CHAPTER ONE
INTRODUCTION

Background to the Study

Female Genital Mutilation/Cutting (FGM/C) comprises different practices involving cutting, pricking, removing and sometimes sewing up external female genitalia for non-medical reasons. The practice of FGM/C is highly concentrated in a band of African countries from the Atlantic coast to the Horn of Africa, in areas of the Middle East such as Iraq and Yemen, and in some countries in Asia like Indonesia. Girls exposed to FGM/C are at risk of immediate physical consequences such as severe pain, bleeding, and shock, difficulty in passing urine and feces, and sepsis. Long-term consequences can include chronic pain and infections and formation of Keloid. FGM/C is a deeply entrenched social norm, perpetrated by families for a variety of reasons, but the results are harmful.

FGM/C is a human rights issue that affects girls and women worldwide. The practice is decreasing, due to intensive advocacy activities of international, national, and grassroots agencies. Communities practice FGM/C in the belief that it will ensure a girl's proper marriage, chastity,

beauty or family honor. Some also associate it with religious beliefs, although no religious scriptures require it. The practice is such a powerful social norm that families have their daughters cut even when they are aware of the harm it can cause. If families were to stop practicing on their own, they would risk the marriage prospects of their daughter as well as the family's status.

WHO has broadly classified the types of procedure performed into four categories; clitoridectomy, excision, infibulation and other harmful procedures to the female genitalia for non-medical purposes. For majority of girls a traditional practitioner, usually a woman, performs FGM/C often without any form of anesthesia or analgesia using non-sterile instruments such as scissors, razor blades or broken glass, while in some places the practice has been medicalized to reduce health risks. FGM/C is always traumatic, and may be associated with a series of health risks with short- and long-term consequences. FGM/C is a stark manifestation of gender inequality and discrimination "related to the historical subjugation and suppression on women". By extension, it is hypothesized th5at changing beliefs about women's rights is a key to its abandonment, with the United

Nations General Assembly (2012), the UN Commission on the Status of Women (2010), the African Union and the European Union (2011-2012) and national governments calling for intensified global efforts to support the abandonment/elimination of FGM/C. In September 2015, the Sustainable Development Goals were created, FGM/C elimination was included under Goal 5, to eliminate harmful practices, including child early and forced marriage and FGM/C

In Nigeria FGM/C, may be carried out during infancy, childhood or during adolescence as a ‘rite of passage' to adulthood. it may also be carried out prior to a woman’s marriage, during her first pregnancy or at death. FGM/C is reported to be practiced among all social classes in the country and it’s important to note that the practice cut across various religious groups including Christians, Muslims and African traditional worshippers.

In 1994 Nigeria joined other members of the united nations in making resolutions to eliminate FGM/C and steps have been taken to achieve this some of these include; the establishment of multi-sectorial working group on harmful traditional practices (HTPs) carrying out studies and national survey

on HTPs , the launch of regional plan of action and the formation of a national policy and plan of action.

According to a united nation report on traditional practices affecting the health of women and children, some states in Nigeria has enacted laws banning its practice. Of 36 states and the federal capital territory, 8 states were said to have enacted laws prohibiting FGM/C. These states are Abia, Bayelsa, Cross-river, Delta, Edo, Ogun, Osun and Rivers state. Many reasons have been documented for the continued practice of FGM/C in Nigeria, they are mainly socio-cultural and vary from one community to another. They include; the preservation of virginity or prevention of female premarital sex, the prevention of promiscuity, spiritual satisfaction, social acceptance, family honor, cleanliness or hygiene, aesthetic reasons, increased sexual pleasure for the husband, enhancing fertility, and increasing marriageability.

A local myth among the Ibo's in the south east region of Nigeria is that if the baby's head touches the clitoris, the baby will die or the breast milk will be poisonous. The efforts to end FGM/C is global and slowly

making progress, but the rates of abandonment are not high enough, and change is not happening as rapidly as necessary.

Statement of the Problem

The practice of female genital mutilation is widespread in Nigeria. The age at which it is carried out and the type practiced varies from one geographical region and cultural setting to another, despite efforts by WHO and other agencies to discourage the practice.

The Ehor community in Uhunmwode Local Government Area of Edo State for instance, take female genital mutilation as a prevention of promiscuity and still birth. FGM in this community is conducted when a girl child is about one year old.

This study is based on the knowledge and practice of the effect of female genital mutilation in Ehor community in Uhunmwode Local Government Area of Edo state. The aim is to find out if they still favour female genital mutilation at this present dispensation and also to find remedy to this unlawful traditional practice.

Research Question

1. Do residents of Ehor community have adequate knowledge of the implications of female genital mutilation?
2. What is the perception of residents of Ehor community on the effect of female genital mutilation?
3. What is the level of practice of female genital mutilation among residents of Ehor community?
4. What are the factors that promote the practice of female genital mutilation among residents of Ehor community?

Purpose of the Study

The main purpose of the study is to access the knowledge and perception of residents of Ehor Community on the effect of female genital mutilation.

1. Find out whether residents of Ehor community have adequate knowledge of the implications of female genital mutilation.
2. To find out the perception of residents of Ehor community on the effect of female genital mutilation.

3. To determine the level of practice of female genital mutilation among residents of Ehor community.
4. To find out the factors that promote the practice of female genital mutilation among residents of Ehor community.

Significance of the Study

The findings of the study will be of benefit to community members, especially the females. It will help to enlighten them on the dangers and complications of female genital mutilation.

It would be beneficial to health practitioners in enlightening them on the knowledge and perception of residents of Ehor community on the effect of FGM. This study will increase the existing literature in Health Education as a discipline.

