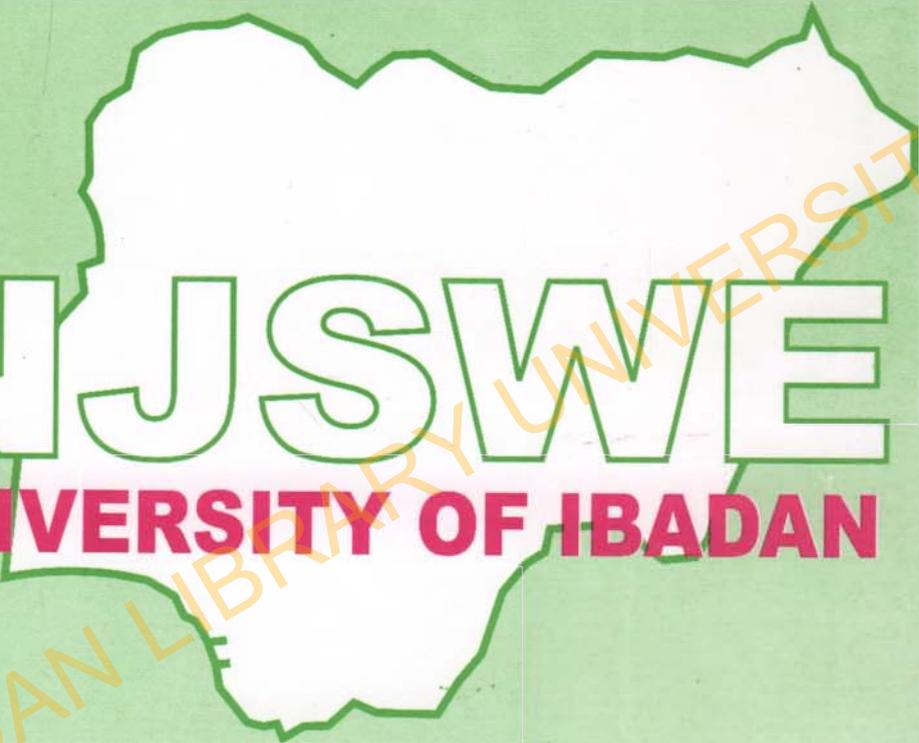


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PERCEIVED HEALTH IMPLICATIONS OF FEMALE GENITAL MUTILATION ON WOMEN IN IBADAN, OYO STATE

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Abstract

Female genital mutilation (FGM) is still practised in Nigeria despite its adverse effects on the emotional, psychological and reproductive wellbeing of women. Studies have focused on prevalence and attitude towards FGM, with negligible attention on its implications on women's health. The study, therefore, examined the perceived health implications of FGM on women in Ibadan. A cross-sectional survey of 400 randomly selected respondents was conducted to elicit information on reasons for practising FGM, procedures for sterilizing instruments for circumcision and the health implications. Qualitative data were elicited from 8 In-Depth Interviews (IDIs) with 4 married and unmarried circumcised females and 6 Key Informant Interviews (KIIs) with 2 doctors, nurses and traditional circumcisers each. Quantitative data were analyzed using the statistical package for social sciences (SPSS) and presented using descriptive statistics (frequencies and percentages) and bar charts, while qualitative data were content analyzed. Findings revealed that FGM was practiced mainly for cultural reasons (82.6%), to keep women's virginity (33.1%), control promiscuity (44.9%) among others. The procedure for sterilizing instruments for circumcision in order to prevent infection, included use of methylated spirit (4.3%), washing with hot water (11.8%) and treating with anti-bacterial substance (1.5%). The poor hygiene practice and sterilization in the procedures of FGM negatively affected the health of circumcised females who sometimes came down with infection and other reproductive health problems. Thus, the practice of FGM has adverse implications for women's health and, therefore, requires that women be more informed, enlightened and empowered to resist FGM and avert the consequences.

