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Knowledge and Prevalence of Female Genital Mutilation among Secondary School Students in Nigeria: Implication for Feminist Social Work

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Abstract

Female genital mutilation has received attention because of its health complications and the recognition that it represents human rights abuse and violence against females. The study assessed the knowledge and prevalence of female genital mutilation among secondary school students in Shagamu, Nigeria and its implication for feminist social work practice. The study used a descriptive survey and stratified sampling technique was used to select 322 students from federal government girl's college Shagamu. A questionnaire titled the knowledge and prevalence of female genital mutilation among secondary school students was used to collect data for the study. The findings showed that the female students had a fair knowledge of female genital mutilation. Also it was found that there is a high prevalence of FGM because it is an act that is still widely practiced. It is often done because of the social pressure to conform to what others do. The study recommends that health education intervention strategy be employed by feminist social workers nationwide through the mass media. There should be more efforts to raise awareness about the dangers and human rights abuses of FGM among parents and students.

Keywords: *Female Genital Mutilation, Human Rights, Community, Feminist, Social Work.*

INTRODUCTION

Female genital mutilation(FGM) is defined by the World Health Organization (WHO) as all procedures which involve partial or total removal of the external female genitalia and or injury to the female genital organs, whether for cultural or any other non-therapeutic reasons (Okeke et al., 2012). More than 200 million girls and women alive today have been cut in 30 countries in Africa, Middle East and Asia where Female Genital Mutilation (FGM) is concentrated (United Nations Children's Fund UNICEF, 2016). Female genital mutilation which is also called female genital cutting (FGM/C) and female circumcision, is a ritual done by cutting or removing some or all of the external female genitalia.

Female genital mutilation has received attention because of its health complications and the recognition that it represents human rights abuse and violence against females. However, it remains endemic in some countries in Africa, the Middle East and Asia (Adeniran et al., 2016). It is almost always carried out on minors and also a violation of the rights of children

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(WHO, 2012). Female genital mutilation is an unhealthy traditional practice inflicted on girls and women worldwide, which is deeply rooted in cultural beliefs and perceptions over decades and generations with no easy task for change. Though Female genital mutilation is practiced in more than 28 countries in Africa and a few scattered communities worldwide, its burden is seen in Nigeria, Egypt, Mali, Eritrea, Sudan, Central African Republic, and northern part of Ghana where it has been an old traditional and cultural practice of various ethnic groups.

Feminist scholars framed FGCs as an extreme example of violence against women, signifying the presence of an especially barbaric form of patriarchy. Terms like "horror," "brutal," "cruel," "torture," and "inhuman" were used to describe FGC. Women (and sometimes men) in communities that practice FGCs were sometimes characterized as cruel, ignorant, or helpless. Other scholars, in response, framed the practices as a form of patriarchal oppression that was unfamiliar, but not uniquely barbaric (Wade, 2009).The highest prevalence rates are found in Nigeria, Somalia and Djibouti where Female genital mutilation is virtually universal Okeke et al., 2012).In Nigeria, subjection of girls and women to obscure traditional practices is legendary. Ogun state being a state in the south western region of Nigeria is not shy of FGM practices.

The study of Adetola (2017) revealed the prevalence of Female genital mutilation in Owu, Gbadura and Oke Ona communities in Abeokuta North Local Government Area of Ogun State, is due to cultural relevance. Shagamu also in Ogun state is perceived to practice Female genital mutilation; hence this study is to assess the knowledge, perception and prevalence of Female genital mutilation among secondary school students in Shagamu, Ogun state.

The research questions that were answered in this study included; what is the level of knowledge of female genital mutilation among secondary school students? How prevalent is female genital mutilation among secondary school students? What are the effects of the female genital mutilation among secondary school students?

REVIEW OF RELATED LITERATURE

Origin of FGM

FGM is a practice whose origin and significance is shrouded in secrecy, uncertainty, and confusion. (Okeke et al.,2012). 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. The ritual has been so widespread that it could not have risen from a single origin. FGM is also believed to have been associated with religion, mistakenly linked to the Coptic/ Orthodox and Islamic faiths, but the practice predates organized religion and no religion promotes or condones the practice in its scriptures. It also serves as a means of major income for community members who act as practitioners (International center for research on women, 2016).

