

## The Attitude of Undergraduate Females Toward Genital Mutilation in a Nigerian University

Bimbola Kemi Odu

Department of Guidance and Counselling, Faculty of Education,  
University of Ado-Ekiti, Nigeria

**Abstract:** This study investigated, the attitudes of females towards genital mutilation and the harmful effects in the lives of undergraduate females in a Nigerian University. The population consisted of all the undergraduate females in Nigeria. The sample of 200 females were purposively selected in various Departments in the Faculty of Education, University of Ado-Ekiti during the sandwich programme because people from various cultures and tribes were part of the programme. Simple random was used in selecting the sample. A questionnaire titled Female Mutilation Questionnaire (FMQ) was used to collect data for the study. The data were analyzed with the use of descriptive statistical techniques like frequency counts, percentages, t-test analysis of variance. The findings show that greater percentage of the female have negative attitude towards female genital mutilation and that there is a significant relationship between female circumcision and health of females as a result of the physical and psychological effects involved. It was therefore, recommended that government, health care provider and counsellors should organise seminars, conferences and workshop to educate the masses on the harmful effects of FGM. Voices should be raised, the time is right for communities to rise up and protest the practice of FGM without delay. Legal support for FGM could be reversed and abandoned if attitudes and custom are collectively addressed by the practicing communities with the involvement of religion and moral leaders working together to ban and penalize FGM.

**Key words:** Genital mutilation, females, attitude

### INTRODUCTION

Female Genital Mutilation (FGM), often referred to as female circumcision has been described as all procedures involving partial or total cutting of the external genitalia of girls and women with injuries to the female genital organs either for cultural or other reasons that are not medically necessary (Amnesty, 2002). The term female genital cutting and female circumcision used to describe the cutting of the female genitalia are used interchangeably. United Nations see FGM as a health hazard and a form of violence against women.

FGM is known to be practiced in many areas of the world for centuries. It is one of the traditional rituals that prepare women for womanhood. Egyptian mummies were found to have been circumcised some 5000 years ago (Elchalal *et al.*, 1997). According to Rahman and Toubia (2000), they indicated that the practice of female circumcision has been present in the society, since ancient times but it was not known when the practice started. It is also practiced in European and North American but prevalent in the African countries such as Nigeria, Ethiopia, Sudan, Egypt and some areas of the

middle East. There are an estimated 100-140 million girls and women who have undergone the operation and about 3 million girls, who are mostly under 15 years of age do undergo the operation every year (WHO, 2006).

The root of FGM are complex and numerous, it has not been possible to determine its origination. The ages at, which it is practiced varies widely. In some cultures, it is performed between the ages of 4-10 years, it is also performed as early as infancy in some cultures, while in others, it is performed at marriageable age (15-49) and also on women who are pregnant with their first child or who have just given birth. It is mostly performed by local practitioners.

According to the Review of National Survey (2001), cases have been reported where girls suffered repeated infections, soreness, intermittent bleeding for many years. The stitch used to tie the clitoral artery may not be absorbed totally, which may lead to an abscess. A nerve ending may be scarred, leading to the formation of a neuroma, which causes intense pain. The tough scar over the clitoris may spill open during childbirth.

The World Health Organization (WHO, 2000), has classified GM into 4 categories namely clitoridectomy,

excision, infibulations and picky, piercing incising or narrowing. It is estimated that >130 million women and girls alive today have been subjected to female genital mutilation and according to WHO, almost 3 million females are estimated to be at risk of the practice each year. Many people may not be willing to admit having been circumcised but were circumcised force-fully (Survey Population Council, 2004). The practice is not restricted to any ethnic, religion or socio-economic class, it is majorly practiced for cultural influence and tradition. The justification given for the practice is generally related to tradition, power inequalities and ensuring the compliance of women to the duties of their communities. It is found by Toubia (1994), in his research findings that in some communities, it was believed that FGM is a source of pleasure to the husband religious mandate, cleanliness, identity and achieving good social standing and that at the heart of it all, it renders a woman marriageable, which is important in societies where women get their support from male family members especially, husbands and makes her desirable to the husband.

Other reasons for practicing FGM are that people believe that it decreases women libido and promiscuity to ensure spousal fidelity. It is also practiced, as a rite of passage for girls from adolescence into womanhood. Traditionally, it is believed that a girl, who has not undergone the procedure will not be considered suitable for marriage. It is also, a form of medical treatment. According to a research conducted by Oyugi (2005), on Igbo tribe in Nigeria, it is found that FGM makes women more feminine and more attractive to men and it is a form of social acceptance and an honor. He continues that it raises the social status of the family and generates income, when the daughter gets married and the dowry is paid. As a result of chastity, it is believed that it is hygienic and clean and that it also increases sexual pleasure for the male and enhances fertility.