Keywords: Female genital mutilation, Instruments for circumcision, Perceived health implications, Women,

Introduction

The phenomenon of female genital mutilation (FGM), despite its ill-effects, is still being practised and passed on to younger generation in Nigeria. This is partly due to

the fact that FGM is perceived to be functional and a worthwhile tradition that upholds family honour, promotes moral values and ensures sexual chastity among young girls and women. The practice of FGM has remained a global and scholarly concern due to its adverse implication on the health and general wellbeing of the survivors (Adeyemo, Omisore and Asabi, 2012). Female Genital Mutilation has been defined to include all procedures involving partial or total removal of the female external genitalia or other injuries to the female genital organs for non-medical reasons (UNICEF 2010). It is considered a violation of girls' and women's rights but practised as a traditional rite of transition to womanhood or adulthood in some communities (Dibna, Agweda and Eromosele, 2010). Over 200 million girls and women alive today who are residents in 31 countries of the world have undergone FGM according to UNICEF, (2010).

The World Health Organization (2018) classifies FGM into four types. The first is Type I, which involves the cutting of a part or all of the clitoris or the prepuce, known as *clitoridectomy*. The second is Type II which involves the removal of a part or all of the clitoris and labia minora, also referred to as *excision*. The third is Type III which refers to sewing up or narrowing the vagina opening also called *infibulation* and the final is Type IV which includes all other forms such as pricking, scraping and cauterizing the genital area which do not fit into the other three types. Female genital mutilation is practiced in one form or the other in 28 African Countries including Nigeria. It is also practised in a few countries on the Arab Peninsula, among minority community in Asia, and among migrants from these areas who have settled in Europe, Australia and North America (WHO, 2010). Aside from Egypt and Ethiopia with 27.2 m

and 23.8 million respectively, Nigeria is among the largest contributor to the overall global Female genital mutilation/cutting (Mberu, 2016).

The prevalence rates of FGM in six geopolitical zones in Nigeria have fluctuated in the last two decades in Nigeria. However, despite the increased sensitization, the fluctuation in the prevalence of FGM/C in the northwest and southwest zone calls for concerns. Over 19 million women and girls had undergone FGM between 2004-2015 (Shell-Duncan and Feldman-Jacobs, 2016). In the northwest zone for instance, the prevalence of FGM/C decreased from 46.3% in 2008, to 37.3% in 2011. It then increased from 35.5% in 2013 to 56% in 2016-17 (DHS, 2003, 2008, 2001, 2013 and 2016-17 as cited in Kandala, Atilola, Nnanatu, Ogundimu *et al*, (2020) Jigawa State which was among the state with 0% prevalence rate in 2003, recorded 54.9% prevalence in 2016-17. In the same vein, Kano State recorded a prevalence rate of 1.5% in 2003, but surprising increased to 82.1% in 2008 and later decreased to 57.0% in 2016-17. In the Southwest zone, a decrease has been recorded in the last decade, but the prevalence rate still calls for concern as the average decrease recorded is still less than 50%, considering the decrease of the prevalence rate of FGM from 40.1% in 2003 to 21.6% in 2016-17.

The fluctuation in the prevalence rate in Oyo state calls for more concern as the practice of FGM decreased from 68.9 % in 2003 to 48.8% in 2007 (DHS, 2003 and MICS, 2007). This prevalence rate increased from 48.8% in 2007 to 56.8%, in 2008 (DHS, 2008) and decreased again to 32.9% in 2011. It increased again to 44.9% in 2013 and has now decreased to 22.8% in 2016-17. Thus, the trend in the prevalence rate does not guarantee a continuous decrease, but a

the Hausas who have a prevalent rate of 38.6% (DHS, 2016-17) as cited in Kandala, Atilola, Nnanatu, Ogundimu *et al.* (2020); Adebowale and Olufemi, (2019), and may become the first considering the antecedents.