Knowledge of FGM

Female genital mutilation (FGM) comprises all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons. Four types of FGM have been identified by World Health Organization; Type 1 is the partial or total excision of the clitoris, type 2 is the excision of the clitoris and the labia minora, while type 3 is the excision of part or all of the external genitalia and stitching/narrowing of the vaginal opening (infibulation). Type 4 is the unclassified type and refers to any other mutilation performed on the external genitalia such as gishiri and "angruya"

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cuts in Hausa, 'ikola' in Yoruba and “ibi-ugwunwanyi” in Igbo., which means piercing and massaging of any part of external genitalia (The United Nations Fund for Population Activities, 2020). Ali (2012) in a study titled Knowledge and attitudes of female genital mutilation among midwives in Eastern Sudan found low level of awareness of types of FGM practice since only 7% (11/157) identified the four types correctly. 53.5% (84/157) identified type 1 correctly while 18.5% (29/157), 17.8% (28/157) and 15.9% (25/157) identified type 2, 3 and 4 as correct respectively.

Prevalence and cause of FGM

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 worldwide. In Nigeria, Female genital mutilation has the highest prevalence in the south-south (77%) (Among adult women), followed by the south east (68%) and south west (65%), but practiced on a smaller scale in the north, paradoxically tending to a more extreme form (Haruna& Hassan, 2022).Some reasons for Female genital mutilation in Nigeria are, superstitious belief practice for preservation of chastity and purification, family honor, hygiene, esthetic reasons, protection of virginity and prevention of promiscuity, increasing sexual pleasure of husband, enhancing fertility and increasing matrimonial opportunities, and for legal reasons (one cannot inherit property if not circumcised). In some parts of Nigeria, the cut edges of the external genitalia are smeared 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 (Chijindu et al., 2023).

Procedure of FGM

FGM is carried out using various types of unsterilized instruments which include special knives, scissors, scalpels, and pieces of glass or razor blades (Haruna& Hassan, 2022). The procedures are usually carried out by an elderly woman of the village who has been specially designated for this task or by traditional attendants. Assistants and /or family members hold down the girl to prevent her from struggling. Paste mixtures made of herbs, cow dung, hot ashes, barks and roots of trees or other mixtures are rubbed on the wound to stop the resultant bleeding. The practice of FGM is widespread in Nigeria and varies from one state and cultural setting to another. In some cultures, it is carried out at infancy or childhood as a “rite of passage” to adulthood. In some other it is at first pregnancy and in some at death (WHO, 2007). In those cultures, crying is prohibited until the corpse is mutilated and ceremonies performed.

Psychological and health implications of FGM

Female genital mutilation/ cutting have been reported to be a violation of human rights. Female genital mutilation has been described in many ways: as a “tradition that has mutilated too many innocents for many years”: as “strange and disturbing”; as a “deeply emotional and brutal human drama”: and as “inhuman practice”. Earlier western report on the female genital mutilation described the practice as barbaric, uncivilized and reflective of the underdevelopment of the regions where the practice exists. The practice of female genital mutilation has no health benefits for girls and women (F. Omorodion, 2020). FGM can lead to immediate severe bleeding and urination problems; subsequently it can also cause issues including cysts, infections, infertility, complications in child birth and a high risk of newborn death (WHO, 2023). While there are few rigorous studies on the social impact of FGM, some research has identified the potential negative consequences for families, girls and women of refraining from FGM. The practice is performed in response to strong social conventions and

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supported by key social norms; thus, failure to conform often results in harassment and, exclusion from important communal events and support networks, as well as discrimination by peers (Haruna& Hassan, 2022).

Human right deprivation

The practice of FGM is recognized internationally as a violation of the human rights of girls and women. It reflects deep-rooted inequality between the sexes and constitutes an extreme form of discrimination against girls and women. It is nearly always carried out by traditional practitioners on minors and is a violation of the rights of children. The practice also violates a person's rights to health, security and physical integrity; the right to be free from torture and cruel, inhuman or degrading treatment; and the right to life, in instances when the procedure results in death (WHO, 2023). The event of circumcision is sometimes public events in some places and others a private family affair both bringing pain to the female involved. The traditional practitioners have no proper knowledge of human anatomy and medicine. In the 90's it was re-conceptualized as a form of violence against women(VAW) and recognized as a violation of human rights in the 1993 Vienna World Conference on Human Rights that was led by scholars, policy makers in the mid twentieth century to focus on the adversities through a humanitarian lens (United Nation Human Rights, 2023).

Theoretical Framework

FGM has been interpreted in various ways ranging from feminist perspective to social constructionist approach. Those perspectives have importance to define how FGM is judged and dealt under a human rights premise.

