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SOCIO-CUTURAL FACTORS INFLUENCING FEMALE GENITAL MUTILATION PRACTICE AMONG RURAL WOMEN IN IMO STATE, NIGERIA

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ABSTRACT

The study investigated the socio-cultural factors influencing FGM practice among rural women in the study area. A total of 136 respondents were sampled using a multistage, purposive, simple random sampling technique, and the data were generated using a well-structured questionnaire, interview schedule, and Focus Group Discussion. Descriptive statistics tools, such as mean score was used in analyzing the data obtained. The objectives of the study included assessing the knowledge level of the respondents on the dangers of FGM practices, and identifying the social and cultural factors influencing FGM practice. The results showed that the respondents' knowledge level of the dangers of practice of FGM practice was low, with a grand mean of $\bar{x}$ *= 1.8. This affected the respondents' attitude towards FGM/C abandonment, as results from the study further revealed that the respondents had a negative attitude towards FGM abandonment, as indicated by a low grand mean score of* $\bar{x}$ *= 2.1, which implied that rural women opting for FGM/C practice abandonment are not likely to happen. The study concluded that there were notable socio-cultural values and beliefs that influenced people's behavior and attitudes towards FGM practice discontinuation. Finally, the study recommended that a proactive multidisciplinary approach should be deployed in raising awareness about FGM/C practice, its consequences, and symptoms of its complications and equally stated that more research is needed to understand the sociocultural factors that influence women's attitudes toward FGM abandonment.*

Keywords*: Female genital mutilation, Knowledge, attitude, and sociocultural factors*

INTRODUCTION

In Nigeria, Female Genital Mutilation (FGM) is a customary family/societal tradition practiced which is viewed as a meritorious custom that is usually performed on a girl child between the periods of infancy (0–14 years of age) and adulthood (15–49 years of age). This procedure varies by community, and often the term "female genital mutilation" is referred to as "female circumcision" among these rural women, and in their local dialect, called "Ebi nwanyi ugwu," which entails the reduction of sensitive genital tissue, usually by pricking of the genital organs or by cutting with a knife, razor blade, or other unsanitary sharp objects (Ogbuji 2022). According to the World Health Organization (WHO), Female Genital Mutilation (FGM) is any procedure that intentionally involves the partial or total removal of the external female genitalia or other damage to the female genital organs for no medical reason, which is very painful and can seriously harm the health of women and girls. FGM/C is categorized into four types: type I, also known as clitoridectomy; type II, also known as excision; type III, also known as infibulation; and type IV, which includes all other forms of genital mutilation, such as pricking, cauterizing the genital area, and those that do not fit into the previously mentioned three (WHO, 2018).

The World Health Organization (WHO) has already asserted in its definition of FGM/C that the practice has no health benefits and has serious harmful health effects that can cause both short-term and long-term health problems for the girls and women who are subjected to it (WHO,2020). Based on the health risk/complications of FGM practice, there has been significant effort put in place to combat the practice. For example, in Nigeria, the Violence Against Persons Prohibition Act (VAPP) was enacted in 2015 to presuppose legislation criminalizing FGM practice by the government as one of the efforts put in place to ban female genital cutting. Also, the United Nations Sub-commission on Human Rights established February 6th as an International Awareness Day in 2004 to raise awareness about FGM and promote its abolishment (WHO, 2011), and equally, in December 2012, the UN General Assembly adopted a resolution on the elimination of FGM. Aside from these, some states in the country have enacted laws to criminalizing FGM in their states, such as the FGM Prohibition law in Imo state, which was enacted in 2017 to prohibit the practice of female genital mutilation in the state (Chinoso Alozie 2019). These intervention activities have indeed shown that there is consistent with the consensus from experts and stakeholders, including the international agencies, governmental and non-governmental agencies, on the war against

FGM/C practice, basically for awareness and sensitization of people about FGM/C practice (Ogbuji,2022).