Furthermore, although it is expected that educational attainment will affect the perception of FGM, discourage its practice and therefore reduce the prevalence rate of FGM in Nigeria, results from the Demographic Health Survey (DHS) in 2003, 2008, 2011 and Multiple Indicator, Cluster Survey (MICS) in 2007, 2011 and 2016-17, revealed otherwise (Kandala, Atilola, Nnanatu, Ogundimu *et al.* 2020). The prevalence of FGM among women with no education in Nigeria was less (16.5%) when compared with women who had primary education (34.5%), secondary education (20.2%) and higher education (21.5%). The same trend was observed for the educational level of husbands whose wives were mutilated or cut as FGM was less prevalent among women whose husbands had no education (18.3%) than those whose husbands had primary (34.5%), secondary (32.1%) and higher education (27.5%). This goes further to show that educational attainment has very little or no role to play in the prevention of FGM in Nigeria. A change in mindset and perception which will influence the attitude of individual may, therefore, be necessary on a yearly basis if FGM must be eradicated in Nigeria. This is particularly so in the light of the evidence in the inconsistency in the attitude of mothers towards the practice of FGM on their daughters aged 0-14 years old in 2016-17 in which majority (58.9%) displayed a positive attitude towards the practice of FGM when they opined that FGM should continue and only 5.3% opined that it should discontinue (MICS, 2016-17) as cited by Kandala, Atilola, Nnanatu, Ogundimu *et al.* (2020).

Statement of the problem

The practice of FGM results in poor health outcomes and debars young girls and women from thriving and enjoying their basic human rights (Kandala and Komba 2018). Despite the fact that female genital mutilation is an illegal and unlawful practice in some parts of the world, it is still very much common, especially, in less developed countries. According to Thomas 1995 as cited by Dibna, Agweda and Eromosele (2010), Female Genital Mutilation encompasses all forms of unnecessary genital operations on girls and women. He maintains that:

"Female genital mutilation is now a universally accepted term used to describe any interference with the natural appearance of female external genital using a blade, knife, or any sharp instrument in order to bring about a reduction in size of the clitoris or a complete removal of the vulva". Pg 153

This narration underscores the ills of FGM in its interference with the natural look of the female reproductive organs and the attendant trauma in the procedure which involves the use of sharp objects. The practice of Female Genital Mutilation has adverse implications on the physical, psychological, sexual and reproductive health of women, severely deteriorating their current and future quality of life (Kaplan-Marcussan, Del Rio, Moreno-Navarro *et al.*, 2010). The immediate complications include: severe pain, shock, haemorrhage, urinary complications, injury to adjacent tissue and even death (Bjalkander, Bangura, Leigh, Berggren *et al.* 2012) while the long term complications include: urinary incontinence, painful sexual

intercourse, sexual dysfunction, fistula formation, infertility, menstrual dysfunctions, and difficulty with child birth (Berg and Underland, 2013, Gudu, 2014).

Studies reveal that this gender biased practice is performed by traditional health practitioners or untrained persons, usually old women in some particular family set-up or in the community. These practitioners make use of several types of tools such as a scalpel, piece of glass etc to perform the practice harshly in an unhealthy, unsterile conditions which usually lead to hemorrhage and in few cases, the survivors usually bleed to death (Dibna, Agweda and Eromosele, 2010; Kandala and Komba, 2018).

In addition to that, the increase in transmission of Human Immunodeficiency Virus (HIV) is unquestionably and unarguably at an alarming rate and studies have shown that the practice of female genital mutilation contributes a great deal to that (Monjok, Essien and Holmes 2007; Diouf and Nour, 2012). The human rights of the women and girl child is highly being violated. The practice categorically violates the right to health, security and physical integrity, freedom from torture and cruelty, inhuman or degrading treatment and the right to life when the procedure results in death (UNICEF, 2016).

It is considered an extreme form of violation, intimidation and discrimination. Burrage (2015) believed that some of the adverse effects of Female Genital Mutilation are throughout life, thus affecting their relationship with others. She pointed out that FGM survivors tend to develop psychological conditions that make them withdrawn and uncommunicative mainly because they had become distrustful. Memon, (2014) emphasized that adolescents are particularly at risk as they do not only have to cope with the problem of puberty,

but also with the health and emotional complications occasioned by Female Genital Mutilation. Hence, she concluded that the severity of the procedure of FGM and the age at which it occurred appeared to be related to the psychological effect as some survivors can still recall the trauma of the procedure decades after they had undergone it. They end up with emotional scars that never healed and festered gradually until the sufferers become a victim of neurosis or even psychosis. This buttresses the report of WHO (2008) that immediate psychological trauma of FGM survivors can start from the pain, shock and use of physical force by those performing the procedure. Post-traumatic stress disorder (PTSD), anxiety, depression and memory loss, are some of the long term psychological implications of FGM (Behrendt and Moritz, 2005).