Scope/ Delimitations of the Study

This research is restricted to the knowledge and perception of residents of Ehor community on the effect of Female Genital Mutilation, and how their perceptions can be influence positively in other to curb the problem of Female Genital Mutilation/cutting.

Geographically, the sample is drawn randomly from targeted population of Ehor community in Uhunmwode Local Government Area of Edo state.

Definition of Terms

FGM/C: This is known as Female Genital Mutilation or Female genital cutting, it is the term used to refer to the removal of part or all the female external genitalia.

Clitoridectomy: The excision of the clitoral hood with or without the removal of the clitoris.

Excision: Removal of the clitoral hood and clitoris together with part or all the Labia minora (inner lip)

Infibulation: Removal of part or all external genitalia (clitoris, labia minora and labia with or without stitching of the raw edges together leaving a small hole for urine and menstrual flow.

Defibulation: Opening of the covering seal, is often necessary prior to childbirth.

Reinfibulation: Refers to the recreation of an infibulation after defibulation.

CHAPTER TWO

REVIEW OF RELATED LITERATURE

This chapter will cover the following sub- heading:

- Concept of Female Genital Mutilation
- Overview of Female Genital Mutilation in Nigeria
- Classification/Types of Female Genital Mutilation
- Methods of Carrying Out Female Genital Mutilation
- Health Consequences/Complications of Female Genital Mutilation
- Female Genital Mutilation and Woman's Right
- Reasons to Justify Female Genital Mutilation
- Current Situation of Female Genital Mutilation in Nigeria
- Effort to Eliminate Female Genital Mutilation in Nigeria
- Misconception and Myth of Female Genital Mutilation
- Summary of Literature Reviewed

Concept of Female Genital Mutilation

Female genital mutilation (FGM) is defined by the World Health Organization (WHO) as all procedures which involve partial or total removal of the external female genitalia and/or injury to the female genital

organs, whether for cultural or any other non-therapeutic reasons. FGM is an unhealthy traditional practice inflicted on girls and women worldwide. FGM is widely recognized as a violation of human rights, which is deeply rooted in cultural beliefs and perceptions over decades and generations with no easy task for change. Typically carried out by a traditional circumciser using a blade, FGM is conducted from days after birth to puberty and beyond, most girls are cut before the age of five. Procedures differ according to the country or ethnic group.

They include removal of the clitoral hood; and clitoral glans; removal of the inner labia; and removal of the inner and outer labia and closure of the vulva. In this last procedure, known as infibulation, a small hole is left for the passage of urine and menstrual fluid; the vagina is opened for intercourse and opened further for childbirth.

The practice is rooted in gender inequality, attempts to control women's sexuality, and ideas about purity, modesty and beauty. It is usually initiated and carried out by women, who see it as a source of honour and fear that failing to have their daughters and granddaughters cut will expose the girls to social exclusion. Adverse health effects depend on the

type of procedure; they can include recurrent infections, difficulty urinating and passing menstrual flow, chronic pain, the development of cysts, an inability to get pregnant, complications during childbirth, and fatal bleeding. There are no known health benefits.

Overview of Female Genital Mutilation in Nigeria

Nigeria, due to its large population, has the highest absolute number of female genital mutilation (FGM) worldwide, accounting for about one-quarter of the estimated 115–130 million circumcised women in the world. The national prevalence rate of FGM is 41% among adult women. Evidence abound that the prevalence of FGM is declining. The ongoing drive to eradicate FGM is tackled by World Health Organization, United Nations International Children Emergency Fund, Federation of International Obstetrics and Gynecology (FIGO), African Union, The economic commission for Africa, and many women organizations. However, there is no federal law banning FGM in Nigeria. There is need to eradicate FGM in Nigeria. Education of the general public at all levels with emphasis on the dangers and undesirability of FGM is paramount.

Though FGM is practiced in more than 28 countries in Africa and a few scattered communities worldwide, its burden is seen in Nigeria, Egypt, Mali, Eritrea, Sudan, Central African Republic, and northern part of Ghana where it has been an old traditional and cultural practice of various ethnic groups. The highest prevalence rates are found in Somalia and Djibouti where FGM is virtually universal. In Nigeria, FGM has the highest prevalence in the south-south (77%) (Among adult women), followed by the south east (68%) and south west (65%), but practiced on a smaller scale in the north, paradoxically tending to in a more extreme form. Nigeria has a population of 150 million people with the women population forming 52%. The national prevalence rate of FGM is 41% among adult women. Prevalence rates progressively decline in the young age groups and 37% of circumcised women do not want FGM to continue. 61% of women who do not want FGM said it was a bad harmful tradition and 22% said it was against religion. Other reasons cited were medical complications (22%), painful personal experience (10%), and the view that FGM is against the dignity of women (10%). However, there is still considerable support for the

practice in areas where it is deeply rooted in local tradition. The aim of this review was to ascertain the current status of FGM in Nigeria.

Types of Female Genital Mutilation

Type 1 – Clitoridectomy: partial or total removal of the clitoris (a small, sensitive and erectile part of the female genitals) and/or in very rare cases only, the prepuce (the fold of skin surrounding the clitoris). When it is important to distinguish between the major variations of Type I FGM, the following subdivisions are used:

- Type Ia: Removal of the prepuce/clitoral hood only.
- Type Ib: Removal of the clitoral glans with the prepuce/clitoral hood.

Type 2 – Excision: Partial or total removal of the clitoral glans and the labia minora (the inner folds of the vulva), with or without removal of the labia majora (the outer folds of skin of the vulva). When it is important to distinguish between the major variations of Type II FGM, the following subdivisions are used:

- Type IIa: Removal of the labia minora only.

