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# Social Determinants of Female Genital Mutilation Practices Among Married Women in Southwest Nigeria

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## Abstract

The study examined Social Determinants of Female Genital Mutilation Practices among Married Women in Southwest Nigeria. The descriptive research design of the survey type was used in this study. The population of the study consisted of all married women in Government Ministries and Departments, schools, Churches and Mosques in Southwest Nigeria. The sample for this study consisted of 1102 married women selected from 15 Government ministries and departments, 30 public secondary schools 15 Churches and 15 Mosques in Southwest Nigeria. The sample was selected using multi stage sampling procedure. A self-constructed questionnaire tagged Social and Female Genital Mutilation Questionnaire (SFGMQ) was used to collect relevant data for the study. The face and content validity of the instrument were determined and the instrument was said to have face and content validity. The reliability of the instrument was determined by finding the internal consistency of the instrument and a co-efficient value of 0.84 was obtained. The responses obtained were collated and analysed using descriptive statistics and inferential statistics. All the hypotheses were tested at 0.05 level of significance. The findings revealed that women practised female genital mutilation practices they also exhibited positive attitude towards female genital mutilation in Southwest

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Nigeria. The study further revealed that the difference in practice of female genital mutilation among married women do not differ based on their religion, educational level and employment status. It was recommended among others that campaigns on FGM practices should be intensified through popular mediums of communications, such as radio and television programmes and posters so as to create more awareness and provide accurate information.

**Keywords**: Social Determinants, Female Genital Mutilation, Practices, Married Women,

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## Introduction

World Health Organisation (2011) defined FGM as all procedures that involve a partial or total removal of female external genitalia, or any injury done on female genital organ whether for culture or for non-therapeutic reasons. Bosch (2011) supported the above by writing that FGM is the removal of some or all the female external genitalia. The researcher further thought that lack of sexual interest, sexual orgasm or climax could be part of the major aftermaths of the practise of female genital mutilation. World Health Organisation (2011) stated that lack of sexual interest specifically seems to make it almost impossible for the women affected to climax or attain sexual orgasm, when the most sensitive organ (the clitoris) needed by women to get aroused during sexual intimacy is cut off in the process of circumcision or female genital mutilation.

Female Genital Mutilation (FGM) can also act as a precursor to early/child marriage, which is also a violation of human rights and can even be considered slavery in some situations (Turner, 2016). It has been said by Nowak (2008), that the pain inflicted by FGM does not stop with the initial procedure, but often continues as on-going torture throughout a woman's life.

In Southwest Nigeria, it appears that the incidence of female genital mutilation practices is on the increase despite the numerous teachings about the medical complications of FGM, as well as other health campaigns against this unacceptable practice. These medical complications include bleeding, infection, prolonged labour, lacerations and sometimes death. The procedure negatively affects the psychological and social health and well-being of women. Despite the ban by the Houses of Assembly of States in Southwest Nigeria, some communities are still neck deep in the practice. In fact, despite efforts in sensitising the people through other government and non-governmental agencies highlighting the medical complications of FGM, the practice is still flourishing in some communities and one wonders what could be the problems and the factors that seem to preserve such practice that has many negative effects on the health of the women.

The researcher further observed that the reason some women still exhibit positive attitude towards FGM is their belief that uncircumcised girls have an over-active and uncontrollable sex drive. For that, they are likely to lose their virginity prematurely, and thus disgrace their family and damage their chances of marriage and in the process become a menace to all men and to their community as a whole. The belief is that the uncut clitoris will grow big and external physical pressure exerted on this organ will arouse intense desire.

Female Genital Mutilation (FGM) is not practised in all Islamic countries and also not practised in all Christian countries. The Quran does not prescribe the performance of FGM. There is no reference to female circumcision in the Old or New Testament of the Holy Bible, but the researcher observed that some women still link FGM to religious belief. Oyefara (2014) is of the opinion that Prophet Mohammad mentioned it in one of his teachings, that any time they have to perform FGM, it is the sunna type, that should be done (the removal of just the tip of the clitoris).