The issue of female genital cutting in Imo state is very predominant despite the various intervention activities aimed at combating it. According to the multiple indicator cluster survey 2016–2017 (MICS 2018), the FGM prevalence rate of women between 15–49 years in Imo state is the highest in the southeast region with 51.6%, followed by Ebonyi with 43.2%, Abia with 31.1%, Enugu with 20.3%, and Anambra with 17.1%. The survey equally showed the occurrence of FGM among children between 0–14 years of age, with Imo state having the highest prevalence among the five states that are comprised of the southeast region with 22.2%, Abia 15.5%, Enugu and Anambra 7.4%, and Ebonyi 5.2%. The statistics show that female genital cutting is commonly practiced in Imo State but does not mean that every woman in the state is being cut or mutilated. Onyishi, Pavol, Okafor, and Michael (2016) wrote that in Igbo Land, no person is forcefully pressured into performing FGM on any female child, but rather people are encouraged to undergo FGM/C. Hence, FGM practice is still prevalent in the state with lots of myths and persistent cultural beliefs surrounding the practice have suppressed these various efforts propagating the end of FGM practice (Nnachi, undated). According to the 28 Too Many (2016) report, the challenges faced by anti-FGM initiatives fall into two categories: the first is strategic issues, which are embedded in the structure of our society, representing tradition, social norms, and cultural and religious beliefs. Then the second one is the practical aspects of how to encourage individuals and communities to change their behaviour and deliver the kind of support needed by those fighting against the persistent occurrence of the practice. Mberu (2017) also stated that these socio-cultural beliefs and norms postulate FGM as a rite of passage into womanhood, a promotion of better hygiene and cleanliness, a part of religious belief, family honor, and control of female sexuality in various places. This confirms that socio-cultural beliefs and norms play a significant role in prevailing attitudes among families toward having their children mutilated, and in view of this, it is therefore necessary to scientifically study this phenomenon, which has continued to support the continuation of FGM practices while giving rise to some prevailing attitudes towards the persistent practice of FGM.

Objectives The specific objective include, to;

i. assess the knowledge level of the respondents on the dangers of FGM practices
ii. identify the social and cultural factors influencing FGM practice.

METHODOLOGY

The study was carried out in Imo state, which comprises of 3 Senatorial zones and 27 Local Government Areas. A purposive and multi-stage sampling technique was adopted in the selection of one hundred and thirty-six (136) rural women aged between 20-50 years. Two out of the three Senatorial zones were randomly selected, and four LGAs were randomly selected from the two Senatorial zones. After the selection of the LGAs, it was followed by the selection of 2 villages, which were randomly selected from each of the LGAs, giving a total of 8 villages. The final stage was the proportionate selection of 17 individuals from each of the villages, thus, giving a total of 136 respondents. Primary data were collected using an interview schedule using a well-structured questionnaire. The Researcher also conducted an in-depth interview with critical stakeholders in the communities, elites outside of the rural communities, and medical personnel. A Focus Group Discussion (FGD) was also conducted. Both descriptive and inferential statistical tools were used in the data analyses. Objectives I, II and III were analyzed using mean scores generated from a 4-rating scale of Strongly agree, Agree, Disagree, and Strongly disagree, with a benchmark of 2.5.

RESULTS AND DISCUSSION

Respondents Knowledge Level on the Dangers of Fgm/C Practice

The result of the data analysis showed in Table1, that the respondents were not aware that FGM can result in death due to multiple bleeding incidents during its procedure, with a mean score of $\bar{x}$= 2.3, FGM is a harmful practice, causing irreparable harm to the female reproductive organ, with a mean score of $\bar{x}$ = 2.0 and $\bar{x}$ = 1.8, respectively. FGM affects victims' health and welfare ($\bar{x}$= 1.8). FGM is associated with psychological complications ($\bar{x}$ = 1.8), FGM practice increases susceptibility to HIV/AIDS and causes infertility with mean scores of $\bar{x}$=1.7 and $\bar{x}$=1.8, respectively. FGM causes sexual dissatisfaction and sexual pain, which had mean scores of $\bar{x}$ =1.7 and $\bar{x}$=1.7 respectively.

Also, the findings from the study area reveal that the respondent's knowledge level about FGM dangers or side effects was low as intended by the grand mean score of ($\bar{x}$ = 1.8), which is lower than the cut-off point of 2.5. This finding is in consonance with the study conducted by Odo *et al.* (2020), where it was observed that most of the social and health implications of FGM are not very well known among rural dwellers. Furthermore, the results equally indicated that the rural women did not perceive the practice as a harmful practice. This may be because of the growing perceptions surrounding the practice of "Igba-Aka," (Pricking) which could be detrimental to the abandonment of the FGM/C practice in the study area this was discovered during FGD. The "igba aka" procedure is pricking of the clitoris and is perceived as a relatively safe and non-harmful procedure for making the external genitalia attractive and equally helpful in curbing female sexual appetite. These factors and more are among some of the cultural beliefs supporting the "igba aka" procedure in the study area. It is perceived to be safe and not harmful because the procedure does not entail cutting or bleeding of any form, hence they assume the procedure cannot be described as genital mutilation.

