rate of the FGM practice among adult women is still rampant, 10 (8%) disagreed, while 20 (17%) are undecided.
- 83 (69%) of the respondents will encourage FGM on their female children, 18 (15%) will not encourage the practice on their female children, while (16%) were undecided.
- 85(71%) of the respondent were circumcised while 35 (29%) were not circumcised.
- 87(73%) had performed FGM their female children while 33(27%) had not performed the practice on their female children.
- The results show that the level of prevalence is high and the practice will continue if not prohibited.

### Research Question 2

What is the level of knowledge of the residents about FGM practice in Ondo state?

From the analysis of the opinions of 120 respondents:

- 16 (13%) had adequate knowledge of different types of FGM while 104 (87%) did not.
- 29 (24%) of the respondents had adequate knowledge

about the possible health complications of FGM while 91(76%) did not.

- 93(78%) believed the superstitions about FGM while 27(21%) did not. From the results, it shows the respondents had poor knowledge about FGM .

### Research Question 3

Do social, cultural and religions factors have influence on the FGM practice among adult women in Ondo state.

#### Variables

##### Education

From the opinions of 120 respondents,

- 81(68%) agreed that FGM is barbaric as the practice is more pronounced among the residents with little or no education while 39(33%) did not agree.

##### Religion

There is higher acceptance of FGM among the traditionalists, then followed by Christians while Muslim population recorded lowest incidents.

Majority of the respondents believed that the practice of FGM has religious backing.

##### Culture

• 75(63%) the respondents opined that that culture has significant influence on the practice FGM while 20(17%) disagreed, 25(21%) were undecided. From the analysis of the opinions of 120 respondents, majority supported that social-economic and religious factors had significant influence on FGM practice among adult women in Ondo state.

### Research Question 4

Do the existing awareness campaigns have effects on FGM practice in Ondo state?

From the opinions of 120 respondents,

- 87(68%) of the respondents opined that the awareness campaigns and sensitisation programmes did not affect the high prevalence, 28(23%) disagreed and 5(4%) were undecided. From the result, it shows that the existing crusades against FGM practice in Ondo state has not yielded desired results.

## RESULTS AND DISCUSSION

The purpose of this study is to investigate the knowledge and the practice of female genital mutilation among adult women in Ondo state, South Western Nigeria. FGM originated from controversial sources and adult women as these is no laws to regulate the practice.

It was revealed that most women had poor knowledge about the harmful effects of FGM on the women folk. The findings of the study revealed that the existing awareness campaigns and sensitization programs by the governments, Health organisations and non-governmental organisations did not produce the expected results as the FGM practice continues without checks mostly in rural areas. Social-cultural and religious

variables are promoting it. However the findings of the study provided better understanding about female genital mutilation. The findings of this study are similar to previous researches of:

1. Okeke, Anyaechu and Ezenyeaku (2012) on an overview of female genital mutilation in Nigeria.
2. Monegan (2010) on "Patriarchy: perpetuating the practice of female genital mutilation.
3. World health organisations and the facts sheets in 2007, 2010 and on female Genital mutilation.
4. Llamas (2017) on 'Female circumcision: the history, the current prevalence and the approach to a patient. The future research should provide more hind sight into the prevalence of FGM practice among the various ethnic/sub-ethnic groupings within the geographical entity of Ondo state.

### CONCLUSION

The study concluded that FGM practice in Ondo State is deeply entrenched in cultural and religious roots; hence its wide practicability by the residents in Ondo State. To sincerely win the war against this obnoxious practice, a multi-dimensional approach is needed by the government at all levels and by the NGOs. The following recommendations are hereby proffered after juxtaposing this study with the positions of previous scholars.

### RECOMMENDATIONS

The findings of the study have revealed that all the factors investigated are important. Hence, the following were recommended to control or eradicate the practice of FGM.

- More aggressive public campaigns and enlightenment programmes on the harmful effects of FGM and demystification of myths that surround FGM.
- Early girl-child education is very important so as to enhance their decisions regarding their health and that of their children, including their female children when they eventually grew into adulthood.
- Enactment of laws that will prohibit the practice of FGM and punish the practitioners by the government at all levels.
- Governments should partner with NGO's to strengthen the strategies of abolishing the practice of FGM.
- The government should provide alternative vocations for the traditional birth attendants

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