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Socio-Cultural Dimensions and Attitude of Women and Community Stakeholders towards Continuation of Female Genital Mutilation (FGM) in Lagos Metropolis, Nigeria

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Abstract

This article examines the socio-cultural dimensions and attitude of women and community stakeholders to the continuation of Female Genital Mutilation (FGM) in Nigeria using Lagos metropolis as a study location. To achieve the objectives of the study, a non-experimental research design was adopted. In the design, cross-sectional survey and in-depth interview research methods were utilized. Thus, a total 350 questionnaires were administered during the survey among ever married women, while 15 in-depth interviews were organized for male and female youths, ever-married women and men, community and religious leaders to complement survey data. Elicited data were analyzed with the aids of quantitative and qualitative analytical techniques. Findings of the study reveal that the

FGM practice is intricately rooted in the socio-cultural milieu of the people. In addition, the study reveals that there is a significant relationship between women socio-economic characteristics and their attitude towards the continuation of FGM practice in the study location. Specifically women's age and educational status play significant roles. Consequently, it has been recommended that a programme aiming to reduce or eradicate the practice must be holistic in nature with great focus on all segments and the culture of the society.

Key Words: Female Genital Mutilation (FGM), Socio-Cultural, Community Stakeholders, Attitude, Lagos Metropolis, Nigeria.

Introduction

The issue of Female Genital Mutilation (FGM) or Female Circumcision (FC) has been at the center of developmental discourse and debates in the past three decades (Toubia, 1993; Dawit, 1994; Centre for Gender and Social Policy Studies, 1998; Rahman and Toubia, 2000; Odimegwu and Okemgbo, 2000; Rahman and Toubia, 2000; W.H.O., 1994). Key issues and major concerns of scholars, development experts and various policy makers are the gender dimension and associated health and psychosexual consequences of the practice. Consequently, World Health Organization (W.H.O.) and other organs of the United Nations (UN) have classified FGM as a public health issue. This classification has given birth to enormous funding and rigorous campaigns against the practice. The cumulative effect of these organized and coordinated activities have led to the de-medicalization and criminalization of the practice of FGM globally and more importantly in many African countries where the practice is very high. It is imperative to note that opinion of African scholars are divided in the literature on whether various campaigns against FGM in the continent by UN organs and other international agencies is an indication of a genuine concern for women development in the continent or a mere form of cultural imperialism. In spite of various

campaigns and legislation against the practice, existing data in Nigeria reveal that the FGM practice is a flourishing rather than a dying tradition in the country. For example, recent two national data from Nigeria Demographic and Health Survey (NDHS) revealed an increase in the practice of FGM in the country from 19 percent in 2003 to 30 percent in 2008 (NPC and ICF Macro, 2004; 2009). These data call for a deep look into the socio-cultural dynamics of this age long tradition in the country. W.H.O. conceptualized FGM 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 non-therapeutic reasons (W.H.O., 1994). The following pertinent questions in relation to FGM were examined in the article: what are the socio-structural factors that sustain FGM practice in Nigeria? Are there any latent and manifest structure and factors that support the continuation of the practice in the country? What are the roles of socio-cultural factors in the increase and continuation of FGM practice among women and community stakeholders in Nigeria?

Research methods

The study location is Oworonshoki community in Kosofe Local Government Area (LGA) of Lagos State, Southwestern Nigeria. As at 2013, Oworonshoki community has an estimated population of about 202,972 with 111 streets with two geographical distribution into areas/wards A and B as divided by a major road named Oworo Road. A non-experimental research design with cross-sectional survey and in-depth interview research methods were adopted. The respondents for the cross-sectional survey were ever-married women from ages 20 years and above. Respondents for in-depth interview were youths (male and female), ever-married people (women and men), community and religious leaders and local barbers that circumcise children in the community. A total of 350 ever-married women were sampled for the survey, while 25 respondents were selected for the in-depth interview. To select respondents for the cross-sectional survey, a multistage random sampling technique was adopted and purposive

sampling method was used to select respondents for the in-depth interview. In all, a total of 350 ever-married women were sampled for the survey and 25 respondents for in-depth interview. Statistical Package for Social Sciences (SPSS) version 16.0 was used to generate univariate and bivariate statistical analyses on various research questions and hypotheses. In-depth interview data were transcribed after each of the interviews and content analysis method was used to analysis various findings to complement survey findings.