- Type IIb: Partial or total removal of the clitoral glans and the labia minora (prepuce/clitoral hood may be affected).

- Type IIc: Partial or total removal of the clitoral glans, the labia minora and the labia majora (prepuce/clitoral hood may be affected).

- Type 3 – Infibulation: narrowing of the vaginal opening through the creation of a covering seal. The seal is formed by cutting and repositioning the inner, or outer, labia, with or without removal of the clitoral prepuce/clitoral hood and glans (Type 1FGM). When it is important to distinguish between variations of Type III FGM, the following subdivisions are used:

- Type IIIa: Removal and repositioning of the labia minora.

- Type IIIb**:** Removal and repositioning of the labia majora.

Type 4 – Other: all other harmful procedures to the female genitalia for non-medical purposes, e.g. pricking, piercing, incising, scraping and cauterizing the genital area.

Method of Carrying out Female Genital Mutilation

FGM is carried out with special knives, scissors, scalpels, pieces of glass or razor blades. Anaesthetic and antiseptics are generally not used unless the procedure is carried out by medical practitioner. FGM is often performed by traditional circumcisers or cutters who do not have any medical training. But in some countries, it may be done by a medical professional. Some health care providers perform FGM (medicalization), but WHO is opposed to all forms of FGM and strongly urges health care providers to not carry out FGM even when their patient or their patient's family requests it.

Health Consequences /Complications of Female Genital Mutilation

FGM has no health benefits, and it harms girls and women in many ways. The practice involves removing and injuring healthy and normal female genital tissue, interfering with the natural functions of girls' and women's bodies. It can lead to immediate health risks, as well as a variety of long-term complications affecting women's physical, mental and sexual health and well-being throughout the life-course.

All forms of FGM are associated with increased health risk in the short- and long-term. FGM is a harmful practice and is unacceptable from a human right as well as a public health perspective, regardless of who performs it. Some health care

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Short-Term Health Risks of FGM

- Severe pain: Cutting the nerve ends and sensitive genital tissue causes extreme pain. The healing period is also painful.
- Excessive bleeding (haemorrhage): Can result if the clitoral artery or other blood vessel is cut.
- Shock: Can be caused by pain, infection and/or haemorrhage.
- Genital tissue swelling: Due to inflammatory response or local infection.
- Infections: May spread after the use of contaminated instruments (e.g. use of same instruments in multiple genital mutilation operations), and during the healing period.
- Human immunodeficiency virus (HIV): The direct association between FGM and HIV remains unconfirmed, although the cutting of genital tissues with the same surgical instrument without sterilization could increase the risk for transmission of HIV between girls who undergo female genital mutilation together.

- Urination problems: These may include urinary retention and pain passing urine. This may be due to tissue swelling, pain or injury to the urethra.
- Impaired wound healing: Can lead to pain, infections and abnormal scarring.
- Death: Death can result from infections, including tetanus, as well as haemorrhage that can lead to shock.
- Mental health problems: The pain, shock and the use of physical force during the event, as well as a sense of betrayal when family members condone and/or organize the practice, are reasons why many women describe FGM as a traumatic event.

Long-Term Health Risks of FGM (occurring at any time during life)

- Pain: Due to tissue damage and scarring that may result in trapped or unprotected nerve endings.
- Infections:

1. Chronic genital infections: With consequent chronic pain, and vaginal discharge and itching. Cysts, abscesses and genital ulcers may also appear.
2. Chronic reproductive tract infections: May cause chronic back and pelvic pain.
3. Urinary tract infections: If not treated, such infections can ascend to the kidneys, potentially resulting in renal failure, septicemia and death. An increased risk of repeated urinary tract infections is well documented in both girls and adult women who have undergone FGM.

- Painful urination: Due to obstruction of the urethra and recurrent urinary tract infections.
- Vaginal problems: Discharge, itching, bacterial vaginosis and other infections.
- Menstrual problems: Obstruction of the vaginal opening may lead to painful menstruation (dysmenorrhea), irregular menses and difficulty in passing menstrual blood, particularly among women with Type III FGM.
- Excessive scar tissue (keloids): Excessive scar tissue can form at the site of the cutting.

- HIV (Human immunodeficiency virus): Given that the transmission of HIV is facilitated through trauma of the vaginal epithelium which allows the direct introduction of the virus, it is reasonable to presume that the risk of HIV transmission may be increased due to increased risk of bleeding during intercourse, as a result of FGM.
- Sexual health problems: FGM damages anatomic structures that are directly involved in female sexual function, and can therefore also have an effect on women's sexual health and well-being. Removal of, or damage to, highly sensitive genital tissue, especially the clitoris, may affect sexual sensitivity and lead to sexual problems, such as decreased sexual desire and pleasure, pain during sex, difficulty during penetration, decreased lubrication during intercourse, and reduced frequency or absence of orgasm (anorgasmia). Scar formation, pain and traumatic memories associated with the procedure can also lead to such problems.
- Childbirth complications (obstetric complications): FGM is associated with an increased risk of caesarean section, postpartum haemorrhage, recourse to episiotomy, difficult labour, obstetric tears/lacerations,

instrumental delivery, prolonged labour, and extended maternal hospital stay. The risks increase with the severity of FGM.

