

## ATTITUDES OF MALE TEACHERS IN SECONDARY SCHOOLS TOWARDS FEMALE GENITAL MUTILATION IN ABAKILIKI LOCAL GOVERNMENT AREA, EBONYI STATE

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### **Abstract**

*This research study is designed to find out the attitude of male teachers in secondary schools towards female genital mutilation on Abakiliki Local Government Area of Ebonyi State. The design of the study was descriptive survey research design. In order to realize this, three research questions were raised to guide the study. The population for the study was 120 respondents. The researcher used all the one hundred and twenty (120) male teachers in the secondary schools. The number is small and can be studied. Therefore, there was no sampling. The data for this work was collected using the questionnaire. The data generated from this study was analyzed using mean score and standard deviation. Findings of the research revealed that from the criterion mean, the attitude of male teachers towards female genital mutilation in the area is positive, there is male teachers' justification for supporting FGM. Male teachers' resistance of total abandonment of FGM is moderately low, attitude of male teachers towards the health implication of the practice is moderately high. At the end recommendations were made which include: the need for abolition of this unhealthy practice. A multidisciplinary approach involving legislation, health care professional organizations, empowerment of the women in the society, and education of the general public at all levels with emphasis on dangers and undesirability of FGM should be paramount in the health advocacy. There is a need for legislation in Nigeria with health education and female emancipation in the society to increase campaign to reduce FGM. The process of social change in the community with a collective, coordinated agreement to abandon the practice "community-led action" is therefore essential.*

**Keywords:** Attitude, Female genital mutilation, Secondary school, Male teachers.

### **Introduction**

Female genital mutilation is recognized globally as a violation of human rights of girl-child. 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 when the procedure results in death (UNICEF, 2016). Female genital mutilation (FGM) comprises all procedures that involve partial or total removal of the external female genital organs for non-medical reasons. Eke (2010) reported that Nigeria was among the countries in the world that practices FGM. From the author's report, FGM is practiced in Abakiliki Local Government Area of Ebonyi State. Meanwhile, in some areas where FGM was common, such as Enyigba, Amagu, Ekpuitumo, Nmachi, Odda and Idiagu, female child are circumcised between seven to ten days after birth. The practice was done with a razor blade and the operation is carried out by a traditional birth attendant. The people of these communities carry out FGM on the female child with the aim of reducing the rate of promiscuity among girls in the communities (Eke, 2010).

Female genital mutilation is mostly carried out by traditional circumcisers, who often play other central roles in the communities such as attending childbirth. Meanwhile, in many settings, health care providers perform FGM due to the erroneous belief that the procedure is safer when medicalized. In the attempt to stop the practice among health care professional, World Health Organization (WHO, 2016), strongly urges all health professionals not to perform such procedures. This is so because FGM includes procedures that intentionally alter or cause injury to the female genital organs for non-medical reasons. It is procedures which can cause severe bleeding and problems urinating, and later cyst, infections, as well as complications in childbirth and increased risk of new born child, hence such procedures have no health benefits for girl child and women in general.

Moreover, it is not known from where the tradition of female genital mutilation originated. It is a tradition that has been practiced for thousands of years, starting long before the establishment of both Christianity and Muslim religions. This was proven from the fact that the ancient Egyptian

mummies have been found circumcised, indicating the practices dating from as far as the fifth century BC female genital mutilation was performed by Christians and Islam and animists (Persson, 2007).

Female genital mutilation, though a global issue, Nigeria in the past has had the highest absolute number of cases of FGM in the world, amounting to about one quarter of the estimated 115-130 million circumcised women in the world (Eke, 2010). The practice is founded in traditional beliefs and societal pressure to conform. The government of Nigeria in the last decades recognized the practice as harmful to children and women and have embarked on corrective measures, aimed at addressing the end of the practice openly and energetically through the formulation of policies and programmes, legislation and behavioural changes that have currently impacted reduction in prevalence.