One of the biggest misrepresentation about FGM is that it is sanctioned by religion be it Christianity or Islam. There seems to be no possible connection between FGM and religion as it predates both of them. There is nothing specific in the Bible or the Koran which allows genital mutilation of women. The Koran does not refer to FGM but there is a *Hadith* (saying of the Prophet) which states "reduce but do not destroy". There has been some controversy on this Hadith. The practise seems to be very extensive among the Muslim population and as such has acquired a religious dimension. However not all Muslims practise FGM while it is

also not practised by all Christians. With religion, FGM could be said to be neither Islamic nor Christian. This prompted the researcher to investigate religious difference in FGM practise.

It is important to note that the level of education of a person could determine greatly his/her perception to culture, tradition and exposure to information concerning certain controversial issues such as FGM. This disparity in terms of educational level is seen to portray divergent views on the attitude towards FGM. The researcher seeks to investigate if the more learned a person is, the more flexible he/she becomes in adapting to changes. Education is perceived as an important factor in the abandonment of FGM. It appears that women with little or no education are likely not to make positive contributions to society like those who are educated. Women who are educated contribute to socio-economic development, and could support the enhancement of health and productivity in their families and immediate society as a whole (UNFPA, 2015).

It is obvious that employment status and economic conditions of women most often determine their level of participation in decision making both at the family, community, state and national levels. There is generally an unequal burden of domestic maintenance and childcare responsibilities allocated to women as compared to men. Women who totally depend on men seem to have a low decision making power as compared with men. The predominant patriarchal ideology, which encourages values of obedience, sacrifice, submission and silent suffering often demoralizes the attempts by women to emphasise themselves or request for share of resources and right. Employment status relates to such factors that concern the well-being of individuals. Employment status of women is considered to have great influence on decisions of individuals, including their decision to practice FGM.

As the campaign against FGM continues to gather momentum globally, it seems that scholars and stakeholders have focused mainly on legal and clinical aspect of FGM neglecting the social factors determining female genital mutilation practices. The problem of the study therefore, is to investigate social determinants such as religion, level of education and employment status as they determine female genital mutilation practices among married women in Southwest Nigeria.

Based on the foregoing, the study examined psychosocial determinants of female genital mutilation practices among married women in Southwest Nigeria. The study specifically examined:

i. if women in Southwest Nigeria practise female genital mutilation;
ii. the attitude of women towards female genital mutilation practices
iii. the difference in the practice of female genital mutilation among married women based on their religion;
iv. the difference in the practice of female genital mutilation among married women based on their level of education; and
v. the difference in the practice of female genital mutilation among married women based on their employment status.

**Research Questions**

The following research questions were raised to guide the study:

1. To what extent do women in Southwest Nigeria practice female genital mutilation?
2. What is the attitude of women to female genital mutilation practices in Southwest Nigeria?

**Research Hypotheses**

The following null hypotheses were generated for this study:

1. There is no significant difference in female genital mutilation practices among married women based on their religion.
2. There is no significant difference in female genital mutilation practices among married women based on their level of education.
3. There is no significant difference in female genital mutilation practices among married women based on their employment status.

**Methodology**

The descriptive research design of the survey type was used in this study because this approach allows information to be obtained from a representative sample of a large and wide population in the actual situation as they exist. The population of the study consisted of all married women in Government Ministries and Departments, Schools, Churches and Mosques in Southwest Nigeria.

The sample for this study consisted of 1,102 married women from 15 Government ministries and departments, 30 public secondary schools, 15 Churches and 15 Mosques in Southwest Nigeria. The sample was selected using multi stage sampling procedure.

A self-developed instrument tagged "Social and Female Genital Mutilation Questionnaire" (SFGMQ) was used to collect data for the study from the married women. The instrument consisted of three sections, namely, section A, B and C. *Section A* sought for demographic information which includes religion, educational level and employment status of the respondents while Section B consisted of 10 items drawn from the research questions on practices of female genital mutilation.