- Obstetric fistula: A direct association between FGM and obstetric fistula has not been established. However, given the causal relationship between prolonged and obstructed labour and fistula, and the fact that FGM is also associated with prolonged and obstructed labour, it is reasonable to presume that both conditions could be linked in women living with FGM.
- Perinatal risks: Obstetric complications can result in a higher incidence of infant resuscitation at delivery and intrapartum stillbirth and neonatal death.
- Mental health problems: Studies have shown that girls and women who have undergone FGM are more likely to experience post-traumatic stress disorder (PTSD), anxiety disorders, depression and somatic (physical) complaints (e.g. aches and pains) with no organic cause.

Even though FGM may be normative and considered to be of cultural significance in some settings, the practice is always a violation of human

rights, with the risk of causing trauma and leading to problems related to girls' and women's mental health and well-being.

Female Genital Mutilation and Women's Rights

FGM is recognized worldwide as a fundamental violation of the human rights of girls and women. It reflects deep-rooted inequality between the sexes and constitutes an extreme form of discrimination against women. It involves violation of rights of the 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, and the right to life when the procedure results in death. Furthermore, girls usually undergo the practice without their informed consent, depriving them of the opportunity to make independent decision about their bodies.

Reasons to Justify Female Genital Mutilation

The respondents gave reasons for FGM. They regarded FGM as a tribal traditional practice (our custom is a good tradition and has to be protected), as a superstitious belief practiced for preservation of chastity and purification, family honor, hygiene, esthetic reasons, protection of virginity

and prevention of promiscuity, modification of socio sexual attitudes (countering failure of a woman to attain orgasm), increasing sexual pleasure of husband, enhancing fertility and increasing matrimonial opportunities. Other reasons are to prevent mother and child from dying during childbirth and for legal reasons (one cannot inherit property if not circumcised). In some parts of Nigeria, the cut edges of the external genitalia are smeared with secretions from a snail footpad with the belief that the snail being a slow animal would influence the circumcised girl to "go slow" with sexual activities in future. However, FGM is often routinely performed as an integral part of social conformity and in line with community identity.

Current Situation of Female Genital Mutilation in Nigeria

FGM is widespread in Nigeria. Some sociocultural determinants have been identified as supporting this avoidable practice. FGM is still deeply entrenched in the Nigerian society where critical decision makers are grandmothers, mothers, women, opinion leaders, men and age groups. FGM is an extreme example of discrimination based on sex. Often used as a way to control women's sexuality, the practice is closely associated with girls' marriageability. Mothers choose to subject their daughters to the practice to

protect them from being ostracized, beaten, shunned, or disgraced. FGM was traditionally the specialization of traditional leaders' traditional birth attendants or members of the community known for the trade. There is, however, the phenomenon of "medicalization" which has introduced modern health practitioners and community health workers into the trade. The WHO is strongly against this medicalization and has advised that neither FGM must be institutionalized nor should any form of FGM be performed by any health professional in any setting, including hospitals or in the home setting**.**

Efforts to eliminate Female genital mutilation in Nigeria

It is true that tradition and culture are important aspects of any society in helping to mold the views and behavioral patterns of the society; some traditions and cultural beliefs and practices like FGM are harmful and must be abolished. A multidisciplinary approach is needed to tackle this deep-rooted legendary practice of FGM. There is a need for legislation in Nigeria with health education and female emancipation in the society. The process of social change in the community with a collective, coordinated agreement to abandon the practice "community-led action" is therefore essential. With improvement in education and social status of women and increased

awareness of complications of FGM, most women who underwent FGM disapprove of the practice and only very few are prepared to subject their daughters to such harmful procedures. 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.

In 1994, Nigeria joined other members of the 47th World Health Assembly to resolve to eliminate FGM. Steps taken so far to achieve this include establishment of a multi sectorial technical working group on harmful traditional practices (HTPs), conduct of various studies and national surveys on HTPs, launching of a regional plan of action, and formulation of a national policy and plan of action, which was approved by the Federal Executive Council for the elimination of FGM in Nigeria.

In Nigeria, FGM is being tackled by WHO, United Nations International Children Emergency Fund (UNICEF), Federation of International Obstetrics and Gynecology (FIGO), African Union, the Economic Commission for Africa (ECA), and many women organizations.

Intensification of education of the general public at all levels has been done with emphasis on the dangers and undesirability of FGM. In 1995, Platform of Action adopted by the Beijing conference called for the eradication of FGM through the enactment and enforcement of legislation against its perpetrator. However, there is no federal law prohibiting the practice of FGM in Nigeria. This is the main reason for the slow progress on declining the prevalence of FGM. Despite the increased international and little national attention, the prevalence of FGM overall has declined very little. The prevalence depends on the level of education and the geographic location.

At the grassroots, efforts should be taken to join in the crusade to say "NO" to FGM anywhere it is practiced among our people. It is crude, dangerous, wicked and unhealthy. FGM is not required by any religion and there is no scientific evidence that women who have been mutilated are more faithful or better wives than those who have not undergone the procedure. It is very clear that there is no single benefit derived from FGM.

- Join the crusade to say “NO” to save the future generations of women.
- Enquire about the practice in your locality and give clear information and education to other people on the health effects of FGM.
- Work with other people to stop the practice in your area. Contact health or other influential authorities in your area to notify them about the problem.
- Discuss with your law makers or local representatives on making laws against FGM.

Support families and communities in their efforts to abandon the practice and to improve care for those who have undergone FGM.

Misconception and myths of female genital mutilation

Myth 1: FGM is a Religious Tradition

Many people believe that FGM is a religious tradition and some of them don't even ask if it is one, but they just assume it.

But FGM is NOT a religious tradition, there are no religious books prescribing the practice. FGM goes back to Pharaonic heritage and African tribal rituals. Female genital mutilation is practiced among different religions and cultures.