Research findings

Social dynamics of female genital mutilation

FGM is a common practice in the study community. A married woman who was circumcised and had circumcised two of her daughters explained the form and major operators of FGM in the community as follows:

> The kind of FGM we practice in this community is very simple; the operator only removes the head of the clitoris normally with their scissors and knifes. By this, the clitoris will not be able to grow big unnecessarily to cause major problem for the girl in the future. Initially, we use to take our daughters to the government maternity for the operation, but nowadays, health officers in the government hospitals have declined to do such operations again. But thank God, there are still local FGM barbers and even some of the private hospitals around will do it if you can pay them the required amount of money for the service.

The practice is rooted in the religious belief and culture of the people as explained by two religious leaders interviewed during the in-depth interview session of the data collection. A Christian leader in the community reported that:

> There is no specific place in the bible the holy book for Christians where we specific instruction on female circumcision unlike the male circumcision that was given as injunction and sign of everlasting covenant between father Abraham and almighty Jehovah. Since religion will give birth to the people ways of life that will call culture, female circumcision became permissive among Christians since it seems to serve some forms of social and health benefits for the Christian ladies.

A Muslim cleric in the community explained that:

> In the Quran, the holy book of Muslims, there is no section where almighty Allah asked us to circumcise our daughters, but we have it in the teaching of Prophet Mohammed in the hadith relating to female circumcision. In this hadith, the Prophet did not forbid the practice but only indicated the limits. In particular, Prophet recommends a sunna type of female circumcision (clitoridectomy) which is involves "cutting-off the prepuce to the clitoris" not the severe form of FGM that we hear about among different ethnic groups in the country and other parts of the world.

An adult male who profession was to circumcise children in the community explained the importance of FGM in the following way:

> Female circumcision is good and it has been our tradition which we inherited from our forefathers. Today you see foreign and modern people going around telling people in our community that FGM is not good. This is not correct. We know from our parents that uncircumcised woman is less likely to be a good wife and mother which are the whole essence of womanhood. We allow them to say whatever they

> want to say, but immediately they leave, we also quickly inform our people that they are liars coming with strange ideas in order to destroy our women. Do you know that many of our people believe us more than the strangers except very few that have become the disciples of the foreigners.

Another adult female who is also FGM barber in the community explained her understanding of the campaign against FGM and the importance the practice thus:

> Do you believe the propaganda going about regarding the practice of FGM in our community? Now the propaganda is everywhere. In the hospital you will hear it, in the social gathering such as cooperative and political meetings you will hear it, when you put on your television, they will mention it and even on the radio. But when you ask them about the reason for such propaganda they will tell you that FGM affects the health of the women, they even mentioned that it make women to die. This is a liar. Are you familiar with one Yoruba adage which says "omo koni ku lowo onikola" meaning that "a child will never die in the hand of a circumcision barber"? God forbid bad thing. Our hands are pure hands that give life and longevity. I have circumcised many baby girls and none of them has ever died.

These responses reveal the social dynamics of FGM and various perceptions and attitude toward its continuation in the study location.

Women's socio-economic characteristics and their FGM status

The first proposition examines if there is a significant relationship between women's age group and their FGM on Table 1. The proposition is statistically significant with $X^2 = 25.121$, degree of freedom = 6, $P < 0.01$ and Contingency coefficient (C) of 0.259.

Specifically, the findings reveal high prevalence of FGM among older women starting from age 30 years and above compared with those women that were below age 30 years. There is also a significant relationship between women's level of education and their circumcision status $P < 0.01$. The percentage distribution reveals a negative relationship between women's level of education and their circumcision status. That is, the higher the level of education of the women, the lower the probability that they will be circumcised.