Female genital mutilation demands urgent attention, hence it is still practiced among countries today, especially Nigeria. It is based on the inequality between the sexes and constitutes an extreme form of discrimination against women. As a result, Okwudili (2002) discovered that some men see an uncircumcised female as not being a “woman” yet. In the developed world, FGM is regarded as the practice that has health and human right implication and also a menace to the society and should be stopped. In line with this, the general assembly of the United Nations (2006) condemned Female genital mutilation as a form of cruelty, torture, harm and maltreatment of the female folk. Based on this, men’s attitudes towards uncircumcised women in Abakiliki need to be known.

Attitude, according to Fazio and Olson (2003), can be a positive or negative evaluation of people, objects, events, activities, ideas or just about anything in your environment, but there is debate about price definition. Allport (2005) defined attitude as an expression of favour or disfavor towards a person, place thing or event. As a result of the above definition, attitude can be formed from a person’s past and present lifestyle. Attitude when related to female genital mutilation, can be positive or negative evaluation of practice towards girl-child and women circumcision by males in Abakiliki LGA.

Male is opposite of female. According to Ferguson (2004) male is seen as that which is relating to, or designating the sex that has organ to produce spermatozoa for fertilization of ova. This means that male play vital role in human reproduction. In this context, a male is the opposite of female being who can have sexual intercourse with female with the aim of procreation, which sexual desire from both may proceed the act. A male can become a teacher in secondary schools.

Secondary school, according to Njue (2004), is an educational institution and the second stage of the three schooling periods. Three schooling periods includes primary, secondary and tertiary educational institutions. Secondary school follows elementary or primary education and is sometimes followed by university education. In secondary school, male and female can be a teacher thereby educating students for the betterment of the society at large. As a result, the attitudes of male teachers in secondary school towards female genital mutilation will be verified.

Female genital mutilation is the removal of part or all the female genitalia. It has immediate and late complication. WHO (2012) condemns Female genital mutilation practice and prohibits healthcare professionals from such approach. Based on the increased negative effect of FGM, in many communities, men still see female genital mutilation as a good thing. To them it will help reduce or even stop promiscuity among women.

### **Purpose of the Study**

The purpose of the study was to find out the attitudes of male teachers of secondary schools towards female genital mutilation in Abakiliki Local Government Area, Enugu State. Specifically, the study seeks to find out:

1. The male teacher’s attitudes towards FGM in Abakiliki LGA of Ebonyi State?
2. The male teacher’s attitudes towards total abandonment of FGM in Abakiliki LGA of Ebonyi State?
3. The attitude of male teachers towards the health implication of FGM practice in Abakiliki LGA of Ebonyi State?

### **Research Questions**

In order to accomplish this task, three research questions were posed.

1. What is the male teacher’s attitude towards FGM in Abakiliki LGA of Ebonyi State?

2. What are male teacher's attitudes towards total abandonment of FGM in Abakiliki LGA of Ebonyi State?
3. What is the attitude of male teachers towards the health implications of FGM practice in Abakiliki LGA of Ebonyi State?

### Method

In order to accomplish the purpose of this study, descriptive research design was adopted. The population for the study consisted of all the male teachers in secondary schools in Abakiliki LGA, numbering one hundred and twenty male teachers (Ministry of Education, Abakiliki, 2014). The sample for the study consisted of all the one hundred and twenty male teachers. The instrument for data collection was questionnaire. For reliability, the Spearman Rank Order Correlation Coefficient was used to establish the internal consistency of the instrument. The obtained reliability was 0.85. Therefore, the instrument was considered reliable for the study by experts. The data collected were coded and analyzed on item-by-item basis to indicate the mean scores of the various categories. The data were analyzed into tables and converting the responses using mean and standard deviation.

### Results

Table 1

**Male Teachers' Attitudes towards FGM in Ebonyi State (N=120)**

S/N	Items	Mean score	Standard deviation	Decision
1	FGM is our custom and tradition	2.47	1.08	-ve
2	FGM is a religious requirement	3.50	1.66	-ve
3	FGM is essential for social acceptance, especially for marriage	3.36	1.52	-ve
4	FGM is essential for preservation of virginity/chastity	2.47	1.08	-ve
5	FGM is good for hygiene and cleanliness of the female reproductive organ	2.10	1.66	-ve
6	FGM helps to maintain family honour	3.36	1.52	-ve
7	FGM other sense of belonging to the group and conversely the fear of social exclusion in the community	2.47	1.08	-ev
8	It has ability to enhance fertility	2.36	0.96	-ev

