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Perceived Barriers to Eliminate of Female Genital Mutilation among People of Ihioma, Orlu Local Government Area, Imo State

Onuoha, Roseline Chizoba

School of General Studies, Michael Okpara University of Agriculture, Umudike, Nigeria
E-mail; rosychy@yahoo.com GSM: 08038860721

Abstract

This study investigated factors affecting elimination of female genital mutilation of Ihioma, Orlu Local Government Area of Imo State. The study focus on perceived barriers to eliminate female genital mutilation among the people. Two research questions and two hypotheses guided the study. The research designed for the study is a descriptive survey design. A simple size of 1,787 (male and female) adults was randomly drawn from the three villages in Ihioma using stratified random sampling techniques, representing 50% of the population. The instrument used in this study was questionnaire, titled Barriers to Elimination of Female Genital Mutilation Questionnaire (BEFGMQ) which was validated and the reliability test retest method. Person product moment correlation coefficient was used, which yielded a reliability index of 0.75. Mean score was used to answer the research questions and the Z-test was used to test the hypothesis. The findings of the study revealed among others that traditional updates, religious beliefs, cultural basis, and gender inequality have been posing great threat to the elimination of female genital mutilation. Based on the findings, it was recommended that, there should be mass mobilization companies. Workshops, seminars, counseling, and health talks against the practice of female genital mutilation for Ihioma people. The local, state and federal government of Nigeria should enforce the law and policy against the elimination against the female genital mutilation

Keywords: Barrier, Elimination, Female genital mutilation, Ihioma.

Introduction

Elimination of female genital mutilation has been and is being hindered by several factors. Globally, eradication of female genital mutilation has been hampered by diverse factors such as tradition, culture, norms, beliefs and many more (Bodunrin, 1999; Shell-Duncan, 2016). The practice of female genital mutilation is one of the problems facing women and girls in all the regions in Nigeria today despite the current agitation of the policy of innovative community mobilization strategies for effective health promotion programme implementation which exists in all levels of the health promotion system, be it Primary, Secondary or Tertiary health care system. Female genital mutilation entails all procedures involving partial or total removal of the external female genitalia or other injury to the female organ for cultural or other non-medical reasons (World Health Organization (WHO), 1997). Until 1980s, female genital mutilation was widely known as female circumcision. Female genital mutilation (FGM) also known as female genital cutting and female circumcision is the ritual removal of some or all of the external female genitalia (United Nations Fund for Population Activities, 2016). UNFPA (1997) reported that female genital is seen as a practice, traditional in some cultures, of partially or totally removing the external genitalia of girls and young women for non-medical reasons and that is illegal in many countries of the world. In the procedure of performing female genital mutilation, the

clitoral hood, clitoral glands, and the inner labia are removed and there is closure of the vulva (UNFPA, 1997). The process of closing the vulva is otherwise known as infibulations and when the process of infibulations is completed, then, a small tiny hole is left for the passage of urine and menstrual fluid: the vagina is later opened for sexual intercourse and for child birth (United Nations International Children's Emergency Fund (UNICEF), 2016). It was estimated that up to 200 million women and girls around the world have undergone female genital mutilation (UNICEF, 2016). Kandal and Komba (2018) stated that majority of women and girls affected by the practice or at risk of the practice live in Africa and Asia. Though, there is evidence that the practice of female genital mutilation goes on in western countries with immigrants from practicing countries (Kandal and Komba, 2018). World Health Organization (2018) expressed different levels of cuts of female genital mutilation which are Normal cut, Type 1 cut, Type 11 cut, Type 111 cut and these cuts are based on how much tissue is removed. Female genital mutilation practice is usually initiated and carried out by those elderly men and women who are designated to perform the role or by traditional birth attendants, traditional health practitioners, barbers and members of secret societies, herbalists or sometimes a female relative. Mandara (2000) stated that in some cases medical professionals, when it is performed by a medical professional, it is then called medicalization of female genital mutilation (Mandara, 2000). Centre for Reproductive Health (2006; Kandala and Komba (2018) reported that the practice of female genital mutilation is associated with poor health outcomes and prevent girls and women from thriving and enjoying their basic rights.

