

Identifying Women's Concern About Total Abolition of Female Genital Mutilation in Imo State

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Abstract

The World Health Organization condemns female genital mutilation because it is an injurious traditional practice. It is also an African tradition practice that has recently generated interest around the world as an important health problem. The survey research design was used to investigate women's concern about total abolition of female genital mutilation. The participants comprised of 300 females ranging in age from 15 to 65 (Mean = 40). Data were analyzed through descriptive and Chi-square statistical methods. The result revealed a high degree of concern about total abolition of female genital mutilation in Imo State, Nigeria. Strong support for the protection of the rights of women and girls to abandon female genital mutilation is imperative because it violates a series of well-established human rights principles, norms and standards, including the principles of equality and non-discrimination on the basis of sex, the right to life when the procedure leads to death, and the right to freedom from torture or cruel in human or degrading treatment or punishment.

Keywords

Female Genital Mutilation, Total Abolition, Traditional Practice, Reproductive Consequences, Haemorrhage, WHO, August Meeting

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1. Introduction

Female genital mutilation comprises all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons (WHO, 2008). The WHO (2008) statement classifies female genital mutilation into four types. WHO estimates that between 100 and 140 million girls and women worldwide have been subjected to one of the first three types of female genital mutilation (WHO, 2008). Estimates based on the most recent prevalence data indicate that 91.5 million girls and women above 9 years old in Africa are currently living with the consequences of female genital mutilation

(WHO, 2008). There are an estimated 3 million girls in Africa at risk of undergoing female genital mutilation every year (WHO, 2008). Female genital mutilation has been reported to occur in all parts of the world, but it is most prevalent in the Western, Eastern, and Northern-Eastern regions of Africa, some countries in Asia and the middle East and among certain immigrant communities in North America and Europe. Female genital mutilation violates a series of well established human rights, principles, norms and standards, including the principles of equality and non-discrimination on the basis of sex, the right to life when the procedure results in death, and the right to freedom from torture or cruel, in human or degrading treatment or

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punishment as well as other rights. Female genital mutilation interferes with healthy genital tissue in the absence of medical necessity and can lead to severe consequences for a woman's physical and mental health, female genital mutilation is therefore a violation of a person's right to the highest attainable standard of health. (WHO, 2008).

In its resolution at the 46 Assembly; the WHO condemned female genital mutilation as an injurious traditional practice and went further to reveal that an estimated eighty million young women in about thirty countries, mainly in East and West Africa are victims of the various associated risks to female genital mutilation. Undoubtedly, female genital mutilation is an African traditional practice that has recently generated interest both nationally and internationally as an important health problem. It is a preventable public health issue with significant reproductive consequences. Female genital mutilation is an operation involving the removal of the prepuce or foreskin of the penis in the male, and in the female parts, the cutting-off of the clitories (the sensitive little soft knob at the front of the vagina). (World Health Organisation, 2008, Tag-Edwin, et al 2008). Female genital mutilation is usually performed on girls at age seven or eight, although some African tribes perform it on infants and other societies on young adult woman. It is usually performed by traditional birth attendants, midwives or an elderly woman in the village. In such circumstances, the operator has no surgical skill and operates under poor hygienic conditions, using unsterilized instruments. The origins of female genital mutilation (Nour, 200) are shrouded in mystery. Female circumcision has been in practice for more than 2,000 years and it is still being practiced (World Health Organization 2010). According to Odimegwu, et al, (2001), the female clitoris is regarded as one of those useless organs in the body because the functions were not well comprehended. Some people regard the clitoris as a kind of growth other than a normal part of the female genitalia. Others consider the clitoris as a protrusion that is very unsightly, hence their insistence of cutting it off. (Anuforo, et al, 2004). Various tribes and ethnic groups still practice female genital mutilation for various reasons. points out that most tribes in Rivers and Cross Rivers State in Nigeria practice and are still practicing female circumcision under the disguise that it helps in taming girls for the would be husbands. In Nigeria, the prevalence of female genital mutilation averages 50% but ranges from 0% in parts of Kogi, Ondo and Ogun States to 100% in Benue and Kebbi States. With an overall national prevalence at 50%. Nigeria has the highest absolute number of genitally mutilated women throughout the world (Ibekwe, et al, 2012). In Edo State, the females are genitally mutilated when they are grown for the purpose of preparing them for marriage and to be faithful to their husbands rather than