Section C consisted of 10 items on attitude of women to female genital mutilation. A Likert-type 4 point rating scale of preference was used with the following option: Strongly Agree (SA), Agree (A), Disagree (D) and Strongly Disagree (SD). The mean cut-off mark of 2.50 was derived by finding the average of the scoring system i.e. Strongly Agree – 4, Agree – 3, Disagree – 2, Strongly Disagree – 1 (4+3+2+1)/4 = 2.50. Mean mark of items greater than mean cut-off of 2.50 were accepted while those less than 2.50 were rejected.

The face and content validity procedures of the instrument were ascertained. Forty items constructed were presented to Social Studies experts, Guidance & Counselling experts and Tests & Measurements experts to scrutinise them in order to ascertain its face and content validity. In so doing, all irrelevances and ambiguous items were eliminated as the 40 items were reduced to 20 items. The reliability of the instrument was determined by finding the internal consistency of the instruments. In doing this, a pilot study was carried out outside the sampled locations. The instrument was administered on 30 respondents. In order to ascertain reliability of the instrument, data collected were analysed using Cronbach's alpha to determine the internal consistency of the items which yielded co-efficient of 0.84. The co-efficient value obtained was considered statistically high to make the instrument reliable.

The data collected from the questionnaire were analysed using descriptive and inferential statistics. The research questions were answered using frequency counts, percentages, mean, standard deviation and chart. The hypotheses were tested using Analysis of Variance (ANOVA) at 0.05 level of significance.

**Results**

**Research Question 1**: To what extent do women in Southwest Nigeria practice female genital mutilation?

In answering this question, data on the practices of female genital mutilation were collected from the responses of the respondents to items under Section B of SFGMQ (item 1 –

10) in the questionnaire. The data were collated and analysed using descriptive statistics such as; frequency counts, percentage, mean and standard deviation.

The result is presented in Table 1.

**Table 1:** Percentage and Mean of Female Genital Mutilation Practices among Women

| S/N | ITEMS | N | SA | A | D | SD | Mean | Remark |
|---|---|---|---|---|---|---|---|---|
| 1. | I usually encourage Female Genital Mutilation Practice for my female child/children | 1,102 | 33 (3.0%) | 653 (59.3%) | 416 (37.7%) | 0 | 2.65 | Agreed |
| 2. | I practise Female Genital Mutilation because my parents carried out the same practice on me | 1,102 | 45 (4.1%) | 984 (89.3%) | 68 (6.2%) | 5 (0.5%) | 2.97 | Agreed |
| 3. | Female Genital Mutilation is a common traditional practice in my community. | 1,102 | 13 (1.2%) | 1089 (98.8%) | 0 | 0 | 3.01 | Agreed |
| 4. | The practice of FGM is important before childbirth | 1,102 | 15 (1.4%) | 593 (53.8%) | 479 (43.5%) | 15 (1.4%) | 2.55 | Agreed |
| 5. | Female genital mutilation practice has a negative health implication on women. | 1,102 | 60 (5.4%) | 61 (5.5%) | 670 (60.8%) | 311 (28.2%) | 1.88 | Disagreed |
| 6. | FGM is a traditional belief and practice which I cannot deviate from | 1,102 | 110 (10.0%) | 197 (17.9%) | 771 (70.0%) | 24 (2.2%) | 2.36 | Disagreed |
| 7. | My practice of FGM is because of societal demand | 1,102 | 0 | 488 (44.3%) | 451 (40.9%) | 163 (14.8%) | 2.29 | Disagreed |
| 8. | The practice of FGM reduces promiscuity among women | 1,102 | 0 | 489 (44.3%) | 449 (40.8%) | 164 (14.9%) | 2.30 | Disagreed |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 9. | The practice of FGM is difficult to eradicate in my community | 1,102 | 59 (5.4%) | 880 (79.9%) | 0 | 163 (14.8%) | 2.76 | Agreed |
| 10. | I am interested in the practice of FGM because it controls sexual libido | 1,102 | 77 (7.0%) | 358 (32.5%) | 548 (49.7%) | 119 (10.8%) | 2.36 | Disagreed |