Despite all influence of modernization, earnest and conscientious activity such as awareness programmes, public orientations, funding of researches, publication by the governmental, non-governmental organizations and also private individuals both at the National and International levels to eliminate this unfair practice, the practice is still in existence till date. In Nigeria, there are still cases in which children at infancy and childhood age are circumcised in isolation as a result of their cultural and religious belief, norms and myths (Ndikom, Ogungbenro and Ojeleye, 2017). The world today is plagued with the prevalence of this Female Genital Mutilation practice and Africa as a continent, Nigeria in particular, is not exempted from it. It is estimated that more than fifty percent of Nigerian girls/women have undergone the procedure while many more are still being subjected to it. Studies have shown that in Nigeria, Female Genital Mutilation is prevalent in Delta State (Mukoro, 2004).

Ishan and Benin in Edo State, among the Owu in Abeokuta (Dibna, Agweda and Eromosele, 2010; Adeneye, 2004), Ibadan in Oyo State (Ndikom, Ogungbenro and Ojeleye, 2017) among the Kanuris (El-Yakub, 2014), among the Ibos such as the Oyi Local Government Area of the old Anambra state and among the Ibibios in Akwa-Ibom state (Akpabio, 2005). It is clearly shown that South-west is currently in the lead aside the North-west zone on the geographical table of prevalence and practice of Female Genital Mutilation in Nigeria (Kandala, Atilola, Nnanatu, Ogundimu *et al*, 2020).

The practice of FGM is an age old traditional practice in Nigeria just like in many other countries. It is based on certain belief that it helps reduce female promiscuity. Nevertheless, research has shown that Female Genital Mutilation has numerous consequences, some of which are psycho-physiological (Nnodum, 2012), psycho-sexual and emotional reproductive in nature. Ndikom, Ogungbenro and Ojeleye, (2017) had reiterated in their study that some implications of health FGM included dyspareunia, psychosexual problems, increased post-partum haemorrhage, a potential source of HIV-spread, and other infections, cysts, infertility, increased risks of child birth complications, new born death and later need for surgeries. These notwithstanding, the practice of FGM still persist, especially, in Ibadan (Adebowale and Olufemi, 2019). This has been attributed to poor behavioural changes and perception of individuals including circumcised mother about the phenomenon.

This paper, therefore, seeks to generally examine the perceived health implications of Female Genital Mutilation on women in Ibadan with a view to answering the following research questions: What are

the reasons for the practice of FGM? Are the instruments for circumcision sterilized and what implication does it have for the health of circumcised women?

Methodology

The research was carried out in Ibadan, Oyo State, Nigeria. The state is located in the South- Western part of the country and has a total area of about 28,454 km and a population of about 6 million. Oyo State is bounded in the North by Kwara State, in the East by Osun State, in the South by Ogun State and in the West partly by the Republic of Benin. It consists of thirty-three Local Government Area (LGAs) comprising mainly Yoruba ethnic group and the capital is Ibadan, the largest city in West Africa. Ibadan is the most populous city of Oyo state with a population of about 3 million. It is the third most populous city in Nigeria after Lagos and Kano in the country and the largest city by geographical location. The economic activities in Ibadan include agriculture, commerce, handicrafts, manufacturing and service industries (Briticanna. Com,2020). The study population comprised females and males (both married and unmarried) living in Ibadan. A cross-sectional survey design was adopted for the study. This involved the use of questionnaire which was administered to 400 respondents (males and females) selected, using the simple random technique. The qualitative aspect involved the use of both In-Depth Interviews and Key Informant Interviews. A total of 8 In-Depth Interviews (IDIs) were conducted among four married and unmarried females. In addition, 6 Key-Informant Interviews (KIIs) were conducted with two Doctors, Trained Nurses and Traditional Circumcisers each. Quantitative data were analyzed using the Statistical Package for Social Sciences (SPSS). The

data were presented using descriptive statistics like frequency, percentages, and bar charts, while the qualitative data were content analyzed.

