

## **Mother's educational attainment and age as correlate of their attitude towards female genital mutilation in Delta State, Nigeria: Counselling Implication**

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### **Abstract**

*This study assessed mother's educational attainment and age as correlates of their attitude towards female genital mutilation in Delta State, Nigeria: Counselling implication. The design was the cross-sectional descriptive survey research design. Two questions were raised with their correspondent hypotheses while the population comprised all mothers and female secondary school students in Ika North East Local Government Area (L.G.A) of Delta State, Nigeria. The instrument used for the study was a questionnaire titled "Female Genital Mutilation Attitude Survey Scale" (FGMASS) adopted from Ismail, (2009) and modified by the researchers. The data collected were analysed using Analysis of Variance. The result showed that there was no significant difference in mother's attitude towards Female Genital Mutilation in Ika South Local Government Area of Delta State irrespective of their age differences and their educational attainments. It was, however, recommended that more advocacies be carried out on FGM/C, as it has adverse effect are numerous so that timely assistance be given to clients and awareness be carried out among women both in a religious organization, social bodies, schools and market places.*

Keywords: Mothers, Educational Attainment, Age, Attitude and Female Genital Mutilation.

### **Introduction**

It has been stressed or orchestrated on several occasions that Female genital mutilation/cutting (FGM/C), also called female circumcision is "a harmful practice that constitutes a serious threat to the health of women and girls, including their psychological, sexual and reproductive health, which can increase their vulnerability to HIV and may have adverse obstetric and prenatal outcomes as well as fatal consequences for the mother and the new born; it is also recognised worldwide as a fundamental violation of the human rights of girls and women, reflecting deep-rooted inequalities between the

sexes and constituting an extreme form of discrimination against women (Okeke, Anyaehie & Ezenyeaku. 2012). UNICEF in 2016 estimated that at least 200 million women and girls in 30 countries have been subjected to Female genital mutilation/cutting (FGM/C) or circumcision, with Nigeria among the four countries where two-thirds of all women who have undergone FGM/C live. The other three countries are Egypt, Ethiopia, and Sudan. Most recent estimates show that nearly 70 million girls 14 years old and younger around the world have been cut or may be at risk of being cut, with more than half of these girls living in Egypt, Ethiopia, Indonesia, and Nigeria (Shell-Duncan, Naik & Feldman-Jacobs, 2016).

FGM/C is the practice of partially or totally removing the external genital organs for non-medical reasons. It is a set of procedures classified into four major types according to its precise anatomical extent and ascending level of severity: Type I (clitoridectomy) refers to partial or total removal of the clitoris or its prepuce; type II (excision) is the partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora; type III (infibulation) involves the narrowing of the vaginal opening through the creation of a covering “seal” formed by cutting and repositioning the inner or outer labia, with or without removal of the clitoris. Type IV includes all other harmful procedures to the female genitalia for non-medical purposes (including pricking, piercing, incising, scraping, and cauterization) (OHCHR, UNAIDS, UNDP, UNECA, UNESCO, UNFPA, UNHCHR, UNICEF, UNIFEM & WHO, 2008).

In many Nigerian communities, FGM/C is still been forced upon women and girls by women, primarily mothers and ‘aunties’ (Akosile, 2016). In an expert commentary, FGM/C in Nigeria was labelled as ‘women against women’ (Edukugho, 2015). Despite the optimism that the Child’s Rights Law of 2004 will save over 40 million Nigerian women and girls from the health complications of FGM/C, whether it will be enforced nationally and if offenders will be punished for inflicting bodily harm, psychological trauma, and promoting health hazards among Nigerian women, in the name of circumcision or other traditional and cultural practices harmful to women’s health, remains to be seen (Ifijeh, 2015). In May 2015, a Federal Law was also passed banning FGM/C and other harmful traditional practices (HTPs), but this Violence against Persons Prohibition Act (VAPP) only applies to the Federal Capital Territory (FCT) of Abuja. It is up to each of the 36 states to pass similar legislation in its territory, as only thirteen (13) states already have similar laws in place. However, there is an inconsistency between the passing and enforcement of laws, the improvement of which depends on state and federal police capacity and willingness.