Feminist perspective

The feminists' debate over women's rights as human rights poses complex questions on cultural, political, social, and economic conditions. Women, particularly in developing countries, are faced with constant challenges to maintain tradition in the face of rapidly changing social conditions due to globalization and culture change (Farnoosh&Ovesen, 2012). When the maintenance of tradition involves human violations, these challenges can become life threatening, and female genital mutilation is one of the traditions that can become life threatening to women and girls that get involved in this practice. One of the most important activities to feminists is the eradication of FGM as a harmful practice and promoting women's empowerment and integration in all societies. The arguments of feminist anthropologists for altering discriminatory practices of other cultures are similar of anthropologists trying altering discriminatory practices of other cultures (Farnoosh & Ovesen, 2012). The pursuit by many feminist groups of the elimination of female genital cutting has drawn the ire of members of the societies in which the practice continues, including women. Denouncing feminism as a western construct not applicable to cultures with different value systems, they perceive a paternalistic bent to the feminist agenda. Specifically, a feminist analysis sheds light on oppressive social structures that perpetuate the continuance of the procedure. Feminist thought, through its concern with the particularities of experience, also leads to an analysis that contextualizes the problem. It focuses on the specific, concrete situation in which women and girls find themselves, a very different point of view from the abstraction of "human rights" (Ike, 2007).

The social constructionist approach focuses on how individuals gain meanings of practices through everyday life interactions and experiences. According to Lorber and Martin (2007) cited in G. Omorodion (2020), such theoretical lens allows for a holistic analysis,

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embodying the physical and the symbolic. Social constructivism allows us to engage in gender and cultural examination of social phenomena. Thereby, portraying perspectives of FGM as defined shaped and contested at both cultural and individual levels. According to Schildkrout (2004) cited in G. Omorodion (2020), the body is a product and site that embodies the cultural and the individual landscapes. As such, FGM is a cultural practice that leaves scars and designed to create a clean and perfect body in accordance to cultural expectations. This study adopts both the feminist and social constructionism to assess the knowledge and prevalence of female genital mutilation among secondary school students.

METHODOLOGY

The descriptive survey research design was used for the study. The population in this study was the female secondary school students in Federal government girl's college Shagamu, Ogun state, Nigeria. There were 1854 students at the federal government girl's college as at the time of the research. The Taro Yamane formula was used to get a sample size of 322 from the population of 1854 students. The stratified sampling technique was used in administering the questionnaires to the 322 secondary school students at the college. The researcher designed a questionnaire title 'The knowledge and prevalence of female genital mutilation among secondary school students' to collect data from the participants. The questionnaire was on a four-point Likert scale, from Strongly Agree, Agree, Disagree and Strongly Disagree. To test for the reliability of the instrument, the researcher gave 20 copies of the questionnaire to respondents in two different schools in Ibadan, Oyo state. The reliability of the instruments was tested using Cronbach alpha method that gave a score of 0.801.

A letter of approval was obtained by the researcher from the Federal government girl's college that was used for this study. The consents of the respondents were obtained before the administration of the questionnaires; the researcher ensured that participation in the study was voluntary and not compulsory. The researcher spent about ten minutes with each respondent to ensure that they had a better knowledge and understanding of the questionnaire.

While conducting this study the researcher ensured that voluntary participation was discussed with the respondents before the research was conducted. All information gotten from the respondents were strictly kept confidential. The identity of the respondents was kept anonymous and with consent of the respondents, relevant information was provided for the purpose of the research.

The Statistical package for the social sciences(SPSS)version 25 was used to analyze the data gotten from the study. They were mean, standard deviation, while the analysis of variance (ANOVA) was used to test the relationship of the variables.

FINDINGS

Research Question One: What is the level of knowledge of female genital mutilation among secondary school students?

The result was interpreted using the mean ($\bar{x}$) values which has a boundary of 2.5 (1+2+3+4= 10/4 = 2.5) acceptance. Result shows that on the average the respondent have heard of genital mutilation in one way or the other ($\bar{x}$ = 2.8824; *St.D*= .90902), it was deduced that the respondents disagreed that the different types of female genital mutilation are commonly known ($\bar{x}$ = 2.4118; *St.D*= .71822). This implies that there are different types of genital mutilations that the respondents do not know about. However the respondents were of the

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opinion that female genital mutilation violates human right ($\bar{x}$ = 2.8353; *St.D*= .75912), they agree that female genital mutilation affects the health and welfare of women and girls ($\bar{x}$ = 2.8294; *St.D*= .64383). And also agreed that Female Genital Mutilation is a deeply rooted cultural practice ($\bar{x}$ = 2.9176; *St.D*= .65654).