The reasons for the persistence of female genital mutilation in Nigerian communities are rooted in culture, tradition, gender inequality, attempts to control women sexually, ideas, purity, modesty and aesthetics (Hernlun, 2000). Mandara (2000) opined that those elderly women who carried out the cut of female genital mutilation see it as a source of honour and fear that failing or refusing to have their daughters and granddaughters cut will expose the girls to social exclusion. Social norms and beliefs have an influence on the degree to which a community member adopt and practice female genital mutilation (Shell-Duncan, 2016). However, the extent to which female genital mutilation is practiced in Nigeria varies greatly across the six geopolitical zones of the country, with the South West and South East leading in the practice of female genital mutilation (UNICEF, 2016). Muteshi (2016) opined that in South eastern states, their women and girls subjected to the stress of female genital mutilation. Mberu (2017) observed that female genital mutilation practice was equally high among the women and girls from the Yoruba, Igbo ethnic groups in South States and Hausa women and girls in the Northern States.

Most of the women and girls who were affected or that went through female genital mutilation practice reported that they were Christians and Muslims though among the Muslims, there had been a great reduction in the practice (Nnamdi, 2018). It was observed that even women and daughters of highly educated mothers were also affected by the practice of female genital mutilations despite their knowledge of the effects of the practice. Daughters and women of mothers living in rural areas were mostly affected by female genital mutilation practice (Nnamdi, 2018.). Ngozi, Iyioha and Durojaye (2018) opined that daughters whose mothers were married in polygamous families were highly affected by the practice of female genital mutilation than those daughters whose mothers were married in monogamous families. Boddy (2007) stated that girls and daughters were more likely to be affected by female genital mutilation practice when their mothers or grandmothers supported continuation of the practice, were the decision maker of the family, and believed that the practice was of a religious requirement and to prevent girls from

having pre-marital sex. Most of the women who were affected by female genital mutilation practice most a times experience swelling of their female genital organs, excessive bleeding, pain, urine retention and healing problems or wound infection, septicemia, tetanus, gangrenes, necrotizing fasciitis (fresh-eating disease) endometritis, even death may occur as result (Boddy, 2007).

Female genital mutilation has been used by men to control female sexuality and to ensure cultural pride (Briggs, 2002).Bodunrin (1999) observed that female genital mutilation is practiced as a cultural obligation and a rite of passage from childhood to adulthood. They further explained that undergoing female genital mutilation enables women and girls to avoid mockery, loss of respect, social condemnation, and improve marriage prospects. United Nation International Children Emergency Fund (2016) reported that highly prevalence of female genital mutilation all over the world adds to a sense of urgency to eradicate the practice. The United Nations (UN) (2017) resolution urged all nations of the world to ban the practice of female genital mutilation. United Nations General Assembly (2012); UNFPA (2016) reported that the order from UNICEF (2016) has mobilized worldwide efforts to reduced and eradicate the stress of female genital mutilation. Muteshi, (2016) observed that many nations have not enforced the stoppage of FGM or they have not put enough efforts to eliminate the practice of female genital mutilation. UNFPA (2017) Countries are urged to meet the target of the Sustainable Development Goals (SDGs) which stressed on the eradication of all dangerous and harmful practices such as child married, early marriage forced marriage, and female genital mutilation. Nigeria is one of the countries in the world with high prevalence of female genital mutilation (UNICEF, 2016). United Nations Department of Economic and Social Affairs (2017) reported that as far as the population of the world increases, so the number of girls and women who will be affected by female genital mutilation increases.

Nigeria has put in so many efforts to check or eradicate the practice of female genital mutilation. Federal government of Nigeria has passed federal legislation, the violence against persons, banning female genital mutilation and other forms of genital-based violence (GBV). According to Ngozi, Iyioha and Durojaye, 2017; Kandala and Komba, 2018, Nigeria has equally adopted the Maputo Protocol like other African countries on Human and Rights of girls and women in Africa (Maputo Protocol) in 2003 to ensure that survivors of gender-based violence can obtain redress before a domestic or regional court such as the court of Economic Community of West African State (ECOWAS).Centre for Laws of the Federal Republic of Nigeria (2018). National Agency for Prohibition of Trafficking in Persons (NAPTIP) (2017) reported that in Nigeria, there was a launching of the 2013/2017 National Policy and Plan of Action for Elimination or Eradication of female genital mutilation by an inter-ministerial department committee.

Civil Society Organizations participated in creating awareness among the masses about female genital mutilation in programmes which make the performers of female genital mutilation to turn to be fighters against female genital mutilation (Mberu, 2017). The media, civil society, religious and traditional leaders, non-governmental organizations have been called upon to circulate messages towards anti-female genital mutilation at local, state and national levels (Nnamdi, 2018). Efforts made to support to eradication or elimination of female genital mutilation in Nigeria has been a mix of legal, policy, behaviour-change, and advocacy interventions.