Myth 2: FGM Only Happens in Africa

Most people think that FGM is happening in African countries. But that's a misconception, FGM is happening all over the world. In Europe alone it's estimated that about one million women and girls are affected by FGM.

Although FGM is banned in most European countries and the US there are still only a few successful lawsuits.

Myth 3: FGM Is only Performed on Adult Women

While many FGM supporters state that only teenage and adult women "decide" to undergo the practice, statistics show that the majority of girls who underwent FGM were under five years old.

Myth 4: FGM is Connected to Health

Practitioners claim, that FGM has health benefits. This myth is more than just wrong. FGM does not only not support health, but quite the contrary: most women who undergo FGM suffer for a life-time.

The belief that female genital mutilation benefits a woman's health stems from the belief that the female genitals are "dirty" and in order to become a full, clean woman, girls must be cut.

Myth 5: FGM is not that Common Anymore

The reality is that FGM is happening all over the world. It could be happening to your Neighbour or a girl from your school. In November 2017 the UN stated that the number of victims has risen to 250 million girls and women.

FGM is common more than ever and together we have to stop this crime against humanity.

Summary of Literature Reviewed

This study reviewed the conceptual frame work and literatures that are related to the study, such as; Concept of female genital mutilation, Classification/types of female genital mutilation, Methods of carrying out female genital mutilation, Health consequences/complications of female genital mutilation, Female genital mutilation and woman's right, Reasons to justify female genital mutilation, Overview of female genital mutilation in Nigeria, Current situation of female genital mutilation in Nigeria, Effort to

eliminate female genital mutilation in Nigeria, Misconception and myth of female genital mutilation.

Female genital mutilation is defined by World Health Organization (WHO) as all procedures which involve partial or total removal of the external female genitalia and/or injury to the female genital organs, whether for cultural or any other non-therapeutic reasons. Female genital mutilation is classified into three types, which are; Type 1 (Clitoridectomy): this involves the partial or total removal of the clitoris, Type 2 (Excision): this is the Partial or total removal of the clitoral glans and the labia minora (the inner folds of the vulva), with or without removal of the labia majora (the outer folds of skin of the vulva), Type 3 (Infibulation): narrowing of the vaginal opening through the creation of a covering seal, Type 4 involves all other harmful procedures to the female genitalia for non-medical purposes, e.g. pricking, piercing, incising, scraping and cauterizing the genital area.

Female genital mutilation is done using any sharp objects like knives, broken bottles, razor blades, scissors etc. Female genital mutilation can lead to adverse effects such as infections, painful urination, shock, mental

problem, excessive bleeding and even death. Female genital mutilation is barbaric and in human, it violates the right of women and girls. However, it is believed in some cultures that FGM helps to prevent a girl child from being promiscuous in future, and also prevent mother and child from dying during child birth. Nigeria, due to its large population, has the highest absolute number of female genital mutilation (FGM) worldwide, accounting for about one-quarter of the estimated 115–130 million circumcised women in the world.

In Nigeria, FGM is being tackled by WHO, United Nations International Children Emergency Fund (UNICEF), Federation of International Obstetrics and Gynecology (FIGO), African Union, the Economic Commission for Africa (ECA), and many women organizations. Intensification of education of the general public at all levels has been done with emphasis on the dangers and undesirability of FGM. In the world today there exist some myth and misconception about FGM; most people think that FGM is happening in only African countries, many people believe that FGM is a religious tradition, some practitioners claim that FGM has health benefits.

CHAPTER THREE
METHOD OF THE STUDY

This chapter describes the research method used in this study, and are discussed under the following sub-headings:

- Research Design
- Population of the Study
- Sample/Sampling Techniques
- Research Instrument
- Validity of the Instrument
- Reliability of the Instrument
- Administration of the Instrument
- Method of data Analysis

Research Design

This research was to examine the level of mutilation cases in Uhunmwode Local Government Area of Edo State, Nigeria. The descriptive survey research design was adopted for this study.

Population of Study

The population of the study comprise six thousand four hundred and forty-four (6,444) women in Ehor community in Uhunmwode Local Government Area of Edo State.

Sampling /Sampling Technique

The sample for this study consisted of one hundred and twenty-nine women (129) which is 2 percentage of the total population size and it was randomly selected from the total population of women in Ehor community of Uhunmwode Local Government Area of Edo state.

Research Instrument

The instrument for the study was a self-developed questionnaire, comprising of two sections, section A covered demographic background of the respondents, while section B consisted of items related to the research questions.

Validity of the Instrument

The content validity of the instrument was established after an intensive screening by the supervisor and two experts from the department of Health, Safety and Environmental Education, University of Benin. Their input and correction in terms of clarity and appropriateness of language was used to develop the final draft.

Reliability of the Instrument

In order to determine the reliability of the instrument, it was administered to 40 respondents who were part of the population but were excluded from the study sample. The data collected was analysed using Cronbach alpha and it yielded a reliability coefficient of .77

Administration of the Instrument

The researcher personally administered the instrument to the respondent. The questionnaire completed by the respondents was retrieved personally by the researcher.

Method of Data Analysis

The method that was employed in the analysis of the data collected for the study was simple percentage, mean and standard deviation.

CHAPTER FOUR

PRESENTATION OF RESULTS AND DISCUSSION OF FINDINGS

This chapter deals with data analysis and the discussion of the findings. The results of the analysis are presented according to the order of the research questions that guided the study. The research questions were answered for proper inferences and presented under the following sub-headings:

- Data Analysis for Demographic Information
- Data Analysis for Answering the Research Questions
- Discussion of Findings

Data Analysis for Demographic Information

The data analysis for the demographic information was carried out using simple percentage. The results are presented in Tables below.