This study asked 5 questions relating to the knowledge level of the respondents on female genital mutilation. The questions were coded in 4 likert scale SA (4) to SD (1), which implies that the minimum score obtainable is 1 while the maximum score 20 (4 *5). The mean score for level of knowledge of female genital mutilation among secondary school students in Federal Girls' College is 13.89 with standard deviation of 2.94. This was done on a scale point of 20 of 5 items, revealing a 69.5% level of knowledge of female genital mutilation. This indicated that the level of knowledge is fair. The maximum score obtainable was 20 points while minimum score was 1 point. The score was classified into 3 categories in which 1-7 to the category of poor, 8-14 (60%) are average and 15-20 and above (40%) are good. Based on the result presented 60% of the respondents indicated fair knowledge of female genital mutilation. Hence, it could be deduced that the respondents have fair knowledge of female genital mutilation

Research Question two: How prevalent is female genital mutilation among secondary school students?

The result was also interpreted using the mean ($\bar{x}$) values which has a boundary of 2.5 (1+2+3+4= 10/4 = 2.5) acceptance. The result shows that on the average the respondent believe that Female Genital Mutilation is an act that is still widely practiced ($\bar{x}$ = 3.0412; *St.D*= .81666), it was deduced that the respondents agree that the practice of Female Genital Mutilation is a global concern ($\bar{x}$ = 2.7882; *St.D*= .93700). They were of the opinion that Female genital mutilation is often done because of the social pressure to conform to what others do. ($\bar{x}$ = 5.2765; *St.D*= 1.13869). They agreed that the act of female genital mutilation is a financial burden for countries ($\bar{x}$ = 2.9176; *St.D*= .78010) and also agreed that the widespread of the practice of female genital mutilation can be limited by constant education of the effects ($\bar{x}$ = 3.1882; *St.D*= .70491).

This study also asked 5 questions relating to the prevalence level of female genital mutilation. The 4 questions were coded in 4 likert scale SA (4) to SD (1), which implies that the minimum score obtainable is 1 while the maximum score 20 (4 *5). The mean score for level of prevalence of female genital mutilation among secondary school students in Federal Girls' College is 17.21, with standard deviation of 4.85. This was done on a scale point of 20 of 5 items, revealing an 86.1% prevalence level of female genital mutilation. This indicated that there is a high prevalence level. The maximum score obtainable was 20 points while minimum score was 1 point. The score was classified into 3 categories in which 1-7 indicate low prevalence; 8-14 indicate moderate prevalence, while 15-20 indicate high prevalence. Hence, it could be deduced that there was high prevalence of female genital mutilation.

Research Question three: what are the effects of the female genital mutilation among secondary school students?

The result was also interpreted using the mean ($\bar{x}$) values which has a boundary of 2.5 (1+2+3+4= 10/4 = 2.5) acceptance. It shows that on the average the respondent believe that Female genital mutilation affects child bearing ($\bar{x}$ = 3.2941; *St.D*= .69356), it was deduced that the respondents agreed that the negative effects of female genital mutilation outweigh the positive effects ($\bar{x}$ = 3.4765; *St.D*= .50092). They were of the opinion that female genital

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mutilation practice undermines the health of women and girls ($\bar{x}$ = 3.1194*; St.D*= .64153) They agreed that Female genital mutilation causes psychological problems in girls and women ($\bar{x}$ = 3.2241*; St.D*= .76751) and also agreed that he act of female genital mutilation can lead to shock which can result to death ($\bar{x}$ = 3.3294*; St.D*= .83401). From the result of the analysis it could be inferred that female genital mutilation have effect on childbearing, undermined the health of women and girls, cause psychological problems and subsequently lead to death as a result of the shock they witness in the cause of the mutilation.

DISCUSSION OF FINDINGS

The discussion of the findings of this study was based on the research questions raised in this study. Research question one found that the respondents had fair knowledge of female genital mutilation. This finding contradicts the views and findings of Amusan and Asekun-Olarimoye (2008) that there is high knowledge of FGM among female adolescents. The finding also contradicts that of F. Omorodion, (2020), who found that respondents have high level of knowledge about Female genital mutilation. Furthermore, this study finding agree with that of Mostafa et al. (2006) who found that respondents were poorly informed about the complications of FGM, and the ethical and legal aspects of FGM in Egypt.