FGM/C is always traumatic (WHO, 2008). Immediate complications can include severe pain, shock, hemorrhage (bleeding), tetanus or sepsis (bacterial infection), urine retention, open sores in the genital region, and injury to nearby genital tissue. Long-term consequences can include recurrent bladder and urinary tract infections, incontinence,

cysts, infertility, an increased risk of newborn deaths and childbirth complications including fistula, and the need for later surgeries. It violates the human rights of girls and women and causes serious and, in some cases, life-threatening health complications. The experience of genital mutilation has also been associated with a range of mental and psychosomatic disorders. For example, girls have reported disturbances in their eating and sleeping habits, and mood, and cognition. As they grow older, women may develop feelings of incompleteness, loss of self-esteem or low self-esteem, depression, chronic anxiety, phobias, panic, or even psychotic disorders. Again, girls who have not been excised may be socially stigmatized, rejected by their communities, and unable to marry locally, which may also cause psychological trauma. The pain or discomfort experienced by these ladies during sexual intercourse can trigger memories of the original practice, while some continue to experience profound emotional and physical pain secondary to coitus which may lead to sexual inhibition and frigidity (Ibekwe, 2004).

Education is an important empowerment tool with a positive intergenerational effect on FGM/C, with mothers with higher levels of education less likely to have their daughters circumcised (National Population Commission Nigeria and ICF International 2014). Improvement in education and the social status of women and increased awareness of complications of FGM/C have been identified as crucial in breaking the cycle of FGM/C, with more education, more informed, and more socially and economically active woman can appreciate and understand the hazards of FGM/C and more likely to refuse to subject their daughters to such a procedure (NPC Nigeria and ICF International 2014). Evidence from Multiple Indicator Cluster Survey (MICS) data supports the role of education, with girls and women with no education substantially more likely to support FGM/C. Among girls and women ages 15 to 49 who had heard of FGM/C, those supporting its continuation, by the level of education were: No education, 28 Percent; Primary education, 25 Percent; and Secondary education, 18 Percent (MICS data Nigeria, 2011).

Researchers in northern Ethiopia found that more women with no education favoured continuance of this practice compared to those with some education be it primary school or higher education (Gebrekirstos, Abebe & Fantahun, 2014). Also, Gajaa, Wakgari, Kebede and Derseh (2016) in a cross-sectional study administered study in western Ethiopia discovered a significant relationship between mother's educational status and their daughter's status as being cut was reported. Similarly, in Burkina Faso it was found that the proportion of cut women with no education was higher than that of cut women with primary and above education. The same study also found that the proportion of women with no education who wish to end FGM/C was smaller than those women with a minimum level of primary education (Chikungu & Madise, 2015).

In Nigeria, the researchers expected that higher education presumably gives greater exposure to information on health and wider social interactions which would lead to a lower likelihood of FGM/C. Incongruously, Nigerian women aged 15 to 49 with 'no

education' are notably less likely to have undergone FGM/C 17.2% than those with a primary-level education with 30.7%, secondary-level education 28.8%, or higher education 29.1%, (Nigeria Demographic and Health Survey 2013:350). However, mothers with 'no education' are more than twice as likely to have their daughters cut before they reach the age of 15 (19.3%) than mothers with higher education (9.3%). 16.3% of women with primary-level education and 14.2% of those with secondary-level education are likely to have their daughters cut before they reach the age of 15 (Nigeria Demographic and Health Survey 2013, p.355). Odujinrin, Akitoye and Oyediran (1989) in a study randomly selected 181 women at the family planning (FP) clinic of the Department of Community Health, College of Medicine, University of Lagos, from February through September 1984 and found that the more educated women were, the less likely they are willing to circumcise their daughters. Adeyinka, Oladimeji and Aimakhu (2009) in another study of 280 people over 18 years of age in the southwest Igbo Ora community found that women with more education were less likely to practice FGM/C.

Muchene, Mageto and Cheptum (2018) in their study assessed the knowledge and attitude on obstetric effects of female genital mutilation among Maasai women in the Maternity Ward at Loitokitok Sub-County hospital, Kenya. 64 respondents of women ages 14 to 49years admitted to the maternity ward were interviewed on their knowledge of obstetric effects of FGM/C and their attitude towards the practice. With women of ages 14 to 20years = 53.1% (n= 34), 21 to 30years 28.1% (n= 18), 31 to 40years 15.6% (n= 10) and finally 41 to 49years 3.2% (n= 2) of the total respondents respectively. The findings established that majority of the respondents, 81% (n = 51), had a negative attitude towards FGM/C. The study established that the majority of the women felt that FGM/C did not make a woman feel more accepted as a respectable woman or feel happier. Most respondents in this study considered the practice backward, had outlived its usefulness, had no tangible benefits and promoted useless pride in the initiates. This indicated that attitude towards FGM/C was changing, and women are positive about the change of behaviour.