Table: 1

Gender	Frequency	Percentage
Male	0	0%
Female	129	100%
Total	129	100%

Gender of Respondents*:* The results in Table 1 shows that 20.2% of the respondents were male while 79.8% were female. This implied that majority of the' respondents sampled for the study were female.

Table 2: Shows the Age Distribution of Respondents

Age Distribution	FREQUENCY	PERCENTAGE
18-22 years	13	10.1%
23-27 years	26	20.2%
28-32 years	39	30.2%
33 and above	51	39.5%
Total	129	100%

Age Distribution: The age distribution indicated that majority of the sampled respondent's age (51, 39.5%) falls between 33 years and above. This was followed by respondents in the age group of 28-32 years which were (39, 30.2%) and 23-27 which were (26, 20.2%). while respondent age that falls within 18-22 years were (13, 10.1%).

Table 3: Shows the Educational Qualification of Respondents

Educational Qualification	Frequency	Percentage
None	6	4.7%
A Level	32	24.8%
SSCE	46	35.7%
OND	12	9.3%
B. Sc	21	16.3%
Others	12	9.3%
Total	129	100%

Educational Qualification: The level of educational qualification of the respondent indicated that majority of the respondents have SSCE 46 (35.7%). Those with OND were 12 (9.3%). Those with A LEVEL were 32 (24.8%). Those with B. Sc. were 21 (16.3%). Those with other qualification were 12 (9.3%). While those with no qualification were 6 (4.7%).

SECTION B

Research Question 1: Do residents of Ehor community have adequate knowledge of the implication of female genital mutilation?

Table 4: Showing the Response of Respondents to Research Question One

s/no	ITEMS	N	MEAN	SD	REMARK
1	FGM affect the health of women and girls	129	3.02	.992	Agree
2	Do you think FGM is against the law	129	2.89	.946	Agree
3	The practice of FGM should continue	129	1.98	.992	Disagree
4	FGM violate the right of women and girls	129	3.12	.932	Agree
	Grand Mean		**2.7525**	**.9655**	**Agree**

Significant Score > 2.50

In table 4 above, the researcher presents the responses by the respondents to questionnaire item 1 to 4 in relation to first research question which sought to find out if the residents of Ehor community have adequate knowledge of the implication of female genital mutilation. In response to

research question one, table 4 shows that the respondents agreed with items 1, 2 and 4 which has a mean ration of 3.02, 2.89 and 3.12, which is above the criteria mean of 2.50, and agreed with items 3 which has a mean ration of 1.98, which is below the criteria mean of 2.50. Also, the grand mean has a mean score of 2.7525 which is denoted as agreed, indicated that FGM affect the health of women and girls, they think FGM is against the law, the practice of FGM should not continue and FGM violate the right of women and girls.

Research Question 2: What Is the Perception of The Resident of Ehor Community on The Effect Of FGM?

Table 5: Showing the Response of Respondents to Research Question Two

	ITEM	N	MEAN	SD	REMARK
5	There is a link between FGM and the risk of having HIV	129	2.06	.925	Disagree
6	FGM causes urination and sexual problem	129	2.89	.946	Agree
7	FGM causes mental health problems	129	3.02	.921	Agree
8	FGM can lead to death	129	3.30	1.196	Agree
	Grand Mean		**2.8175**	**0.997**	**Agree**

Significant Score > 2.50

In table 5 above, the researcher presents the responses by the respondents to questionnaire item 5 to 8 in relation to second research question which sought to find the perception of the resident of Ehor community on the effect of FGM. In response to research question two, table 7 shows that the respondents agreed with items 6, 7 and 8 which has a mean ratio of 2.89, 3.02 and 3.30, and disagreed with item 5 which has a mean ratio of 2.06. Also, the grand mean has a mean score of 2.8175 which is denoted as agreed, indicated that there is no link between FGM and the risk of having HIV, FGM causes urination and sexual problem, FGM causes mental health problems and FGM can lead to death.

Research Question 3: What Is the Level of Practice of FGM Among Residents of Ehor?

Table 6: Showing the Response of Residents to Research Question Three

	ITEM	N	MEAN	SD	REMARK
9	FGM is carried out on every new born girl child	129	1.70	1.196	Disagree
10	FGM is a requirement for marriage	129	2.06	.925	Disagree
11	Uncircumcised women cannot manage her marriage	129	2.05	.900	Disagree
	Grand Mean		**1.9367**	**1.007**	**Disagree**

Significant Score > 2.50

In table 6 above, the researcher presents the responses by the respondents to questionnaire item 9 to 11 in relation to third research question which sought to find the level of practice of FGM among resident of Ehor. In response to research question three, table 6 shows that the respondents disagreed with items 9, 10 and 11 which has a mean ration of 1.70, 2.06 and 2.05. Also, the grand mean has a mean score of 1.9367which is denoted as disagreed. With these results, the above mean score shows that FGM is not carried out on every new born girl child, FGM is not a requirement for marriage and uncircumcised women can manage her marriage.