Over the past decade, there have been outcry and intervention programmes for female genital mutilation globally. Many countries including Nigeria have responded to the International call

for elimination and eradication of female genital mutilation, a lot of barriers has been discovered to pose a serious challenge towards the implementation of the policy. Problem under investigation lies in the question: What are factors responsible for continuation of the practice of female genital mutilation of girls and women in Ihioma, Orlu LGA of Imo State.
To achieve this purpose, two objectives with research questions with one research hypothesis were developed for the study.

Objectives of the Study
The following are the objectives of the study:

1. To identify the perceived barriers affecting the elimination of female genital mutilation practice in Ihioma in Orlu LGA, Imo State.
2. To compare perceived barriers affecting the elimination of female genital mutilation by gender among people of Ihioma Community in Orlu, Imo State.

Research Questions
The following are the research questions of the study:

1. What are the perceived barriers for elimination/eradication of female genital mutilation practice in Orlu LGA of Imo State?
2. What are differences in perceived barriers to female genital mutilation and elimination and eradication in Ihioma Community in Orlu local government area by gender?

Hypothesis
The following is the research hypothesis of the study: There is no significant difference in the perceived barriers affecting the elimination/eradication of female genital mutilation practice based on gender of the people Orlu LGA of Imo State.

Methods

The descriptive survey research design was adopted in order to achieve the objectives of the study. Nwagu (2005) posited that descriptive survey design is employed in studies designed to describe the characteristics or attributes of a population. This design was utilized by Kemenye (2008) in a similar study on knowledge, beliefs and practices of patients diagnosed with tuberculosis in Katutura, khomas Region, Namibia. The design is therefore considered appropriate for use in the present study.

The study was carried out in Ihioma in Orlu LGA of Imo State, Nigeria. The town, Ihioma is in Orlu state constituency. There are three villages in Ihioma town. All the three villages in Ihioma were included for the study. The three villages that made up Ihioma are selected communities are Ebenese, Okwuabala and Umuezenachi. Ihioma town has a population of 3,568 adult males and females in Ihioma. A breakdown of the population shows that males are 2,068 males, while females are1,500 (NPC, 2006).

A sample of 1,784 adult males and females was drawn from the three villages in Ihioma town using stratified random sampling technique. The villages were stratified into male and female, while 1000 respondents were males and 784 were females. This represented 50% of the population. The selection of the sample was made on the assumption made by Nwana, 1990, which suggested that half of the population is closely to the entire population and that it would give a better representative of the total population. In this case, the researcher and the five trained research assistants helped in filling the questionnaire of those who could not fill their

questionnaire based on what they answered and contributed. 22-item self-developed instruments entitled: Barriers to Elimination of Female Genital Mutilation Questionnaire (BEFGMQ) were used for data collection. The BEFGMQ consisted of two sections: A, and B. Section A consisted of two items on the respondent's demographic variables of location (male and female). Section B consisted of 20 items on factors for female genital mutilation. The instrument was pre-tested for reliability using the split-half. The pre-test correlated technique and validated by three experts from the Department of Human Kinetics and Health Education, Ebonyi State University, Ebonyi State. The instruments yielded reliability co-efficient of .79.The expert's advice and suggestion were used in modifying the instruments that were used for data collection. The reliability indices were high enough to deem the instruments reliable for use in the study. The instrument was deemed fit because Ogbazi and Okpala (1994) suggested that if the correlation co- efficient obtained on an instrument is up to .60and above, the instrument is considered good enough to be used for a study. Five trained research assistants helped in the data collection.
Modified Likert scale of four points ratings ranging from (A) Strongly agree (B) Agree (C) Disagree (D) Strongly disagree were used to gather information from the respondents. The mean score of 2.50 was the benchmark for the decision making.

In analyzing the data, mean and rank order scores were used as the statistical tools to answer the research questions while Z-test used in testing the hypothesis of no significance difference. The acceptance or rejection of any null hypotheses will be based on the critical value of Z-test and calculated value at 0.05 alpha significant levels.

Results

Table 1: Mean scores of perceived barriers affecting the elimination/eradication of female genital mutilation

S/N	Barriers affecting elimination of FGM	x	SD	Decision
1.	Cultural purpose	3.14	0.75	Accepted
2.	Religious requirement	3.20	0.76	Accepted
3.	Update of gender inequality	3.30	0.65	Accepted
4.	Purification of the girls	3.12	0.62	Accepted
5.	Update of traditional rites for girls	3.12	0.69	Accepted
6.	To control female sexuality	3.28	0.76	Accepted
7.	The girls to be modest	3.30	0.80	Accepted
8.	Husband to control wife	3.10	0.72	Accepted
9.	Upgrade aesthetic nature in girls	3,28	0.76	Accepted
10.	For beauty purpose	3.24	0.80	Accepted