Table 1: Socio-Economic Characteristics and FGM Status of Women

Women Socio-Economic Characteristics	**Women' FGM Status**			
	Circumcised		**Uncircumcised**	
	Number	**%**	**Number**	**%**
Age Group				
20-24 years	1	33.3	2	66.7
25-29 years	12	52.2	11	47.8
30-34 years	122	85.9	20	14.1
35-39 years	78	68.4	36	31.6
40-44 years	27	79.4	7	20.6
45-49 years	13	65.0	7	35.0
50 years and above	13	92.9	1	7.1
Total	**266**	**76.0**	**84**	**24.0**
$X^2 = 25.121$; d.f. = 6; P = 0.000; C = 0.259				
Highest Level of Education				
None	26	96.3	1	3.7
Primary	34	85.0	6	15.0
Secondary	78	63.9	44	36.1
Higher	128	79.5	33	20.5
Total	**266**	**76.0**	**84**	**24.0**
$X^2 = 18.694$; d.f. = 3; P = 0.000; C = 0.225				
Ethnic Group				
Yoruba	133	65.8	69	34.2
Hausa	23	85.2	4	14.8

Igbo	37	82.2	8	17.8
Others	73	96.1	3	3.9
Total	**266**	**76.0**	**84**	**24.0**
X^2 = 30.387; d.f. = 3; P = 0.000; C = 0.283				
Religious Affiliation				
Christianity	185	76.4	57	23.6
Islam	74	73.3	27	26.7
Traditional	7	100.0	-	-
Total	**266**	**76.0**	**84**	**24.0**
X^2 = 2.650; d.f. = 2; P = 0.266; C = 0.087				
Form of Marriage				
Monogamy	228	73.3	83	26.7
Polygyny	38	97.4	1	2.6
Total	**266**	**76.0**	**84**	**24.0**
X^2 = 11.057; d.f. = 1; P = 0.000; C = 0.175				

There is also a significant relationship between ethnic background of women and their FGM status at P < 0.01. Data on the table show that 85.2 percent of Hausa women as against 82.2 percent of Ibo women and 65.8 percent of Yoruba women were circumcised in the study location. Form of marriage of the women has significant relationship with their circumcision status at P < 0.01. Particularly, 97.4 percent of women in polygynous union compared with 73.3 percent of those in monogamous union were circumcised.

Socio-economic characteristics and attitude towards fgm continuation

The relationship between women's socio-economic characteristics and their attitude towards FGM continuation was critically examined in this section. The quantitative findings of these relationships can be seen on Table 2.

Table 2: Socio-Economic Characteristics and Attitude towards FGM Continuation

Women Socio-Economic Characteristics	Attitude towards FGM Continuation			
	FGM Practice should Continue		FGM Practice should Stop	
	Number	%	Number	%
Age Group				
20-24 years	-	-	3	100.0
25-29 years	-	-	23	100.0
30-34 years	6	4.2	136	95.8
35-39 years	6	5.3	108	94.7
40-44 years	10	29.4	24	70.6
45-49 years	3	15.0	17	85.0
50 years and above	2	14.3	12	85.7
Total	**27**	**7.7**	**323**	**92.3**
$X^2 = 30.388$; d.f. = 6; P = 0.000; C = 0.283				
Highest Level of Education				
None	7	25.9	20	74.1
Primary	9	22.5	31	77.5
Secondary	10	8.2	112	91.8
Higher	1	0.6	160	99.4
Total	**27**	**7.7**	**323**	**92.3**
$X^2 = 36.280$; d.f. = 3; P = 0.000; C = 0.306				
Ethnic Group				
Yoruba	7	3.5	195	96.5
Hausa	17	63.0	10	37.0
Igbo	1	2.2	44	97.8
Others	2	2.6	74	97.4
Total	**27**	**7.7**	**323**	**92.3**
$X^2 = 101.256$; d.f. = 3; P = 0.000; C = 0.514				
Religious Affiliation				
Christianity	6	2.5	236	97.5