FGM is doing a lot of harm in the lives of females, the agony and fear this horrific experience is causing young girls whose bodies are mutilated without their consent cannot be imagined and this practice is mostly performed by local practitioners who have no knowledge of anatomy. Research has shown that any form of surgical interference in the highly sensitive genital organs constitutes a serious threat to the child and that the painful operation is a source of major physical and psychological trauma. According to Gevins (2007), the attitude of practitioners about FGM is not consistent and healthy. It reinforces the inequality suffered by girls and women. It is a violation of universally recognized human rights, right to body integrity and to the highest attainable standard, physical and mental health. It is

neither a disease nor a reproductive risk but a man made problem that causes great damage to females.

As classified by WHO (2008), all the categories have physical complication such as bleeding, infection, pain, urine retention, stress, shock and damage to the urethra or anus. According to United Nations Children's Fund (UNICEF, 2007), it was reported that a girl named Asma was circumcised in 1960 at the age of 11 years. The girl said, I remember every detail of the operation and the worst part was when the wound became infected and up till today I am still battling with the problem.

There are long term physical complications that can be attributed to the practice of FGM such as scan formation following the cut, cyst and neuromas, stenosis or urethra opening that has dire consequences. It also has gynecological complications such as chronic retention of urine and tetanus, which can lead to mortality, chronic pelvic inflammatory infection through the urinary tracts, which can play a role in the transmission of HIV, severe painful intercourse, terrible child birth experience as a result of prolong labor, injury to adjacent tissue, immediate fatal hemorrhaging. According to National Demographic and Health Survey (NDHS, 2000), out of the women that reported side effect, 80% cited bleeding as the most pronounced effect of pain. It also has psychological effects on girls understanding and their perception within the society, their sexuality, self esteem and their interaction with sexual partners. An interaction with a former victim of FGM revealed that she was circumcised in 1991 at the age of 11 years. She was able to recollect every detail of the painful operation and the worst part was when the wound became infected. She was 18 years old, when it was the turn of her younger sister and was totally against her being circumcised but her father insisted. Eventually, the operation was carried out. The suffering of her sister made her to abhor circumcision even more.

This harmful practice is being condemned by many international treaties and confectionary. FGM is a physical barrier and psychological barrier that makes it difficult for females to enjoy sexuality. Females that have been having sex before the cutting are likely to become sexually frustrated. They may no longer seek sexual contact with their partners where as, a woman is supposed to be sexually desirable and pleasing to her husband. WHO (2008) said that there is a growing recognition that female genital cutting violates human rights, damage the sexual health of women and it should be totally eradicated.

**Statement of the problem:** It has been observed over the years that female genital circumcision is causing a lot of

irreparable harm in life of the female, both young and old. It is an issue that concerns both men and women, who believe in equality, dignity and fairness to all human beings because it is a fundamental violation of the right of girls and women to equal opportunities, health and freedom from violence and protection irrespective of the reasons for practicing it and the fame attached to the practice by the society.

Voices have been raised; there have been a lot of clamouring, agitation, protest and concern in recent times against the practice of female genital circumcision FGM. People believe that it is an outdated custom imposed on women causing fear and agony in the lives of females. As classified by WHO (2008), all categories of FGM have physical and psychological infections such as pain, urine retention, stress, chock, damage to urethra, anus and sexual displeasure, which may lead to marriage disorder and divorce. These may make a woman's life become miserable.

Female genital circumcision could lead to death through severe bleeding leading to hemorrhage, shock, neurogene shock as a result of pain. A typical example of such disaster happened 5 years ago in a village, after the conduct of the circumcision, the girl fainted. Immediately, the mother shouted for help. Fortunately, a hospital was situated very close to the house and the nurses on duty were very vigilant, they quickly rescued the life of the girl. The girl said, Why mum? Why did you allow them to do this to me? This word continues to haunt the mother and the she said up till now my blood runs cold whenever the memory comes back, its 5 years after the operation and my child still suffers from its effect, how long will I live in pain that the society imposed on me and my child.

Many lives have been wasted in this course; many are going about with group circumcision using the same unclean cutting instruments used by others. Cutting and stitching and possibly intercourse can lead to the risk of HIV. Many females are facing difficulties in child birth, urine retention and frequent reproductive tract infection, chronic pelvic infection, vaginal discharge; pain during intercourse, case of bleeding for many years has been reported.