**Mean Cut-off: 2.50**

Table 1 indicates female genital mutilation practices among married women. Based on the mean cut-off mark of 2.50, item 1, 2, 3, 4 and 9 were accepted because their mean marks were greater than mean cut-off mark of 2.5. Item 5, 6, 7, 8 and 10 were rejected because their mean marks were less than 2.5. Based on the above, it seems that women in Southwest practise female genital mutilation.

**Research Question 2**: What is the attitude of women to female genital mutilation in Southwest Nigeria?

In answering this question, data on attitude of women to female genital mutilation were collected from the responses of the respondents to items under Section C of SFGMQ (item 1 – 10) in the questionnaire. The data were collated and analysed using descriptive statistics such as frequency counts, percentage, mean and standard deviation.

**Table 2:** Percentage and Mean of Attitude of Women to Female Genital Mutilation

| S/N | ITEMS | N | SA | A | D | SD | Mean | Remark |
|---|---|---|---|---|---|---|---|---|
| 1. | Female genital mutilation is an important act in women's life | 1,102 | 257 (23.3%) | 787 (71.4%) | 10 (0.9%) | 48 (4.4%) | 3.14 | Positive |
| 2. | The practice of FGM is an interesting act | 1,102 | 49 (4.4%) | 535 (48.5%) | 456 (41.4%) | 62 (5.6%) | 2.52 | Positive |
| 3. | I like the act of mutilating female genital | 1,102 | 66 (6.0%) | 547 (49.6%) | 400 (36.3%) | 89 (8.1%) | 2.54 | Positive |
| 4. | I always feel happy whenever women engage in FGM | 1,102 | 234 (21.2%) | 776 (70.4%) | 0 (0) | 92 (8.3%) | 3.05 | Positive |
| 5. | I only practise the act of FGM because of cultural belief | 1,102 | 49 (4.4%) | 578 (52.5%) | 413 (37.5%) | 62 (5.6%) | 2.56 | Positive |
| 6. | The practice of FGM should be made | 1,102 | 285 (25.9%) | 693 (62.9%) | 0 (0) | 124 (11.3%) | 3.03 | Positive |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | mandatory for females | | | | | | | |
| 7. | The practice of FGM should be encouraged among females | 1,102 | 234 (21.2 %) | 684 (62.1% ) | 0 (0) | 184 (16.7%) | 2.88 | Positive |
| 8. | I voluntarily practise female genital mutilation | 1,102 | 49 (4.4 %) | 609 (55.3% ) | 444 (40.3%) | 0 (0) | 2.64 | Positive |
| 9. | I like the practice of FGM because my parents mutilated my genital | 1,102 | 42 (3.8 %) | 410 (37.2% ) | 575 (52.2%) | 75 (6.8%) | 2.38 | Negative |
| 10. | Genital mutilation is a welcome practice among the women folk | 1,102 | 49 (4.4 %) | 596 (54.1% ) | 435 (39.5%) | 22 (2.0%) | 2.61 | Positive |

**Mean Cut-off: 2.50**

Table 2 indicates attitude of women to female genital mutilation in Southwest Nigeria. Based on the mean cut-off mark of 2.50, all the items except item 9 were accepted because their mean marks were greater than mean cut-off mark of 2.5. This implies that most of the respondents agreed that female genital mutilation is an important act in women's life ($\bar{x}$ = 3.14), the practice of FGM was an interesting act ($\bar{x}$ = 2.52), they like the act of mutilating female genital ($\bar{x}$ = 2.54), they always feel happy whenever women engage in FGM ($\bar{x}$ = 3.05), they practice the act of FGM because of cultural belief ($\bar{x}$ = 2.56), the practice of FGM should be made mandatory for females ($\bar{x}$ = 3.03), the practice of FGM should be encouraged among females ($\bar{x}$ = 2.88), they voluntarily practice female genital mutilation ($\bar{x}$ = 2.64), and genital mutilation was a welcome practice among the women folk ($\bar{x}$ = 2.61).