Islam Traditional **Total**	19 2 **27**	18.8 28.6 **7.7**	82 5 **323**	81.2 71.4 **92.3**
X^2 = 31.065; d.f. = 2; P = 0.000; C = 0.286				
Form of Marriage Monogamy Polygyny Total	 13 14 **27**	 4.2 35.9 **7.7**	 298 25 **323**	 95.8 64.1 **92.3**
X^2 = 48.969; d.f. = 1; P = 0.000; C = 0.350				

Data on the table show a significant relationship between women's age group and their attitude towards continuation of FGM practice among women in the study location. The hypothesis is statistically significant with X^2 = 30.388, degree of freedom = 6, P < 0.01 and Contingency coefficient (C) of 0.283. Particularly, none of the young mothers between ages 20 and 29 years supported the continuation of FGM practice compared with older mothers from ages 30 years and above. Specifically, 29.4 percent of women in age group 40 to 44 years, 15.0 percent of women in age group 45 to 49 years and 14.3 percent of women in age group 50 years and above supported the continuation of FGM practice among women in the study location. The in-depth interview responses are in line with this age pattern. A young mother below age 30 years retorted during the in-depth interview about the continuation of FGM practice in the community:

> Why must we continue should ridiculous traditional practice that is dangerous to women in all totality. I cannot support the continuation of such practice. I have told my mother in-law and my husband, my daughter will not and cannot be circumcised. She must live to enjoy the totality of life that God has bestowed upon her.

Another young male below age 30 years also support that FGM should be discontinued. He stated that:

> I cannot allow my daughters to be circumcised with all the negative information I have heard about the effects of the practice. The practice must be stopped with appropriate legal sanctions. We must develop and allow our women to also develop without any form of discriminations and violation of their rights.

Contrary to the above responses from the young people, the older generation seems to be in support of the continuation of the FGM in the community. During the in-depth interview, one old woman explained that:

> It will be absolutely wrong to advocate for the discontinuation of FGM among women in this community. This form of campaign will lead to serious problems in the future for our daughters. Right now we clamour for modernization with associated revolution of sexually related issues. FGM will protect our daughters from unnecessary sexual urge and desire. It should not be stopped at all. It is good and healthy for both married and unmarried women.

Another elderly man stated that:

> I think there is a mix-up in the entire thing. You cannot through away the baby with dirty water. Basically, there are some benefits of FGM but if will observe that the way of operation by the tradition operators was not too hygienic, we can look for a better way of doing it that to stop it an create problems for our daughters before and after marriage. I think the practice must not be stopped in order to have cultured daughters, wives and mothers.

It can be deduced from this finding that young people in the study location may not have interest in the continuation of female circumcision. However, considering the significant influence of grandmothers and grandfather on the care and rearing of young mothers' children and the positive attitude of some older mothers and grandfathers in this study towards continuation of the FGM practice, the ability of young people to sustain their plans may not be realistic or achievable in the study location more importantly in the nearest future.

There is also a significant statistical relationships between women's level of education and their opinion on the continuation of the practice of FGM with $X^2 = 36.280$, degree of freedom = 3, $P < 0.01$ and Contingency coefficient (C) of 0.306. Specifically, 25.9 percent of women without any formal education supported continuation of FGM practice compared with 22.5 percent of women with primary education, 8.2 percent of women with secondary education and 0.6 percent of women with higher education. This trend was also reported during the in-depth interview as one uneducated woman stated that:

> We have never experienced or heard of any negative consequences FGM. It has been with us for long time. We met our mothers with it, we were also circumcised and I have circumcised my three daughters. It is good tradition that women must ensure it continuity at all cost. It makes someone to be a real woman and I think it will be difficult to eradicate. If you don't inform people, nobody will know you have done it for your daughters and I can tell you categorically, many women had done it for their daughters quietly without making any noise about it.