Results

The first table below shows the social demographic characteristics of the respondents. It reveals that majority of the respondents (94.5) percent were females while only 5.5 percent were males. This is perhaps so due to the fact that the work was centered largely on females and to unravel information on a sensitive issue such as female genital mutilation which is mostly about the females: it is almost inevitable that

more female respondents will be engaged and willing to participate in the study. Majority of the respondents (66.6) percent are married. This is not uncommon considering the fact that a large majority (70.5) percent of the respondents who participated in the study are aged 20-59 years. Over 60 percent of the respondents are Christians, while a huge proportion (98.7) percent are Yoruba by tribe. This is not surprising since the study was conducted in Ibadan.

Table 1: Distribution of Respondents by Social Demographic Information (N=400)

Variable	Response	Percent (%)	Frequency
Sex	Female	378	94.5
	Male	22	5.5
Educational Qualification	No formal education	39	9.8
	Primary	65	16.3
	Secondary	118	29.5
	Tertiary	170	42.5
	No response	8	2.0
Marital Status	Single	84	21.0
	Married	266	66.5
	Separated/Divorced	10	2.5
	Widowed	33	8.3
	No response	7	1.8
Ethnic Group	Yoruba	381	98.7
	Igbo	9	2.3
Religion	Christianity	245	61.3
	Islam	125	31.3
	Traditional	8	2.0
	Others	4	1.0
Occupation	Trader	144	36.1
	Farming	30	7.5
	Teaching	84	21.0
	Student	48	12.0
	Traditional Doctor	2	.5

	Hair dressing	9	2.3
	Fashion	48	12.0
	Driving	3	.8
	Banking	3	.8
Age	below 18	23	6.3
	19-29	46	12.1
	30-39	106	26.8
	40-49	116	29.8
	50-59	53	13.9
	60-69	38	10.1
	70 above	10	2.5

The educational attainment of the respondents shows that most of them had formal education as 42.5 percent had tertiary education, 29.5 percent had secondary education, 16.3 percent had primary education, while less than 10 percent had no formal education. On the occupation of the respondents, it can be seen that 36.1 percent of the respondents are traders, 21 percent are teachers, 12 percent are students and fashion designers, 8 percent are drivers and bankers, 7.5 percent are farmers, while less than 1 percent are traditional doctors.

The first objective of the study which was to identify the reasons for the practice of Female Genital Mutilation flowed from the

research question "What are the reasons for the practice of Female Genital Mutilation in Ibadan?"

Reasons for practising FGM

Table 2 below shows the various reasons provided by respondents for the practice of FGM in their communities. Culture was identified as a major reason for the practice of female genital mutilation as a large majority (82.6%) of the respondents identified cultural reason. Nearly half (44.9%) stated that FGM is still being practised because it controls promiscuity, while 33.1 percent of the respondents reported that it helps the women to keep their virginity.

Table 2: Distribution of Respondents on Reasons for Practising Female Genital Mutilation (N=400)

Response	Frequency	Percent
Cultural reasons	300	82.6%
Easy delivery	38	10.5%
Makes women more attractive	41	11.3%
Brings honor to the family	51	14.0%
Avoids being punished	18	5.0%
Attracts respect	32	8.8%

Means of livelihood	21	5.8%
Cleans the female genitals	46	12.7%
Every female in my area is circumcised	73	20.1%
Controls promiscuity	163	44.9%
Helps women keep virginity	120	33.1%

A small proportion reported FGM is still being practised because it helps in easy delivery of children (10.5%); it makes women to be more attractive (11.3%); and it brings honour to the family (14.0).

Furthermore, 8.8 percent reported that it attracts respect to them, while 5.8 percent perceived that it serves as a means of livelihood, while 33.1 percent believes it helps women to keep their virginity till marriage. It is, however, pertinent to note that most individuals and cultures that uphold this practice also do so in order to preserve their inherited culture as well as to save their lives from what could best be termed fear of the unknown and death consequences that may follow the act of extra-marital affairs by the spouse.

In line with the above illustration, a male traditional birth attendant at Labiran asserts thus;

"Our culture needs to be sustained as much as possible. Female genital mutilation, as introduced by our fore-fathers, has not only brought chastity to our women who are now mothers but has in addition brought about trust and faithfulness among married couple. The fact still remains, if a woman is not tamed by the practice of Female Genital Mutilation, the tendencies of her getting

involved in an extra-marital affair would be high and you know that in our culture, the act could bring about the death of a man" (A male traditional birth attendant/ KII/47years).