Research Question 4: What Are the Factors That Promote the Practice of FGM Among Residents of Ehor

Table 7: Showing the Response of Residents to Research Question Four

	ITEM	N	MEAN	SD	REMARK
12	Culture one of the factors that promote the practice of FGM in Ehor Community	129	3.29	.905	Agree
13	The practice of FGM is rooted in gender inequity	129	3.20	.939	Agree
14	FGM is an integral part of social conformity and in line with community Identity	129	3.02	.992	Agree

15	Religion and one's perspective is a factor that promote the practice of FGM	129	2.89	.946	Agree
	Grand Mean		**3.1**	**1.018**	**Agree**

Significant Score > 2.50

In table 7 above, the researcher presents the responses by the respondents to questionnaire item 12 to 15 in relation to fourth research question which sought to find the factors that promote the practice of FGM among resident of Ehor. In response to research question four, table 7 shows that the respondents agree with items 12, 13, 14 and 15 which has a mean ration of 3.29, 3.20, 3.02 and 2.89 which is above the criteria mean of 2.50. Also the grand mean has a mean score of 3.1 which is denoted as agreed, indicated that culture one of the factors that promote the practice of FGM in Ehor Community, the practice of FGM is rooted in gender inequity, FGM is an integral part of social conformity and in line with community Identity, religion and one's perspective is a factor that promote the practice of FGM.

Discussion of Findings

From the data collated and analyzed the following are the findings:

In table 4, it is seen that the respondents agreed that residents of Ehor community have adequate knowledge of the implication of female genital

mutilation, and this is based on the responses from the sampled population which agreed that FGM affect the health of women and girls. The respondents in the sample agreed that they think FGM is against the law. It is also seen that respondents disagreed that the practice of FGM should continue. Majority of the sampled respondents agreed that FGM violate the right of women and girls.

In table 5, it is seen that the respondents agreed to the perception of the resident of Ehor community on the effect of FGM. It is clearly seen that majority of the sampled respondents disagreed that There is a link between FGM and the risk of having HIV. Majority of the sampled respondents agreed that FGM causes urination and sexual problem. From the finding it also seen that majority of the sampled respondents agreed that FGM causes mental health problems. Majority of the sampled respondents agreed that FGM can lead to death.

In table 6, it is seen that the respondents disagreed to the level of practice of FGM among resident of Ehor. It was seen that majority of the sampled respondents disagreed that FGM is carried out on every new born

girl child. It is seen that majority of the sampled respondents disagreed that FGM is a requirement for marriage. It was also disagreed on by the respondents that f Uncircumcised women cannot manage her marriage.

In table 7, it is seen that the respondents agreed to the factors that promote the practice of FGM among resident of Ehor. It was seen that that majority of the sampled respondents agreed that Culture one of the factors that promote the practice of FGM in Ehor Community, it was seen that majority of the sampled respondents agreed that The practice of FGM is rooted in gender inequity, it was seen that majority of the sampled respondents agreed that FGM is an integral part of social conformity and in line with community Identity. It was also seen that majority of the sampled respondents agreed that Religion and one's perspective is a factor that promote the practice of FGM.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

Summary

This study was aimed at assessing the knowledge and perception of residents of Ehor Community on the effect of female genital mutilation. This study reviewed works of several authors.

To guide the study, four research questions were raised which are outlined thus:

Do residents of Ehor community have adequate knowledge of the implications of female genital mutilation?

What is the perception of residents of Ehor community on the effect of female genital mutilation?

What is the level of practice of female genital mutilation among residents of Ehor community?

What are the factors that promote the practice of female genital mutilation among residents of Ehor community?

The following findings were gotten;

- Majority of the sampled population agreed that FGM affect the health of women and girls. The respondents in the sample agreed that they think FGM is against the law. It is also seen that respondents disagreed that the practice of FGM should continue. Majority of the sampled respondents agreed that FGM violate the right of women and girls.
- Majority of the sampled respondents disagreed that There is a link between FGM and the risk of having HIV. Majority of the sampled respondents agreed that FGM causes urination and sexual problem. From the finding it also seen that majority of the sampled respondents agreed that FGM causes mental health problems. Majority of the sampled respondents agreed that FGM can lead to death.
- It was seen that majority of the sampled respondents disagreed that FGM is carried out on every new born girl child. It is seen that majority of the sampled respondents disagreed that FGM is a requirement for marriage. It was also disagreed on by the respondents that f Uncircumcised women cannot manage her marriage.

- It was seen that that majority of the sampled respondents agreed that Culture one of the factors that promote the practice of FGM in Ehor Community, it was seen that majority of the sampled respondents agreed that The practice of FGM is rooted in gender inequity, it was seen that majority of the sampled respondents agreed that FGM is an integral part of social conformity and in line with community Identity. It was also seen that majority of the sampled respondents agreed that Religion and one's perspective is a factor that promote the practice of FGM.

Conclusion

It is therefore concluded that FGM affects the health of women and girls in Ehor community, it was also seen that the practice of FGM should not be encouraged. In addition, it was revealed that FGM causes urination and sexual problems.

It was also seen that religion and one's perspective is a factor that promote the practice of FGM.

Furthermore, it was seen that there is a link between FGM and the risk of having HIV.

Recommendations

In order to address the unpleasant situation seen from the observations above, the following recommendations arising from the present effort made by the researcher may prove useful.

- The Government needs to implement a national action plan on FGM which will provide statutory guidance and a strategy for ending the practice to all key stakeholders including professionals, NGOs and communities. The action plan should include budgetary allocation for its implementation together with an effective monitoring of plan coordinated by the Government.
- Training for all statutory professionals on the identification, management and support of those at risk and affected by FGM should be conducted routinely.
- There is a clear need for increased awareness and understanding of the criminal law sanctions for FGM amongst the communities where it is practiced as well as amongst the professionals most likely to come into contact with women and girls at risk.