Another uneducated man, in support of continuation of FGM practice among women, reiterates that:

> Any man that marries uncircumcised woman has not married at all. Such a wife will be for all and sundry due to uncontrollable sexual urge and desires. Such a woman cannot say no to man overture irrespective of the socio-economic status. No reasonable man will be willing to marry such a woman. For the sake of peace in the family most importantly for the husband and wife, I will suggest that the practice should continue.

In contrast to the above opinion, an educated man stated that:

> For the sake of marital harmony in the contemporary time when marriage goes beyond mere childbearing, it is not advisable for a man to marry a circumcised woman. Scientific reports had showed that circumcised women hardly enjoy sexual intercourse and they hardly meet the sexual desires of their husbands. Such experience invariably will lead to extra-marital affairs which is not good for the marital harmony. FGM should be discontinued and couples should be allowed to enjoy themselves maximally and the health and well-being of the woman should be protected.

There is also a significant relationship between ethnic background of women and their support for the continuation of the practice of FGM for the women in the study location with $X^2 = 101.256$, degree of freedom = 3, $P < 0.01$ and Contingency coefficient (C) of 0.514. Specifically, data on the table show that 63.0 percent of Hausa women as against 3.5 percent of Yoruba women and 2.2 percent of Ibo women had a positive attitude toward the continuation of the practice of FGM among women in the study location.

The next proposition was on women religious affiliation and opinion on continuation of FGM practice FGM with $X^2 = 31.065$, degree of freedom = 2, $P < 0.01$ and Contingency coefficient (C) of 0.286. This proposition is significant at $P < 0.01$. As presented on the table, about

28.6 percent of tradition worshippers' women were of the opinion that FGM practice should continue compared with 18.8 percent of Muslim women and 2.5 percent of Christian women. One of the traditional believers during the in-depth interview emphasised the need for the continuation of FGM and many essential value statements relating to it in the Nigerian community in the following way:

> Due to the advent of Christianity, Islam, western education cum civilization, many Nigerians had forgotten our tradition and heritage. It is a pity; many of them are now at the stage of confusion with identity crisis. They cannot differentiate their left from their right, a stage of total delusion. In fact, they do not know where they belong; they are neither Europeans nor Africans. They want us to stop every good heritage of our forefathers in the name of education, westernization and modernization. FGM should be continued in our community. If it is not good for them, it is good for us. Have you ever observed carefully the world-view of Nigerian as reflected in their various value statements on FGM. Take time to go around the country and listen to them carefully you will hear that FGM helps the female genitalia to be clean, it prevents promiscuity and improves fertility, it is performed to please husbands and an essential part of culture, it prevents the genitalia from growing abnormally, it is a religious obligation that prevents maternal and infant mortality. FGM is harmless, thus people should be allowed and also encouraged to accept and continue it.

In contrary to the above opinion, a Christian man stated that:

> There is a need to put apart sentiment concerning issues that bordered on human health and development most especially among the vulnerable

> groups such as women. For God shake, what benefits are we to derive from mutilating the genital organ of a woman in the name of traditional practices. Women's rights are human rights. They have rights to life, good health, reproductive health and sexual enjoyment. They should not be denial their fundamental human rights in the name of culture. I think there is a need to fight this obnoxious practice until it is eradicated completely from our society.

Finally, form of marriage of the respondents has significant relationship with their opinion on the continuation of FGM practice among women in the study location with $X^2 = 48.969$, degree of freedom = 1, $P < 0.01$ and Contingency coefficient (C) of 0.350. Specifically, about 35.9 percent of women in polygynous union compared with 4.2 percent of women in monogamous union desired that FGM practice should continue among women in the study location.