Only Item 9 was rejected because its mean mark was less than 2.5. It could be concluded that women have positive attitude towards female genital mutilation in Southwest Nigeria.

**Testing of Hypotheses**

**Hypothesis 1:** There is no significant difference in female genital mutilation among married women based on their religion.

In order to test the hypothesis, data on practices of female genital mutilation were collected from the responses of the respondents to items under Section B of SFGMQ (item 1 – 10) in the questionnaire. Analysis of variance was used to compute difference in practices of FGM based on their religion which was indicated in section A. The result is presented in Table 3.

**Table 3:** Analysis of Variance (ANOVA) for Religious Difference in Female Genital Mutilation Practices among Married Women.

| Groups | Sum of Squares | df | Mean Square | F | Sig. |
|---|---|---|---|---|---|
| Between Groups | 9.252 | 2 | 4.626 | 0.657 | 0.519 |
| Within Groups | 7742.451 | 1099 | 7.045 | | |
| **Total** | **7751.702** | **1101** | | | |

P > 0.05

The result presented in Table 3 shows that F-cal value of 0.657 is not significant because the P value (0.519) > 0.05 at 0.05. Hence, the null hypothesis was not rejected. This implies that there was no significant difference in female genital mutilation practices among married women based on their religion.

**Hypothesis 2:** There is no significant difference in female genital mutilation practices among married women based on their level of education.

In order to test the hypothesis, data on practices of female genital mutilation were collected from the responses of the respondents to items under Section B of SFGMQ (item 1 – 10) in the questionnaire. Analysis of variance was used to compute difference in practices of FGM based on their level of education which was indicated in section A. The result is presented in table 4.

**Table 4:** Analysis of Variance (ANOVA) for Difference in Female Genital Mutilation Practices among Married Women based on their Level of Education

| Groups | Sum of Squares | df | Mean Square | F | Sig. |
|---|---|---|---|---|---|
| Between Groups | 41.020 | 3 | 13.673 | 1.947 | 0.120 |
| Within Groups | 7710.682 | 1098 | 7.022 | | |
| **Total** | **7751.702** | **1101** | | | |

P > 0.05

The result presented in table 4 showed that F-cal value of 1.947 was not significant because the P value (0.120) > 0.05 at 0.05. Hence, the null hypothesis was not rejected. This implies that there is no significant difference in female genital mutilation practices among married women based on their level of education.

**Hypothesis 3:** There is no significant difference in female genital mutilation practices among married women based on their employment status.

In order to test the hypothesis, data on practices of female genital mutilation were collected from the responses of the respondents to items under Section B of SFGMQ (item 1 – 10) in the questionnaire. Analysis of variance was used to compute difference in practices of FGM based on their employment status which was indicated in section A. The result is presented in Table 5.

**Table 5:** Analysis of Variance (ANOVA) for Difference in Female Genital Mutilation Practices among Married Women Based on their Employment Status

| Groups | Sum of Squares | df | Mean Square | F | Sig. |
|---|---|---|---|---|---|
| Between Groups | 32.088 | 3 | 10.696 | 1.521 | 0.207 |
| Within Groups | 7719.614 | 1098 | 7.031 | | |
| **Total** | **7751.702** | **1101** | | | |

P > 0.05

The result presented in Table 5 shows that F-cal value of 1.521 was not significant because the P value (0.207) > 0.05 at 0.05. Hence, the null hypothesis was not rejected. This implies that there is no significant difference in female genital mutilation practices among married women based on their employment status

**Discussion**

The study reveals that women in Southwest practise female genital mutilation. The probable reason for this finding might be because of the cultural importance attached to it and the positive attitude women have towards it. This finding is in line with the submission of Rahman (2010) who found a prevalence of FGM of 61% among the Yorubas, 45% among Ibo and 1.5% among Hausa-Fulani tribes, thus making it a greater problem in Southwest Nigeria.