During the FGD, the discussants mentioned that the Federal Ministry of Health (FMoH) had recently visited their community to raise awareness about FGM. The participants revealed that the team from FMoH talked about the eradication of FGM practice "Ibi-Ukwu" and they equally talked about the new adopted means of mutilation, which they referred to as "Igba-aka" (pricking). Mrs. Opara, a notable participant, said that the team from the FMoH told them that there was no difference between the already known procedure of "Ibi-ukwu" and "Igba-aka" in terms of risk factors and complications associated with FGM practice, but they did not believe it. The reason for this has already been established by the study in the above paragraph.

For a better understanding of this "Igba-aka" procedure, the researcher interviewed ten notable medical professionals who were outside the scope of the study. These medical professionals interviewed stated that "Ibi-ukwu," which entails "Igba-aka," is a form of mutilation and it does not remove the risk and health complications associated with FGM/C practice. They went further to clearly state that "igba aka" is simply the pricking of the clitoris, which the World Health Organization (WHO), UNICEF, and the government of our country assert as a form of mutilation because the procedure still exposes its victims to dangers associated with FGM/C practice and

also, because the procedure does not have any health benefits to women/ girls. Hence, these individuals allege that the "igba aka" procedure is a misconception manufactured to continue FGM practice. They advised that the clitoris should not, in any form or way, be prickled or pressed. Furthermore, the results in Table 1 show that knowledge about the dangers of FGM is low in the study area ($\bar{x}$=1.8).

Table 1: Mean Distribution of The Respondent's Knowledge Level of The Dangers of Fgm/ Practice

Knowledge About FGM/C Danger	Imo	Remark
FGM/C is a harmful practice	2.0	Low
It affects the health and welfare women and girls	1.8	Low
There are psychological complications associated with FGM/C	1.8	Low
FGM/C increase susceptibility of HIV/AIDS	1.7	Low
FGM/C leads to sexual dissatisfaction	1.7	Low
FGM/C causes sexual pain	1.7	Low
FGM/C does irreparable harm to female reproductive organs	1.8	Low
FGM/C can result to death	2.3	Low
FGM/C is a form of violence against women/girls	1.6	Low
FGM/C can cause infertility	1.8	Low
FGM/C causes prolong labour	1.8	Low
FGM/C is a human right violation	1.6	Low

FGM/C inflicts economic suffering	1.8	Low
Grand mean	1.8	Low
Decision mean point = 2.5		

Source: field survey data, 2021 decision mean cut-off ≥ 2.5 (highly knowledgeable)

Assessment Of the Social and Cultural Factors Influencing the Continuous of Fgm Practice

The result from the study presented in Table 2 showed that female genital mutilation/cutting is practiced in the study area because of fear of early pregnancy and promiscuity among women, as indicated by the mean score of ($\bar{x}$ = 3.0). Some other perceived social factors that tend to influence the continuation of FGM practice include for the tidiness, attractiveness, and beauty of the women's vulva ($\bar{x}$ = 2.9); to promote social morality and decency in women ($\bar{x}$ = 3.0); it raises the social status of the family ($\bar{x}$ = 2.8); and FGM/C performed medically is safe ($\bar{x}$ =3.5). Furthermore, the rural women engage in FGM/C practice because they believe it improves marriage prospects ($\bar{x}$ = 2.6).

Table 2 also revealed that rural women disagreed that an individual's acceptance into any social meetings or functions is not based on whether they mutilated the person or not. Hence, uncut women's unacceptability among peers in social meetings or functions is not among the social factors that promote FGM practice in the study area, as indicated by the mean score of ($\bar{x}$ = 1.9). The reason for this could be due to the study's findings that revealed that women in the rural communities of the study area were not coerced or pressurized into mutilating or cutting their daughters; rather, mothers were encouraged to do so.

The result revealed that social factors proselytize the continuation of FGM/C among rural communities in the study, as indicated by the grand mean score of ($\bar{x}$ = 2.8), which is higher than the cut-off point of 2.5. This result agrees with Ibebuike, Nwokike, Alagwu and Kalu (2018) findings, which assert that social factors promote the practice of FGM among Igbo communities. However, the study area recorded that FGM/C is not practiced based on acceptability of women in social meetings/functions ($\bar{x}$ = 1.9).