Key: positive = +ve, Negative = ve

The data presented on table 1 above shows that the average means response value of respondents is 2.80 which is greater than the criterion mean value of 2.50. This implies that male teachers' attitudes towards female genital mutilation is positive. The table also indicated that FGM is custom and tradition has a means score of 2.47. The FGM is a religious requirement has a means score of 3.50. FGM is essential for social acceptance, especially for marriage has a mean score of 3.36. FGM is essential for preservation of virginity/chastity has a mean score of 2.47. FGM is good for hygiene and cleanliness of the female reproductive organ has a mean score of 3.36. FGM offers sense of belonging to the group and conversely the fear of social exclusion in the community has a mean score of 2.47. While FGM ability to enhance fertility has a mean score of 2.38. From the responses in table 1, items 2, 3, and 6 were accepted while items 1,4,5,7 and 8 were rejected.

Table 2

**Male Teachers Attitudes towards Total Abandonment of FGM (=120)**

S/N	Items	Mean score	Standard deviation	Decision
1	Teachers do not accept the FGM rituals	2.89	1.43	+ve
2	Teachers see FGM as an essential element in raising a girl child	3.50	1.66	+ve
3	Most teachers accept that FGM helps in the	3.36	1.52	+ve

	promotion of female virginity and fidelity			
4	Most of teachers resist to support that FGM concentrate on curbing premarital sex	2.47	1.08	-ve
5	Teacher should not allow external forces to brainwash their community members on the gains of FGM.	2.46	0.93	-ve

Positive = +ve, Negative = -ve

The data presented on table 2 above indicated that Teachers do not accept FGM rituals have a means score of 2.89. Teachers see FGM as an essential element in raising a girl child has a mean score of 3.59. Most teachers accept that FGM helps in the promotion of female virginity and fidelity has a means score of 3.36. Most teachers resist to support that FGM concentrate on curbing premarital sex has a mean score of 2.47. While teacher should not allow external forces to brainwash their community members on the gains of FGM has a mean score of 2.46. From the table 2 above, items 1,2 and 3 were accepted, while items 4 and 5 were rejected. This implies that there are positive reactions to male teachers' resistance of total abandonment of FGM.

Table 3

**Attitude of Male Teachers Towards the Health Implication of the Practice (=120)**

S/N	Items	Mean score	Standard deviation	Decision
1	Teacher turn deaf ear to genital mutilation which causes painful sexual intercourse and reduce sexual feelings	2.67	1.43	+ve
2	Male teachers do not teach FGM's health implication in Abakiliki School	3.05	1.66	+ve
3	Male teachers do not agree that FGM has health implications	3.40	1.52	+ve
4	Male teachers' in Abakiliki do not accept that FGM is capable of giving depression and post-traumatic stress disorder to the girls involved	2.77	1.08	+ve
5	Male teachers disagree that FGM is capable of damaging healthy and normal female genital tissue.	2.85	1.08	-ve
6	Male teachers do not accept that FGM can increase risk of childbirth complications and newborn deaths.	2.66	0.93	+ve

The data presented on table 3 above indicated that male teachers turn deaf ear to genital mutilation which causes painful sexual intercourse and reduces sexual feelings has a means score of 3.67. Male teachers do not teach FGM's health implication in Abakiliki Schools has a mean score of 3.05. male teachers agrees that FGM practitioners have medical training has a mean score of 3.40. Male teachers' in Abakiliki do not accept that FGM is capable of giving depression and post-traumatic stress disorder to the girls involved has a means score of 2.77. Male teachers disagree that FGM is capable of damaging healthy and normal female genital has a mean score of 2.85. While male teachers do not accept that FGM on increased risk of childbirth complications and newborn deaths has a mean score of 2.66. From the responses in table 3, items 1, 2, 3, 5 and 6 were accepted while item 4 was rejected. Form the table 4 above, all the items were accepted except item four, FGM is capable of giving depression and post-traumatic stress disorder to the girls involved.