The study also reveals that women have positive attitude towards female genital mutilation in Southwest, Nigeria. The probable reason might be due to the high practices of FGM in Southwest, Nigeria. This finding is in line with Megafu (2012) who found out that women have positive attitude towards FGM because of their belief that FGM controls excess female sexual desire and promotes of cultural heritage. Oyefara (2014) found out that women exhibited positive attitude towards FGM because of their belief that it increases the chances of fertility and child survival. On the attitude of women to FGM practices, Leo and Okafor (2016) found out that mothers who experience Female Genital Mutilation are key enforcers in many families. The implication of this finding is that the practices of FGM might continue due to the positive attitude towards it.

The study further reveals that there was no significant difference in female genital mutilation practices among married women based on their religion. This implies that all the religion practice FGM and no religion practises it more than the other religion. In consonance with this finding, Rahman (2010) found that the custom of FGM cuts across religions and is practised by Muslims, Christians, Jews and followers of indigenous religions. The findings of Ashimi, Amole and Iliyasu, (2015) and Biglu, Farnam, Abotalebi, Biglu and Ghavami (2016) contradict the present finding as they found out that FGM practises is more predominant among the women whose religion is Islam.

The study reveals that there was no significant difference in female genital mutilation practices among married women based on their level of education. This implies that the level of education of a woman will not determine FGM practices. Women who are both educated and not educated practice FGM in Southwest Nigeria. This finding is in line with the findings of Gajaa (2016) who found out that women's level of education has nothing to do with practices of FGM. This finding is not in consonance with Obionu (2006) who found a strong negative correlation between the level of formal education and the practices of FGM. He concluded that educated couples are unlikely to willingly inflict unjustified harm on their children even if the tradition demands it. Still in contrast to this finding, Chikungu and Madise (2015) found out that the proportion of FGM by women with no education was higher than that of FGM by women with primary and higher education.

It is revealed that there was no significant difference in female genital mutilation practices among married women based on their employment status. This implies that type of employment is not associated with FGM. This is in line with the findings of Adeokun (2006) who found out that employment status has no influence on FGM practices. Also, there was no significant difference in female genital mutilation practices among married women based on their age. In contrast, Adeokun (2006) found out that the prevalence of circumcision among

the youngest women was 13% compared to 28% among the oldest, indicating an age difference.

**Summary of Findings**

i. Women in Southwest practise female genital mutilation
ii. Women had positive attitude towards female genital mutilation practices in Southwest Nigeria
iii. There was no significant difference in female genital mutilation practices among married women based on their religion.
iv. There was no significant difference in female genital mutilation practices among married women based on their level of education.
v. There was no significant difference in female genital mutilation practices among married women based on their employment status.

**Conclusion**

Sequel to the findings of this study, it was concluded that married women still engage in female genital mutilation practices as they exhibited positive attitude towards it in Southwest Nigeria. The study concluded that religion, level of education and employment status are not determinants of female genital mutilation practices among married women in Southwest Nigeria.

**Recommendations**

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

1. Campaigns on FGM practices should be intensified through popular mediums of communications, such as radio and television programmes and posters so as to create more awareness and provide accurate information.
2. There should be dissemination of information through religious leaders within communities on the dangers of FGM
3. The government should promote access to education for women and girls since education empowers females and allows them to develop the skills and knowledge to lead independent lives.

**Implication for Counselling**

This study has far reaching implications for guidance and counsellors, parents, mothers, health workers, marriage counsellors, social workers and non-governmental organisation (NGO) to offer intervention towards the eradication of the age long traditional and cultural practices of Female Genital Mutilation and to understand the various motives behind the practices. This will make such professionals to be resolute and provide convincing clarification on why the practices should be stopped.

Marriage counselling centres should be established to provide basic counselling services on some traditional practices like FGM. Counsellors need to create more awareness on the harmful effects of the practises.

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