TABLE 2 . Mean Distribution of the Respondents Perceived Social Factors that Influence the Continuation of FGM Practice

Items	Imo	Remark
FGM/C is practiced because of the fear of early pregnancy and promiscuity among women folk	3.0	Agreed
Uncut women are not acceptable among peers in social meeting/functions in the community	1.9	Disagreed
FGM/C is practiced to maintain cleanliness in women folk	2.9	Agreed
FGM raises social status of family	2.8	Agreed
FGM promotes social morality and decency in women	3.0	Agreed
FGM/C enhance marriage prospects	2.6	Agreed
FGM/C performed medically is safe	3.5	Agreed
Grand mean	2.8	Agreed

Source: field survey data, 2021: Decision mean cut point ≥ 2.5 (Agreed

Respondents Perceived Cultural Factors Influencing the Continuous of Fgm Practices

Cultural beliefs, norms, and other factors are perceived to have an influence on the extent to which community members adopt and practice FGM/C. According to UNICEF (2001), FGM/C practice is deeply rooted in cultural beliefs and norms, and these beliefs that justify the practice vary among the various practicing communities in Nigeria. The study then investigated the various cultural beliefs and factors that are perceived as promoters of FGM/C practice in Imo state Nigeria, and the result is presented in Table 3. From the results presented in Table 3, respondents agreed with the following cultural factors as some of the cultural elements promoting FGM/C practice in the state: FGM is done to protect girls from excessive sexual emotions, which helps to control their sexuality ($\bar{x}$ = 3.0); it is a significant cultural belief and tradition that ought to be sustained ($\bar{x}$ = 2.8); FGM/C is performed as an integral part of cultural conformity ($\bar{x}$ = 2.5); and it is done to preserve premarital virginity and marital fidelity ($\bar{x}$ = 2.9). Respondents from Imo State agreed that FGM/C practice helps to maintain family honor and this was asserted during the FGD. Also, the results presented in Table 4.9.2 revealed that

some of the women in the study area perceived that FGM/C is done to initiate girls into womanhood, with both states scoring the same mean score of ($\bar{x}$ = 2.1) as part of cultural factors which tend to sway the continuation of FGM/C practice in the states. Furthermore, the result revealed that cultural beliefs and factors promote the continuation of FGM/C in the study area as indicated by the grand mean of ($\bar{x}$ = 2.7).

TABLE 3. Mean Distribution of the Respondents Perceived Cultural Factors that Influence the Continuation of FGM Practice

Items	Imo	Remark
FGM/C is done in order to initiate girls into womanhood	2.1	Disagree
FGM/C preserves women's morality to ensure premarital virginity and martial fidelity	2.9	Agreed
It is done to protect girls from excessive sexual emotions	3.0	Agreed
It is done as significant cultural traditional belief that should be sustained	2.8	Agreed
It is performed as an integral part of cultural conformity	2.5	Agreed
Grand mean	2.7	Agreed

Source: field survey data 2021: decision mean cut off point ≥ 2.5 (Agreed).

CONCLUSION

The study established that the respondent's knowledge of FGM dangers/complications was low, and this could be the reason behind the negative attitude of the respondents towards FGM/C practice abandonment. Also, according to the study's finding, the respondents were increasingly adopting "Igba-aka" (that is, pricking) as a sort of FGM procedure technique and do not consider it to be genital mutilation. This is because they believe that "Igba-aka" is not hazardous because its procedure does not involve bleeding; thus, the study recorded this assertion as one of the FGM practice myths prevalent in the study area. Also, the study

indicated that there were notable socio-cultural values and beliefs that influenced people's behaviour and attitudes towards FGM practice discontinuation.

RECOMMENDATION

Drawing from the findings of this study and in line with the stated objectives, the following recommendations have been made:

1) All the anti-FGM activists should ensure a proactive multidisciplinary approach involving community stakeholders, traditionalists, legislators, and health care professionals, with a focus on creating elaborate awareness about FGM consequences, signs, and symptoms of immediate and long-term FGM complications.
2) The phenomenon of pricking ("Igba-aka") gaining ground as a safe method of mutilation without any form of risk of FGM complications/consequences in the study area should be quickly addressed. This should be addressed by educating the public that even when the act is performed using the pricking technique, it is still dangerous to the victims of the practice and thus is never a safe alternative.
3) More research is needed to understand the sociocultural factors that influence women's attitudes toward FGM abandonment. This will help develop strategies to counsel individuals, families, and communities against the practice.

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