Also, to further establish the above, a female circumciser at Labiran also reiterated that the practice must continue and as custodians of the cultural heritage, one of their concrete roles must include notifying the upcoming generations, especially the females, how uncircumcised females are often regarded as prostitutes:

"We circumcisers are the custodians of customs and in order for the culture to be practised sustainably, there is a need for us to tell our children, most especially the female ones that anyone who is not circumcised is a prostitute and does not conform to the tenets of Yoruba culture" (Female Circumciser/KII/69years)

This expression correlates with the work of Onadeko (2004) that the clitoris is considered unpleasant to both sight and touch. And it is a sign of maturity when a woman's ugly genitalia have been removed to prevent prostitution.

A married circumcised female who sell herbs (*Agbo*) at Oyedeji explained that the

immoral act as exhibited by the members of the society is one of the reasons that the societal custodians of culture still hold on to the practice of FGM just to see to it that the society still retains its moral sanctity:

"The world we are today is filled with immoralities, you see nowadays. You find out that it is girls who now run after men and not men going for them. This can be traced to the fact that such girls were not circumcised, because if they were, the clitoris which is very sensitive to sexual arousal would have been removed. But reduction in this practice has led to a high level of promiscuity and has brought down sexual value, most especially, among female youths" (Circumcised Female/KII/41years)

The above response of a female who had been circumcised shows a subtle regret in the reduction in the practice of female genital mutilation in the opinion of the woman who attributed the high rates of sexual immorality to the reduction in the practices.

The second and third objectives of the study which seek to examine the health implications of FGM with reference to how the instruments for circumcision are sterilized flow from the research questions "How are the instruments for the circumcision sterilized and what implication does it have for the health of the circumcised females?"

Health Implications of FGM

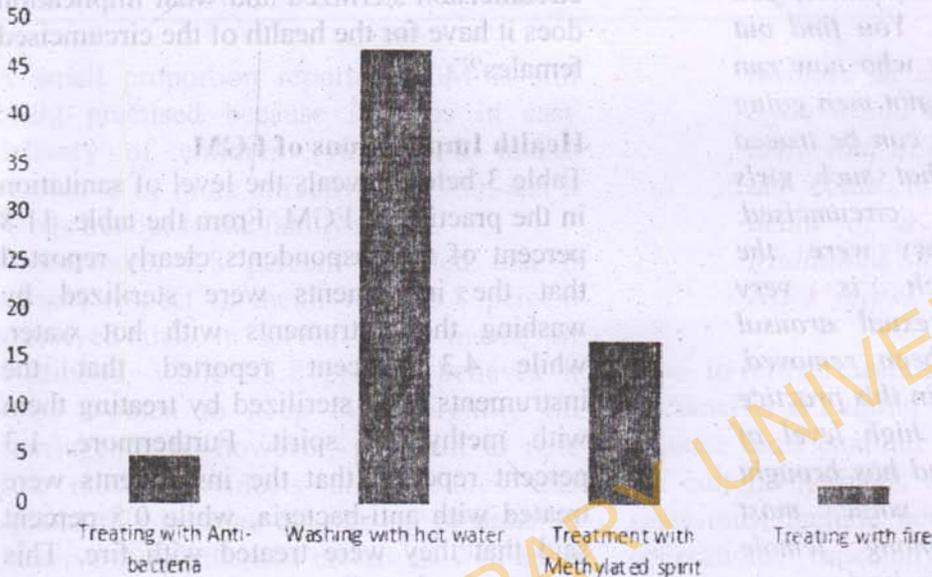
Table 3 below reveals the level of sanitation in the practice of FGM. From the table, 11.8 percent of the respondents clearly reported that the instruments were sterilized by washing the instruments with hot water, while 4.3 percent reported that the instruments were sterilized by treating them with methylated spirit. Furthermore, 1.3 percent reported that the instruments were treated with anti-bacteria, while 0.5 percent said that they were treated with fire. This study clearly discovered that a huge proportion (over 60.0) percent of the population who could not respond to the question were unaware that circumcisers seldomly sterilize their instrument appropriately. The few respondents that admitted that they sterilize only and sadly pointed out that water is largely used for the purpose of sterilizing.