In research question two, the researcher equally sought to determine the prevalence of female genital mutilation among secondary school female students. It was revealed from the findings that there is high prevalence of FGM as the believe that it is an act that is still widely practiced; the practice is a global concern. It is often done because of the social pressure to conform to what others do. This agreed with the findings of Robera (2020) that concluded there is high prevalence of female genital mutilation as this has become a major income for community members who act as practitioners. The finding of this study is also similar to that of Emeordi (2018), who studied factors influencing the persistence of female genital mutilation in Nigeria. The study revealed high prevalence of female genital mutilation. The study noted that the issue of female genital mutilation is prevalent in the northern part of Nigeria. The study established that factors such as tradition, easing of childbirth and getting better marriage prospects were responsible. Tradition was the most prevalent reason with 86.6%, 79.3%, 56.7% and 35.3% respectively. The finding is also consistent with that of Fapohunda and Orobaton (2019). The study shows that the occurrence of female genital mutilation is as a result of sociodemographic and economic factors such as the mother's age, occupation, education and monthly income. The findings revealed that some hospital in some parts of Nigeria indicate a high proportion of infibulation. Of those who presented to the delivery ward and gave a history of FGM, 84% were infibulated, which would correspond to figures published by WHO, 2020.

Research question three was based on the effects of female genital mutilation and findings showed that female genital mutilation has effect on childbearing, undermined the health of women and girls, cause psychological problems and subsequently lead to death as a result of the shock they witness in the cause of the mutilation. This finding supports the view of Goldberg et al. (2016) that sexual ramifications of FGM provided, 62% of circumcised women reported pain during intercourse when compared to 4% of those who did not have FGM. This study finding agrees with Klein et al. (2018) that showed 60.5% of circumcised women reported fear when their spouse called for sex compared to 2.4% of those who did not get circumcised. Thus, the psychosocial effects may impact the sexual experience of FGM victims and affect their personal relationships. Furthermore, this finding agrees with Sandelowski (2020) that found out the effects of female genital mutilation is harmful to the female gender.

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The study reported that majority of the respondents noted that the procedure was painful and affect them psychologically.

Implication for Feminist Social work

Feminism's application within social work has become more nuanced over time resulting in social workers using feminist theories to inform policy and practice in fields of homelessness, refugees, FGM, mental health, child wellbeing, domestic violence, rape and sexual assault, ageing, and disability. Furthermore, social workers are drawing on a range of feminist ideas to open up conversations about working with Aboriginal communities, engaging and working with men, and recognizing sexuality as part of social work practice (Wendt &Mourling, 2017). Feminist social workers intervene at both micro and macro levels. They utilize the skills of counselling but also strive to bring about social, structural and cultural change. To achieve both these aspects social workers establish equality with people and, by working in partnership, become allies of people. The emphasis is on challenging power imbalances with the personal inherently seen as connected to the political. The relationship can be considered a short-term resourcing or longer-term collaboration rather than a therapeutic relationship (Enge, 2013; Harms, 2007).

In addition to the micro skills of counselling, Harms (2007) suggests three core practice skills for feminist social workers.

Using validation: Reflecting skills are used to affirm someone's telling of story and perceptions of what has occurred. Naming what has occurred is an important first step. Questioning, reflecting and statement skills should focus on the wider structural and cultural dimensions of experience, not only the personal dimensions.

Encouraging a process of consciousness raising: Storytelling followed by analysis, developing strategies and subsequent action can help in consciousness raising. This process raises awareness of the wider social, structural and cultural issues.

Engaging in transformative action: While individual counselling work might be an important step in building insight and strengths for a person, connecting through group or community work is seen as the ultimate step to recovery as the problem resides not with the person, but in a wider social context. Workers may bring people together to agitate for social change, for community activities. Ultimately the focus is on collective action rather than individual responsibility.

CONCLUSION

In conclusion, this study shows that despite the level of knowledge regarding the complications of Female genital mutilation, there still exists a high prevalence of practice of FGM among the secondary school students. FGM remains a pressing human rights violation and public health issue.

Recommendations

Since Female genital mutilation is a community-wide practice carried out at the community level, there must be a community-wide effort to create awareness of the scourge. Efforts must be multidimensional in eradicating the practice in Nigeria.

There should more efforts to raise awareness about the dangers and human rights abuses of FGM among parents, since this is mostly done when the students cannot defend themselves

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and also extend the awareness to secondary school. A substantial effort should be made to discourage the continuation of the practice. Health education intervention strategy should be employed nationwide especially using mass media.

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