being promiscuous. In Imo State (the Igbo's) belief that female genital mutilation is a traditional way of checking women from flirting, improving fertility and giving more pleasure to the husband, (Idowu 2008). Several reasons behind female genital mutilation include:

- Desensitization of clitoris to reduce libido
- Maintenance of personal cleanliness
- Cosmetic purpose and
- A sign of maturity

Female genital mutilation can create severe complications and hazards for the young girl or the woman. Michael et al (2014) classify the effects of female genital mutilation into immediate health effects and long term consequences. Immediate health effect that may occur during or soon after female genital mutilation may be due to the fact that the operation is performed in an unhygienic environment with unsterilized crude instruments and by unskilled attendants. Others include haemorrhage, shock from the acute pain and retention of urine. (Wondimu, et al, 2012) Some other researchers also view some long term consequences of female genital mutilation to include: Chronic pelvic infection leading to infertility, infibulations that cause prolonged labour and obstruction during child delivery. Such obstruction may lead to vesico-vaginal or recto-vaginal fistula (World Health Organization, 2008) (Doherty, 2012) also identifies other difficulties associated with female circumcision to include: dyspanuria (painful intercourse), difficulty in menstrual flow, causing painful menstruation and frigidity because scar tissue does not dilate well enough. Furthermore, it has been indicated that the area cut during circumcision is meant to tear during child delivery. Because scar tissue is not elastic because of the excision of parts or whole of the vulva due to circumcision will render the tissue of the area dense and hard, potentially leading to loss of elasticity resulting in episiotomy during child delivery and a delay in second stage labour (Doherty, 2012, Netsay, et al, 2012, Michael, et al 2014). World Health Organization, (2010) further asserts that female circumcision may lead to marital problems because sexual arousal is impaired and thus leading to distress, irritability and depression for couples. There is also reduced feeling of femininity. It is evident from the foregoing that female genital mutilation is a painful cultural practice that has been persistent in various tribes of Nigeria despite efforts by the government and voluntary organizations to abolish it. The study therefore sought to establish the concern of women in Imo State towards female genital mutilation. Based on the raised problems, these hypotheses were formulated and tested at 0.05 level of significance.

1.1. Hypotheses

Ho: There is no significant concern among rural and urban women on female genital mutilation in Imo State.

Hi: There is significance concern among rural and urban women on female genital mutilation in Imo State.

1.2. Objective of the Study

Following the hypotheses, the study was designed to explore the degree of concern among rural and urban women over female genital mutilation in Imo State.

1.3. Delimitation of the Study

The study was delimited to Imo State, Nigeria. Imo State is one of the 36 States in Nigeria, and it was assumed that the views and concerns of the women in Imo State would be a true representation of the views and concerns of the women in Nigeria.

1.4. Significance of the Study

The study will help in furtherance of awareness on the health implications of female genital mutilation among parents, women, students, researchers and the general public.

1.5. Limitations of the Study

The study was constrained by lack of current relevant literature in the area under study, and weak information from some respondents due to traditional and religious beliefs. However, these important limitations did not impair the originality and academic efficacy of the empirical study.