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APPENDIX

DEPARTMENT OF HEALTH SAFETY AND ENVIRONMENTAL EDUCATION

FACULTY OF EDUCATION

UNIVERSITY OF BENIN, BENIN CITY

Dear respondent,

The researcher Osazuwa O Cordelia, is a student of the aboved named institution, conducting research on "**The Knowledge and Perception Among Residents of Ehor Community on the Effect of Female Genital Mutilation".**

You are kindly requested to fill the questionnaire. All information gathered shall be used purely for research purposes and shall be treated with utmost confidentiality.

Thanks so much.

……

Osazuwa O Cordelia

SECTON A

PERSONAL DATA

Gender: Male ( ) Female( )

Age group: 18-22 ( ) 23-27( ) 28-32( ) 33 and above ( )

Educational qualification: NONE ( ) A LEVEL ( ) SSCE ( ) OND( ) BSC ( ) Others ( )

SECTION B

Instruction: please answer all questions: indicate the answer(s) that is most appropriate to you by ticking (√) in the space provided.

Note **SA= Strongly Agree, A = Agree, D= Disagree, SD= Strongly Disagree.**

S/NO	ITEMS	SA	A	D	SD
	Do residents of Ehor community have adequate knowledge of the implication of female genital mutilation				
1.	FGM affect the health of women and girls				
2.	Do you think FGM is against the law				

3.	The practice of FGM should continue				
4.	FGM violate the right of women and girls				
	What is the perception of the resident of Ehor community on the effect of FGM				
5.	There is a link between FGM and the risk of having HIV				
6.	FGM causes urination and sexual problem				
7.	FGM causes mental health problems				
8.	FGM can lead to death				
	What is the level of practice of FGM among resident of Ehor				
9.	FGM is carried out on every new born girl child				
10.	FGM is a requirement for marriage				
11.	Uncircumcised women cannot manage her marriage				
	What are the factors that promote the practice of FGM among resident of Ehor				
12.	Culture one of the factors that promote the practice of FGM in Ehor Community				
13.	The practice of FGM is rooted in gender inequity				
14.	FGM is an integral part of social conformity and in line with community Identity				
15.	Religion and one's perspective is a factor that promote the practice of FGM				

KNOWLEDGE AND PERCEPTION OF RESIDENTS OF EHOR COMMUNITY ON THE EFFECT OF FEMALE GENITAL MUTILATION

BY

Cordelia Oghomwen OSAZUWA

EDU1603525

FACULTY OF EDUCATION

UNIVERSITY OF BENIN,

BENIN CITY

JULY, 2021

KNOWLEDGE AND PERCEPTION OF RESIDENTS OF EHOR COMMUNITY ON THE EFFECT OF FEMALE GENITAL MUTILATION

BY

Cordelia Oghomwen OSAZUWA

EDU1603525

A RESEARCH PROJECT SUBMITTED TO THE DEPARTMENT OF HEALTH SAFETY AND ENVIRONMENTAL EDUCATION, FACULTY OF EDUCATION, UNIVERSITY OF BENIN, BENIN CITY. IN PARTIAL FULFILLMENT FOR THE AWARD OF BACHELOR OF SCIENCE (ED) DEGREE IN HEALTH EDUCATION.

UNIVERSITY OF BENIN,

BENIN CITY.

JULY, 2021

CERTIFICATION

We, the undersigned certify, that the research work was carried out by Cordelia Oghomwen OSAZUWA EDU1603525 of the Department of Health, Safety and Environmental Education, Faculty of Education, University of Benin. Benin city

……	……
MRS. O. O. EGBOCHUKU	**DR. S. O. OLIKIABO**
(Project Supervisor)	**(Project Coordinator)**
Date……	Date……..…….

…….

PRO. E.O.S IYAMU

Dean, Faculty of Education

Date……

DEDICATION

This project is dedicated to Almighty God for His love, grace, mercy, guidance, provision and protection throughout my academic pursuit.

ACKNOWLEDGEMENTS

The researcher's sincere appreciation goes to the Almighty God who in his infinite mercy spared her life and granted her the opportunity to get to this stage of her life.

Special thanks to her project supervisor Mrs. O. O. Egbochuku for her immense efforts and motherly corrections towards the completion of this project work and also to her HOD Dr. E. O. Igudia and other Lecturers in the department.

A heart felt gratitude to my late mum who loved me unconditionally, supported me and always believed in me. Your memories will forever linger in my heart.

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TABLE OF CONTENTS

ABSTRACT

The aim of this study was to examined the knowledge and perception of residents of Ehor Community on the effect of female genital mutilation, four research questions were raised to guide the study. Do residents of Ehor community have adequate knowledge of the implications of female genital mutilation? What is the perception of residents of Ehor community on the effect of female genital mutilation? What is the level of practice of female genital mutilation among residents of Ehor community? What are the factors that promote the practice of female genital mutilation among residents of Ehor community?

The descriptive survey research design was used for this study. Population of the study consisted of comprise six thousand four hundred and forty-four (6,444) women in Ehor community in Uhunmwode Local Government Area of Edo State. A sample of one hundred and twenty-nine (129) women were randomly selected from the population. Questionnaire was the instrument used to elicit information from the respondents. The data collated were analyzed using the simple percentage, mean and standard deviation.

The findings from the study it was seen that FGM affect the health of women and girls also it was also revealed that FGM violate the right of women and girls. It was seen that FGM causes urination and sexual problem. The recommendation includes The Government needs to implement a national action plan on FGM which will provide statutory guidance and a strategy for ending the practice to all key stakeholders including professionals, NGOs and communities. Training for all statutory professionals on the identification, management and support of those at risk and affected by FGM should be conducted routinely. There is a need for increased awareness and understanding of the criminal law sanctions for FGM amongst the communities where it is practiced.