It is high time to fight the battle and achieve the necessary success. This is why Organization for Social Services (OSSU, 2004) submitted that many approaches abandoning FGM have been attempted and others must be developed until the practice ends. Also, women must not allow the continued marginalization of this issue. Government and different organizations must not relent in their efforts to eradicate the practice totally because in spite of local and international programmes against FGM, people still practice it. FGM is not necessary, it is a

violation of women's right to altercate the integrity of their bodies. In addressing the problem of the study and to enhance the purpose of the study, the study attempted to provide answers to this research question.

Is there any relationship in female circumcision and the health of females?

## MATERIALS AND METHODS

This study employed the descriptive survey method. 200 undergraduate females were purposively selected and used for the study. A 20 item questionnaire on female circumcision was constructed by the researcher and the instrument was validated by experts in the field of Tests and Measurement. Split half reliability method was used to establish the reliability of the instrument and reliability co-efficient of 0.786 was obtained. The items sought information on the practice of female circumcision. The respondents were required to respond to the items on a point format of yes and no to indicate their perceptions of each statement as being a reason for the practice of female genital circumcision. The copies of the questionnaire were administered to the female and the data were retrieved and analyzed using frequency counts and percentages. The hypotheses postulated were tested using t-test analysis of variance. The hypotheses were tested at 0.05 level of significance.

## RESULTS AND DISCUSSION

### Descriptive analysis

**Question 1:** What is the attitude of undergraduate females in the University of Ado-Ekiti to the practice of female circumcision?

In analyzing this general question, scores on the attitudes of undergraduate females towards the practice of circumcision were used. The data were collected and the analysis was made on the basis of percentages. The findings are as shown in Table 1.

Table 1 shows that greater percentage of females, 180(90%) have the belief that FGM is a violence against women. It also shows that greater percentage of females, 193(96.7%) have the belief that FGM could cause infection. Ninety percentage of the female have the understanding that FGM is violence against women. Eighty one percent of the females have the attitude that

Table 1: Attitudes of females towards genital mutilation

Attitudes of undergraduate females towards FGM	Yes		No	
	Frequency	(%)	Frequency	(%)
FGM is a form of violence against women	180	90.0	64	34.0
FGM could influence multiple sex partners	73	36.5	171	85.5
FGM could cause infection	193	96.5	51	25.1
FGM may make female undesirable to men	162	81.0	72	36.0

Table 2: T-test analysis of relationship in female mutilation and the health of females

Variable	N	X	SD	r-cal	r-table
Female mutilation	200	52.35	5.20	0.656	0.185
Health of females	200	9.38	1.42		

p>0.05

FGM may make female undesirable for men, while lesser percentage 73(36.5%) formed a negative attitude that FGM could not influence multiple sex partners.

In summary, greater percentage of the females have a negative attitude towards female genital mutilation.

**Hypothesis testing:** This study deals with the testing of the hypothesis generated for the study using the appropriate statistical tools tested at 0.05 level of significance.

**HO 1:** There is no significant relationship in female circumcision and the health of females.

To test this hypothesis, the mean score obtained by females on FGM and the health of females was subjected to Pearson correlation analysis. Results of the test are presented on Table 2.

The result in Table 2 reveals that r-cal (0.656) is greater than r-table (0.185) at 0.05 level of significance. The null hypothesis is rejected therefore; there is a significant relationship between female genital mutilation and health of females.

The finding of the study has revealed that greater percentage of undergraduate females have a negative attitude toward female genital mutilation.

This is supported by the findings of the Survey Population Council (SPU, 2004) that many people may not be willing to admit having been circumcised but was circumcised forcefully. He added that female circumcision is a form of violence, which for ages under the guise of culture and tradition has continued to perpetuate the subjugation, degradation and discrimination against women. Toubia (1994) is contrary to the popular condemnation of FGM, he stated that some practicing communities cite reasons such as giving pleasure to the husband, religious mandate, cleanliness, identity and achieving good social standing and that at the heart of it all, it renders a woman marriageable, which is important in societies where, women get their support from male family members especially, husbands and made her desirable to the husband. He further explained that it is infectious because people do not allow experts to handle it. Although, Gevins (2007) said that the attitudes of practitioners about FGM is not consistent and healthy. Above all, many non-governmental organisations are of

the opinion that there is a growing recognition that female genital cutting violates human rights; damage the sexual health of women and it should be totally eradicated. This statement is supported by the analysis on Table 1, item 3 where 193(96.5%) out of 200, respectively have the conviction that FGM could cause infection and this can easily aid HIV.

The finding of the study shows that there is a significant relationship between female circumcision and health of females. The result is in line with WHO (2008) that all categories of FGM have physical and psychological infection such as pain, urine retention, stress, shock and damage to urethra anus, which leads to ill health and probably death through severe bleeding. In support of the above statement, the research carried out by National Demographic and Health Survey (NDHS, 2000) revealed that out of all the women that reported side effects, 80% cited bleeding as the most pronounced effect of pain.