The Nigeria Demographic and Health Survey (2013) also surveyed mothers about the FGM status of their daughters. 15.8% of daughters are reportedly cut before they reach their first birthday, but 83.1% of daughters aged 0 to 14 have not undergone FGM, according to their mothers. The DHS's comparison of the ages at which women (aged 15 to 49) and girls (aged 0 to 14) underwent FGM/C shows that a higher proportion of women than girls have been cut at a young age (DHS 2013, pp.353-3). This suggests that there has been a decline in the practice, as more girls are reaching 15 years of age without having undergone FGM/C. However, Chikhungu and Madise (2015) think that, once FGM/C is criminalised in a country, more infants may be cut as they are unable to report parents or excisors to authorities. 90.2% of young women (aged 15 to 19) who have had FGM/C recall being cut before they were five years old, and only 1.4% recall being cut

after the age of 15. Of older women who have had FGM, those aged 45 to 49, 79.8% say they were cut before the age of five, and 9.2% report being cut after the age of 15 (DHS 2013:352).

### **Rationale for the Study**

FGM/C in Nigeria is perceived by the researchers to represent a symbol for the formation of ethnic identity for girls in the society in which they live, and a reflection of their transition from teenager to womanhood. FGM/C creates a tribal identity especially in a multi-tribal country like Nigeria where different tribes have different reasons and timing for female genital mutilation. Some variables and beliefs which encourage this practice include the presumed protection of the young women from extramarital relationships, uncircumcised vulva been perceived as unclean, to avoid the death of a new-born infant, social influence of circumcision for marriage, and religious reasons and the monetary gains from the practice is also perceived by the researchers to be another factor.

The human rights aspect which sought to address the practice in terms of violation of rights of children and violation of a person's right to health, security, and physical integrity, the right to be free from torture and cruel, inhuman, or degrading treatment, together with the adverse health consequences, has been and remains the dominant arguments against FGM/C in Nigeria. While the debilitating effects of FGM/C in Nigeria are evident and not easily summated without professional help. One, therefore, needs skilled training and psychological treatment to help victims and improve their awareness and decrease FGM/C in Nigeria. Studies exist on FGM/C and mothers educational attainment Gebrekirstos, Abebe and Fantahun, (2014) and mothers age as it correlates FGM/C, Chikhungu and Madise, (2015) but to the knowledge of the researchers, there is however a dearth in the literature relating to the educational attainment of mothers and their age as it relates to their attitudes towards female genital mutilation in Ika South Local Government Area of Delta State, Nigeria a gap this study sought to fill. Counselling psychologists and other experts would therefore find the results of this study a useful guide in assisting their clients who are victims of FGM/C in order to succumb to its effects.

### **Purpose of the Study**

The purpose of the study was to determine if there was a relationship in the educational attainment of mothers and their age as it relates to their attitudes towards female genital mutilation in Ika South Local Government Area of Delta State, Nigeria.

### **Research Questions**

1. Is there any relationship between the educational attainment of mothers and their attitude towards Female Genital Mutilation?

2. Is there any relationship between the age of the mothers and their attitude towards Female Genital Mutilation?

### **Hypotheses**

**Ho<sub>1</sub>:** There is no significant relationship between the educational attainment of mothers and their attitude towards Female Genital Mutilation.

**Ho<sub>2</sub>:** There is no significant relationship between the age of mothers and their attitude towards Female Genital Mutilation.

### **Methodology**

The design of this study was a cross-sectional descriptive survey research design. The design was considered suitable because the researcher intended to compare two groups of a sample of the population i.e. (mother's educational attainment and age) from which the result will be generalized. The population comprised all-female secondary school students and their mothers in Ika North East Local Government Area (L.G.A) of Delta State, Nigeria, and the sample of the mothers was drawn using the stratified random sampling techniques based on location i.e. rural and urban. The researchers then randomly selected fifty (50) respondents from each group until the required sample size of one hundred (100) was attained. The instrument used for the study was a questionnaire titled "Female Genital Mutilation Attitude Survey Scale" (FGMASS) adopted from Ismail, (2009) and modified by the researchers. The questionnaire is divided into two sections: sections A and B. Section A contains the personal data of respondents while Section B had twenty-Four items which aided the researchers in getting the opinion of respondents about the mother's educational attainment and age of mothers towards the practice of female genital mutilation. The research instrument was subjected to both face and content validation a series of amendments made by the experts in the Field of Counselling Psychology and one from Measurement and Evaluation. The Pearson's Product Moment Correlation Coefficient (r) was used to determine the reliability consistency between a set of scores gotten from twenty respondents who were not part of the sample and an r-value of .82 was obtained, indicating that the instrument was highly consistent and reliable and Analysis of Variance was used in testing both hypotheses raised.