### **Discussion**

The study revealed that male teachers in secondary schools demonstrated positive attitude towards female genital mutilation. This is so because the data presented on table 1 above shows that

the average means response value of respondents is 2.80 which is greater than the criterion mean value of 2.50. This implies that male teachers' attitudes toward female genital mutilation is positive. Toubia and Sharief (2003) revealed that the justification of attitude towards FGM by men include custom and tradition, religion because FGM is mistaken as a religious requirement. Meanwhile, this finding contradicted what World Health Organization (WHO, 2016) revealed that FGM has no health benefit, and therefore should be stopped.

Data in Table 2 indicated that male teachers' attitudes towards the total abandonment of female genital mutilation has the average means response value of 2.94 which is greater than the criterion mean value of 2.50. This implies that male teachers exhibited positive attitude towards resistance of total abandonment of female genital mutilation. The finding was not a surprise, hence the finding supports Udom (2007) who maintained that men see female genital mutilation as a good thing. To men it will help reduce or even stop promiscuity among women. In line with this, the finding discovers that secondary school teachers in Ebonyi State believed that female genital mutilation reduces the high rate of prostitution among female from the area. This is so because the cultural belief that FGM practice is good and should be encouraged was upheld by the respondents. In contrary, World Health Organization (2016) stipulated that health care professionals should not partake nor carry out female genital mutilation among female.

Data in table 3 unveiled that the attitude of male teachers towards the health implication of the practice was positive since its average means response value is 3.10 which is greater than the criterion mean value of 2.50. This finding is in line with the finding of Salganik (2004) who reported that female genital mutilation has no known health benefits. This shows that FGM has immediate and late complications, which depend on several factors: the type of FGM, the conditions in which the procedure took place and whether the practitioner had medical training, whether unsterilized or surgical single-use instruments were used,

The data presented on table 3 above indicated that male teachers turn deaf ear to genital mutilation which causes painful sexual intercourse and reduces sexual feelings has a means score of 3.67. Male teachers do not teach FGM's health implication in Abakiliki Schools has a mean score of 3.05. male teachers agrees that FGM practitioners have medical training has a mean score of 3.40. The findings supports the finding of Izett and Toubia (2006) who state that female genital mutilation is often motivated beliefs about what is considered proper sexual behaviour, linking procedures to premarital virginity and marital fidelity. Female genital mutilation in many communities is believed to reduce a woman's libido and therefore believed to help her resist illicit sexual acts. Female genital mutilation is regarded by some communities as a dirty and ugly practice, but contrary, the finding indicates that female genital mutilation was upheld by the secondary school teachers in Ebonyi State.

### **Conclusions**

Based on the outcome of the results, the study concludes that

- **Male teachers' attitude towards FGM.**

The data presented above indicated that male teachers turn deaf ear to genital mutilation which causes painful sexual intercourse and reduces sexual feelings. Male teachers do not teach FGM's health implication in Abakiliki Schools has a mean score of 3.05. Male teachers agrees that FGM practitioners have medical training has a mean score of 3.40. Majority of male teachers in secondary schools demonstrated positive attitude towards female genital mutilation.

- **Male teachers' attitudes towards total abandonment of FGM**

implies that male teachers exhibited positive attitude towards resistance of total abandonment of female genital mutilation.

- **Attitude of the male teachers towards the health implication.**

The attitude of male teachers towards the health implication of FGM practice was positive

### **Recommendations**

Based on the findings, discussions and conclusion of this work, the following recommendation were made:

1. There is need for abolition of this unhealthy practice. A multidisciplinary approach involving legislation, health care professional organizations, empowerment of the women in the society, and

education of the general public at all levels with emphasis on dangers and undesirability of FGM is paramount to reduce the practice.

2. There is a need for legislation in Nigeria with health education and female emancipation in the society in order to reduce FGM among communities, local government areas and the society at large. The process of social change in the community with a collective, coordinated agreement to abandon the practice “community-led action” is therefore essential.
3. There is need for effective and massive education on FGM. The more educated, more informed, and more active socially and economically a woman is, the more she is able to appreciate and understand the hazards of harmful practices like FGM and sees it as unnecessary procedure and refuses to accept such harmful practice and refuses to subject her daughter to such an operation.

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