The result of this hypothesis supports that of WHO (2008), which reported that severe pain and bleeding are the common expected consequences of all forms of FGM. Organization for social services (OSSU, 2004) submitted that many approaches abandoning FGM have been attempted and others must be developed until the practice ends.

The simple reason for the significant relationship between female circumcision and the health of females may be that parents are often unaware of the harmful physical consequences of the custom because the complications of female circumcision are usually attributed to their causes and rarely discussed outside the family.

## CONCLUSION

Based on the findings of the study, it could be concluded that females have instinctive understanding of the effects of FGM, which is why majority have negative attitude towards the practice. Many communities do not practice circumcision again because they have been convinced that it is an outdated cultural practice with harmful health complications. Parents especially educated ones do not circumcise their female children any longer, they had been enlightened that it is a drastic measure taken by society to manipulate and control women sexuality.

Based on the evidence from this study, it is concluded that the reason why females are infected is that most of the operations are carried out at home and is

mostly performed by local practitioners most of which are women with no knowledge about the anatomy of the human body.

Considering the findings of this study, it shows that FGM is an outdated practice that is dangerous to female health.

**Counselling implication:** There is need for effective counselling services for effective eradication of female genital circumcision. Counsellors should act as advocates and increase professional and public awareness about such practice.

The State and Federal government should give them full support morally and financially to enable counsellors to organize counselling seminars for parents and their wards to educate them on the effect of FGM especially the health hazards. There is need to establish counselling centres in town and villages to reach out to every individual who may need to know more about the effects and the reasons why it should be eradicated.

### RECOMMENDATIONS

Based on the findings of this study, the following recommendations are made, voices should be raised, the time is right for communities to rise up and protest FGM without delay. Legal support for FGM could be reversed and abandoned if attitudes and customs are collectively addressed by practicing communities with the involvement of religion and moral leaders working to ban and penalize FGM. There should be global action for all people in the nation to come together in empathy, solidarity and compassion to create an environment where people feel safe to change their old ways without threat to their dignity, independence and cultural integrity. Government, health care providers and counsellors should organize seminars, conferences and workshop to educate the masses to change their attitudes toward the practice of FGM. Government, health workers, counsellors, leaders in the society and different organizations should not relent in their efforts and continue to stress the evil effects of FGM to women's health.

### REFERENCES

- Amnesty International, 2002. What is female genital mutilation? <http://web.amnesty.org/library/index.ENGACT770061997>.
- Elchalal, U., B. Ben-Ami, R. Gillis and A. Brzezinski, 1997. Ritualistic female genital mutilation: Current status and future outlook. *Obstet. Gynecol. Surv.*, 52: 643-651.
- Gevens, A., 2007. The attitude of medical practitioners about FGM is not consistent and healthy.
- National Demographic and Health Survey (NDHS), 2000. Statistical Estimates on FGM. Conducted in CAIRO (2000), Egypt, 1995 and in Burkina Faso (Calverton, M.D. ORC Macro).
- Organisation for Social Services, 2004a. Effects of tradition on HIV/AIDS transmission in AFRICA. The case of a compulsory circumcision on young girl, (AbA) 23473.
- Organisation for Social Services, 2004b. The mutilation of women. A Strategy for Eradication. London: Zed Books Ltd.
- Oyugi, I., 2005. Socio cultural factors promote female circumcision and how this predisposes women to HIV infection *Abst (60067)*. *Int. Conf. Aids.*, 12: 1011.
- Raham, A. and N. Toubia, 2000. Female genital mutilation: A guide to laws and policies worldwide. London: Zed Books.
- Review of Natural Survey, 2001. Small Structure and Country Reports. Hosken Reports, 4th Edn.
- Survey Population Council (SPU), 2004. Statistical Estimates on FGM in Africa Hosken Reports. 4th Edn.
- Toubia, N., 1994. Female circumcision as a public health issue. *N. Engl. J. Med.*, 331: 712-716.
- UNICEF, 2007. Advocate against female mutilation, a case study of female mutilation. *Bioethics*, 10: 1-6.
- World Health Organization (WHO), 2000. Statement to the United Nations Commission on Human Rights. [www.who.int/dsa/cat98/fgmbook.htm](http://www.who.int/dsa/cat98/fgmbook.htm).
- World Health Organization (WHO), 2006. Progress in Sexual and Reproductive Health Research. [www.who.int](http://www.who.int).
- World Health Organization (WHO), 2008. Eliminating female genital mutilation: An interagency statement. [www.who.int/reproductive-health/fgm/](http://www.who.int/reproductive-health/fgm/).