Discussion of findings and recommendations

The practice of FGM in Nigeria is a little bit complex and intricately interwoven in the strong nets of culture and religion as revealed by the findings of this study and other worrisome documented sharp increase in the prevalence of the practice from 19 percent in the year 2003 to 30 percent in the year 2008 (NPC and ICF Macro, 2004; 2009). The reality of this complexity is particularly glaring with the statistics that about 76.0 percent of the sampled women in this study were circumcised. Worthy to note is the fact that FGM practice is greatly rooted in the people's traditional culture, permissive among the Christians and strongly encouraged among the Muslims based on the Prophet Hadith. The seemly support which the two new dominant religions express in support of the continuation of the FGM makes the task of reducing and ultimately eradicating it a herculean task. Another important cultural dimension to the practice is the fact that it linked with the political-economy of certain segment of the

population, precisely the FGM operators. Thus, it is clear that circumcision is a family trade and the skills for it are passed down from one generation to the other. The circumcisers are usually organized into guilds in some ethnic groups. The skills among the Yoruba belong to the guild known as "Oloola" while they are referred to as the "Ngozoma" among the Ibos and "Wanzani" in many parts of northern Nigeria. It has also been noted by a scholar in the literature that majority of the traditional circumcisers are non-literates and have no good knowledge of the human anatomy (Apena, 1980). Consequently, eradicating FGM in Nigeria societies will require more effort than what is on ground at the moment as the practice is highly rooted in the culture of the people. In addition to this cultural context, it is important to note that some of the private hospitals serve as avenue for the operation, perpetuation and continuation of the FGM practice in the study location. This is unethical as laudable governmental policies and programmes are being undermine clandestinely at the private clinic level all in the name of making profits.

The process of reducing or total eradication of FGM practice in Nigerian society require a great deep and clear understanding of the roles of beliefs, values and attitudes, the non-material aspect of culture, in the sustenance of the practice in the country. It is imperative to note that people are a complex mix of unique characteristics, which include physical characteristics as well as various beliefs, values and attitudes. Traditions are guided by beliefs, and the practice of traditions is based on values and attitudes. Simply put, a belief as a conviction, a principle or an idea accepted as true or real, even without positive proof, whereas values are the moral principles and beliefs or accepted standards of a person or social group. Our values are the criteria against which we make decisions. We inherit many of our values from our families, but they are also influenced by religion, culture, friends, education, and personal experiences as we go through life. Attitude can also be defined as a mental view or disposition. Attitudes are largely based on our personal

values and perceptions. Worthy to note is the fact that beliefs, values and attitudes are formed and developed under a multitude of influences – our parents, families, society, culture, traditions, religion, peer groups, the media (television, music, videos, magazines, and advertisements), school, climate, environment, technology, politics, the economy, personal experiences, friends, and personal needs and they are also influenced by our age and gender. Therefore, a value system is a hierarchical set of beliefs and principles which influence an individual or group's outlook on life (attitude) and guide their behavior. A value system is not rigid, but can be subject to change over time, more importantly in the light of new insights, information and experiences. Social scientists had identifies three major steps in the development of a value system. These steps are: 1. Knowing how one should behave, or what is expected of one. This is the cognitive component. 2. Feeling emotionally about it. This is the affective component, and 3. Taking appropriate action. This is the behavioural component.

In order to assist in the process fast-tracking of change regarding the reduction or eradication of the practice of FGM in Nigeria, a social scientists model reviewed by W.H.O. (2001) may be appropriate. According to this model, someone making the decision to reject FGM – whether that person is a mother, grandparent, father, husband, aunt, teacher, older sister, or a girl herself – will go through a process that starts with realizing that rejection of FGM is an option. This will be followed by the person finding such a choice desirable; reaching the decision to reject FGM; figuring out how to put this decision into practice; doing so and seeing what happens; and then receiving positive feedback from others that encourages the person to continue with their stand against FGM. The final stage is when the person feels confident enough in their decision to "go public" with it – i.e. share their reasoning and experience with others, thus encouraging them to follow the example. This is called the "multiplier effect". At every step, and whoever the person is, there is the risk of failure, and individuals must struggle with the personal and wider repercussions of

the choice they have made. Thus, behavioural change messages on FGM in Nigeria must be holistic in nature. These must be designed in such a way that it will be simple, precise and decisive in nature which will be easy to internalized and attractive to share with the older and younger generations alike.

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