2. Literature Review

The World Health Organisation (2008) believes that female genital mutilation has no established health benefits, but it is known to be harmful to health benefits, but it is known to be harmful to girls and women in very many ways. First and foremost, it is painful and traumatic. The removal of or damage to healthy, normal genital tissue interferes with the natural functioning of the body and causes several immediate and long term health consequences. According to WHO (2008) babies born to women who have undergone female genital mutilation suffer a higher rate of neonatal death compared with babies born to women who have not undergone to procedure. According to UNICEF (2010) communities that practice female genital mutilation report a variety of social and religious reasons for continuing with it. From a human rights perspective, female genital mutilation reflects deep rooted inequality between the sexes, and constitutes an extreme form of discrimination against girls and women generally. Female genital

mutilation is almost always carried out on minors and is therefore a total violation of the rights of the child. Female genital mutilation equally violates the rights to health security and physical integrity of the human being the right to be free from any form of torture and cruel, inhuman, or degrading treatment. Female genital mutilation is mostly carried out on girls between the ages of 0 and 15 years. According to UNICEF (2010) occasionally, adult and married women are also subjected to female genital mutilation. The report states that the age at which female genital mutilation is performed varies with local tradition and circumstances, but is decreasing in some countries.

In every society in which female genital mutilation is practiced, it is a manifestation of gender inequality that is deeply entrenched in social, economic and practical structures. In some counties, female genital mutilation represents society's control over women. Such practices have the effect of perpetuating normative gender roles that are unequal and harm women. According to UNICEF (2010) analysis of international health data shows a close link between women's ability to exercise control over their lives and their belief that female genital mutilation should be ended. Where female genital mutilation is widely practiced, it is supported by both men and women, usually without question, and anyone departing from the norm may face condemnation, harassment, and ostracism. As such, female genital mutilation is a social convention governed by rewards and punishments which are a powerful force for continuing female genital mutilation. As a result of conventional nature of female genital mutilation, it is difficult for families to abandon the practice without support from the wider community. Female genital mutilation is often practiced even when it is known to inflict harm upon girls because the perceived social benefits of the practice are deemed higher than its disadvantages (UNICEF, 2010).

3. Method

3.1. Participants

The sample consisted of 300 participants (200 rural females and 100 urban females) ranging in age from 15 to 65 year (Mean = 40; SD = 25). 185 or about 61.67% of the participants had certificates, 70, or about 23.33% had Bachelor's degrees, 30, or about 10% had Master's degrees, 10 or about 3.33% had Higher Diploma, while 5, representing about 1.67% obtained Doctorate degrees. The participants were generated from the general population across Imo State, Nigeria.

3.2. Materials

A 20 item 5-point questionnaire titled Women's Concern

Questionnaire (WCQ) adapted on the Likert-type scale was used to generate primary data. Because of the sensitive nature of the study, data were complemented by personal interviews. The Likert-scale is a summated rating scale. Previous investigations have found the total scores on the Likert scale to be acceptably internally consistent through the Cronbach’s Alpha technique at about .85. Also, content and construct validity have been established (Nworuh, 2004).

3.3. Procedure

The data collection materials were administered on the participants (n=300) by the investigators and two research assistants. All the materials were retrieved and found suitable for the purpose of analysis.

3.4. Data Analysis

Data were analyzed using descriptive and Chi-square techniques. The results were presented in tables with absolute numbers and percentages capable of easy understanding.

Table 1. Sex of Respondents.

S/N	Respondents	Responses	Percentages
1	Rural women	200	66.67
2	Urban women	100	33.33
3	Total	300	100

Source: Fieldwork, 2015

Table 1 showed that the sample of the study comprised of rural and urban women.

Table 2. Traditional Female Genital Mutilation.

S/N	Respondents	High concern	Low concern	Percentages
1	185	185	—	61.67
2	115	—	115	38.33
3	300	185	115	100

Source: Fieldwork, 2015

Table 2 showed very high concern against traditional female

Table 6. Chi-Square Test.

Respondents	Agreed		Disagreed		Strongly agreed		Strongly disagreed		Neutral		Total	X2 value	Table value	Level of significance	d/f
	No	%	No	%	No	%	No	%	No	%					
Male	15	5	20	6.67	15	5	30	10	20	6.67	100				
Female	80	26.66	30	10.00	35	11.67	45	15	10	3.33	200				
Total	95	31.66	50	16.67	50	16.67	75	25	30	10	300	30.91	9.48	0.05	4

Source: Fieldwork, 2015

4. Discussion

From the Chi-square Test in table 6, it was noted that the Chi-Square value of approximately 31, was significantly greater than the table value of about 9; at 0.05 level of significance,

genital mutilation.