### **Results**

**Hypothesis 1:** There is no significant relationship between the educational attainment of mothers and their attitude towards Female Genital Mutilation.

**Table 1:**

**ANOVA showing differences between ages of mothers and their attitude towards female genital mutilation.**

Sources of variance	Sum of square	d.f	Mean square	F. value	p. value
Between	63.049	2	31.125	3.13	2.21
Within	38113.228	197	100.563		
Total	38176.278	199			

$\alpha=0.05$

Table 1 shows a calculated F-value of 3.13, a p-value of 2.21. Since the p-value of 2.21 is greater than the alpha level of .05. The null hypothesis which states a no significant difference in the different ages of mothers is therefore accepted, this means that there is no significant difference between the different ages of mothers and their attitude towards female genital mutilation in Ika South Local Government Area of Delta State, Nigeria.

**Hypothesis 2:** There is no significant difference in the educational attainment of mothers and their attitude towards female genital mutilation.

**Table 2:**

**ANOVA showing difference in the educational attainment of mothers and their attitude towards female genital mutilation**

Sources of variance	Sum of square	d.f	Mean square	F. value	P-value
Between	143.02	2	71.15		
Within	8552.20	197	13.64	5.24	3.00
Total	8692.22	199	85.15		

$\alpha=0.05$

Table 2: shows a calculated F-value of 5.24, a p-value of 3.00. Since the p-value of 3.00 is greater than the alpha level of .05. Therefore the null hypothesis which states a no significant difference in the educational attainment of mothers and their attitude towards female genital mutilation is accepted, this means that there is no significant difference in the educational attainment of mothers and their attitude towards female genital mutilation in Ika South Local Government Area of Delta State, Nigeria.

## Discussion of Result

The results of the study revealed that there is no significant difference between the attitude of mothers toward female genital mutilation either by age or their educational attainment, and this was contrary to the researchers' assumptions that FGM/C was more likely to occur among older and lesser-educated women whose community ties and traditions believe were stronger and social norms had more influence. The finding lends credence to the study of Muchene, Mageto and Cheptum (2018) on the knowledge and attitude on obstetric effects of female genital mutilation among Maasai women in the Maternity Ward at Loitokitok Sub-County hospital, Kenya which established that majority of the respondents, 81% (n = 51), had a negative attitude towards FGM/C. From this present study, it was established that irrespective of age majority of the women felt that FGM/C do not make them feel more acceptable or happier and as such is considers the practice backward which had no tangible benefits. The researchers believe that this may be connected with the recent upsurge in the campaigns about FGM/C against women in mass media, likes the use of mobile phones, television and internet exposures and increase in the number of women traveling to urban areas from the rural places, as their presumed interaction might be the bases for their level of exposure about FGM/C.

The study also found that there was no significant difference in the educational attainment of mothers and their attitude towards female genital mutilation. This finding is in aberrance to the studies of Gebrekirstos, Abebe and Fantahun (2014) which discovered that women with no education favoured continuance of this practice compared to those with some education be it primary school or higher education. Gajaa, Wakgari, Kebede and Derseh (2016) discovered a significant relationship between mother's educational status and their daughter's status as being cut was reported. Chikungu and Madise (2015), found that the proportion of cut women with no education was higher than that of cut women with primary and above education, it was also found that the proportion of women with no education who wish to end FGM/C was smaller than that of women with a minimum level of primary education. Adeyinka, Oladimeji and Aimakhu (2009) found that women with more education were less likely to practice FGM/C. Incongruously, Nigerian women aged 15 to 49 with 'no education' are notably less likely to have undergone FGM/C (17.2%) than those with a primary-level education (30.7%), secondary-level education (28.8%), or higher education (29.1%), (Nigeria Demographic and Health Survey 2013, p.350). The researchers believe that these findings may not be unconnected with the recent increase in awareness and advocacies carried out by professional bodies and Non-Governmental organizations (NGO) on the adverse effect of FGM/C among women.

## Conclusion

From the result of the study, it can be concluded that there was no significant difference between Mothers' age differences or levels of maturity and their educational attainments

on their attitude towards Female Genital Mutilation in Ika South Local Government Area of Delta State.

## Recommendations

Counsellors should regularly assist clients who show symptoms that victims of FGM/C are disposed to since FGM/C is inimical to the achievement of the objectives of education. It was recommended that more advocacies be carried out on FGM/C as its adverse effects are numerous, so timely assistance be given to clients and awareness be carried out among women both in a religious organization, social bodies, schools and market places.

It was finally recommended that further studies be carried out on FGM/C to test its reliability using a larger sample and both sexes to see if the male folks may have a significant influence on the attitudes of the female folks.

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