11. For transition to adulthood	3.24	0.80	Accepted
12. To be neat and clean	3,15	0.74	Accepted
13. Attraction of the girls	3.07	0.82	Accepted
14. Husbands controlling wives' sexual rights	3. 03	0.76	Accepted
15. External genital organ tampered with	3.07	0.79	Accepted
16. Projection of purity in girls	3.23	0.74	Accepted
17. Prevention of social condemnation	3.06	0.93	Accepted
18. Projection of cultural pride	3.14	3.75	Accepted
19. Removal of mockery	3.26	0.63	Accepted
20. Vagina opening during childbirth	3.10	0.72	Accepted
Overall	3.49	0.83	Accepted

Data in Table 1 revealed that the overall mean scores of respondents on perceived barriers for elimination of female genital mutilation among Ihioma people in Orlu local government area of Imo State. From the Table, all the items 1-20 had mean score greater than 2.50 set for the study. The Table had an overall score of 3.49 which indicates that Ihioma people in Orlu accepted the perceived barriers for elimination of female genital mutilation. The overall score of 0.83 reveals that the respondents' perception about genital female mutilation does not vary widely.

Research hypothesis One: There is no significant difference between the means score of the males and females on their perceived factors against the elimination or eradication of female genital mutilation policy in Ihioma in Orlu LGA of Imo State. Hence the null hypothesis is not rejected.

Data in Table 2: Z-test Analysis of the difference between the mean score of males and females on their perceived factors affecting the elimination and eradication of female genitals mutilation policy in Ihioma town in Orlu LGA of Imo state

Gender	**N**	**X**	**S.D**	**df**	**Z.Cal**	**Critical value**	**Decision**
Males	764	2.86	1.22	1.758	1.46	±1.96	Accepted
Females	994	2.88	1.24				

Data in Table 2: Z-test calculated value of 1.46 is less than the critical value of ±1.9 at 0.05 alpha significant levels. Hence, the null hypothesis is not rejected.

Table 2 results revealed that the Z-calculated value of 1.32 is less than the critical value of ±1.96 at 0.05 significant levels. Hence the null hypothesis is acceptable

Discussion

The finding of the study showed that the perceived factors affecting the elimination/eradication of female genital mutilation policy in Ihioma, Orlu LGA of Imo State include: Cultural purpose, religious requirement, upgrade of gender inequality, purification of the girls and women, upgrade of their traditional rites of the females. These findings are corresponding with the assertion of Shell-Duncan (2016) who noted that social norms, traditional and belief have influence on the degree to which community members adopt and practice female genital mutilation/cut

The findings of the study further revealed that the perceived factors affecting the elimination/ eradication policy on female genital mutilation such as controlling female sexuality by their husbands, projecting the purity in the girls and women, prevention of social condemnation of the females, projecting cultural pride, removal of mockery from the females. The findings are in line with that of Briggs 2002); Bodunrin (1999) who observed that female genital mutilation has been used by men to control female genital sexuality and ensure cultural pride; cultural obligation, avoidance of social condemnation and reduction of marriage prospects

Hypothesis of the study revealed that there is no significant difference between the mean score of males and females on the perceived factors affecting the elimination/eradication policy on female genital mutilation practice among Ihioma people. Elimination policy on female genital mutilation /cut is all about the intervention programmes which geared about the stopping of female circumcision. United International Children's Emergency Fund(2017) reported overall efforts to accelerate abandonment of female genital mutilation/cut in Nigeria have been a mix of legal, policy behaviour-change, and advocacy intervention

Conclusion

The following conclusions were made based on the findings of the study; despite all
the federal legislation and laws passed by the Federal Government of Nigeria towards the banning of female genital mutilation; cultural purpose, religious requirement, update of gender inequality, purification of the girls and to control female sexuality were the most barriers hindering the elimination and eradication of female genital mutilation in Ihioma community in Orlu local government area in Imo State.

Table 1 revealed that the overall mean score for perceived barriers 5.74 for females which are greater than the criterion mean score shows that the perceived factors hindering the elimination policy of female genital mutilation in Ihioma town in Orlu LGA of Imo state is moderate

Recommendations

Based on the findings; it was recommended that: health workers should embark on mass mobilization programmes, workshops, seminars and health counseling on elimination and eradication of female genital mutilation/cut for Ihioma people

The local, state, and federal government of Nigeria should introduce serious law enforcement agents to deal with any family that practices genital mutilation/cut any longer in Ihioma town in Orlu LGA of Imo State.

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