Table 3. Female Genital Mutilation may cause infection.

S/N	Respondents	High concern	Low concern	Percentages
1	215	215	—	71.67
2	85	—	85	28.33
3	300	215	85	100

Source: Fieldwork, 2015

Table 3 showed that 215 or about 71.67% of respondents fear that female genital mutilation may cause infection among women and girls.

Table 4. Female Genital mutilation may cause frigidity.

S/N	Respondents	High concern	Low concern	Percentages
1	195	195	—	65
2	105	—	105	35
3	300	195	105	100

Source: Fieldwork, 2015.

Table 4: showed that while 65% of the respondents expressed high concern over frigidity arising from female genital mutilation, the rest 105 respondents or about 35% of the total expressed low concern on the same issue under investigation. By implications, there is high anxiety over frigidity arising from female genital mutilation.

Table 5. Female Genital mutilation causes reduction of sexual urge.

S/N	Respondents	High concern	Low concern	Percentages
1	220	220	—	73.33
2	80	—	80	27.67
3	300	220	80	100

Source: Fieldwork, 2015

Table 5 showed that about 73.33% of the respondents fear highly that female genital mutilation may cause low sexual urge, while 80, or about 27.67% of the total expressed low concern on the matter of female genital mutilation and sexual urge among women in Imo State.

and with 4 degrees of freedom. With this empirical result, the null hypotheses which stated that there is no significant concern among rural and urban women about female genital mutilation was rejected; while the alternate hypothesis was accepted. What this technically means is that there is high concern about female genital mutilation in Nigeria. This is the crux of the study. Traditional beliefs still make people to

support female genital mutilation despite its obvious health implications like causing infections. Major differences exist between the literate and illiterate women over the matter of female genital mutilation and its health implications. However, the over all result clearly supports the total abolition of female genital mutilation. The result supports the popular view in Nigeria that women education and training can tremendously help in creating awareness of the negative implications of female genital mutilation like: frigidity, low sexual urge, infertility, infection, among others. Aggressive campaigns against it should be mounted in hospitals, especially at the maternity sections in both rural and urban areas in local dialects. There is also need to create awareness of the negative implications of female genital mutilation among local birth attendants, religious and traditional leaders. This result is in agreement with the strong support of international and regional bodies like the UNICEF for the protection of the rights of women and girls to abandon female genital mutilation.

5. Recommendations

Based on the findings of this study, the following recommendations were made:

- i) Non-governmental organizations should mount effective campaigns against female genital mutilation because of its negative health implications.
- ii) Health education in primary through the tertiary education institutions should explain the implications of female genital mutilation to students. This is imperative because some students are parents and the rest would eventually mature into parenthood.
- iii) Government should intervene by explaining the differences between traditional religion and health implications of female genital mutilation. This is important because some people hide behind the cover of culture and religion to perpetuate female genital mutilation in Nigeria.
- iv) Women in Imo State should campaign against female genital mutilation during their Annual August Meetings throughout the local communities. It is a good avenue to raise awareness on the negative effects of female genital mutilation, in the state.

Scope for further study

Further study should examine the relationship between female genital mutilation and high rate of infertility among women. This is curious because of 3 women newly married in Nigeria 2 often have reproductive problems.

6. Conclusion

From the study it was noted that most of the respondents were highly concerned about female genital mutilation because of its negative health implications. Through statistical analysis, the study found strong support for the total abolition of female genital mutilation, because it violates a series of well-established human rights principles, norms and standards, including the principles of equality and non-discrimination on the basis of sex, the right to life when the procedure leads to death, and the right to freedom from torture or cruel in human or degrading treatment or punishment.

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