Table 3: Distribution of Respondents showing how the instruments were sterilized

Response	Frequency	Percent
Treating with Anti-bacteria	5	1.3
Washing with hot water	47	11.8
Treatment with Methylated spirit	17	4.3
Treating with fire	2	.5

Ignorantly, this people might be carrying out the bidding of what they tag 'preservation of our tradition' at the detriment and expense of the lives of the younger generation due to the indisputable presence of communicable infections through sharp objects. The bar chart below further illustrates this distribution.

Figure 1 Distribution of Respondents by how the instruments were sterilized



A parent in the interview also confirmed that some circumcisers do get the instruments themselves or ask those about to be circumcised to bring their instruments such as razor blades, knives, scissors etc to be used on them. He (the traditional circumciser) then sterilizes the instrument with water and dries on flame of fire. She maintained thus:

"We have had all our three daughters circumcised, in fact, the youngest of them is now 8 years. We were mostly the ones that provided the instruments to be used and we don't do any other cleaning order than washing out the dirt with water, even self on getting to the

circumciser, she too used to wash and dry on the flame of fire before using it"
(Parent/Igbo-Elerin/IDI/42years)

The above report has revealed that the sterilization process of the equipment used for FGM cannot be completely trusted. Another problem is whether the environment is hygienic enough for the FGM. The responses of the circumcisers also corroborate this view as many were not able to establish in their reports that they conduct a proper sterilization of instruments before and after the exercise is carried out, hence increasing the risk of infectious diseases on women. The response below "ever since then, the strategy has been working out fine,

no issues at all" may have otherwise inferred that there were issues and the strategy before the adoption of patients' instruments for circumcision, were not "working out fine." This could be disastrous in the society as they could end up being infected and in the end, spread same to other members of the society. However, one of the circumcisers opined that:

"We have been doing this thing since a very long time now. In fact it was passed on to me by my parents. We have never experienced any form of complications. Because we have seen cases where parents doubt the neatness of our instruments, we now advise them to be bringing their instruments, especially the sharp objects, either blade or knives and ever since then the strategy has been working out fine, no issues at all. We also ensured that it is thoroughly cleaned with water and dried on fire in case of rust." (Traditional Circumciser/Oyedeji/KII/56y ears)

According to a Trained Nurse at the University College Hospital, Ibadan, the instrument used varies and largely depends on the knowledge of the circumciser who mostly pays less attention to sterilizing the instruments:

"Any sharp cutting instrument such as a knife, broken glass, and razor blade will do, or the operator may have somehow acquired medical instru-

ments like a scalpel, forceps or scissors. The instruments may be new or may have already been used for other purposes and/or on other persons. Sterilization is seldom known nor performed by these traditional operators." (Trained nurse/UCH/KII/32years)

In line with the foregoing, another circumciser (*Oloola*) in the area maintained that Snail, Red oil and sometimes white clothes are the needed requirements for circumcision to take place. According to the accounts of a trained nurse, it is very possible for someone to be infected with a dangerous disease if these instruments are not constantly sterilized or restrained from been used more than once. In her words:

"How can parents take such risk of not ensuring that objects used to mutilating their children and wards are properly sterilized and it could lead to disease contamination? Methylated spirit is at least everywhere and affordable too" (ATrained Nurse/KII/UCH/32years)

From the findings above, one would be certain that the issue of being infected is a concerned raised by a health professional. Infectious diseases can affect the fertility and general reproductive health of the patient if not quickly and seriously dealt with.

Discussion of Findings

The study examined the health implication of female genital mutilation on women in Ibadan, against the background that the phenomenon is still been practised in this

community despite the efforts to eradicate it. Over 90 percent of the respondents who participated in the study are females perhaps because it is a female issue and a sensitive one at that. The continuous practice of Female Genital Mutilation despite its ills was confirmed. The continuity in the practice was attributed mainly to cultural reasons as revealed by the responses of the large majority (82.6) percent of the respondents. This finding corroborated those of Mberu, (2016) as well as Ndikom, Ogungbenro and Ojeleye (2017) that cultural factor and the need to uphold the traditions of the society are major determinants of the practice of female genital mutilation in any community in Nigeria. Although, female genital mutilation is considered a violation of girls' and women's rights, the reasons given by the female for the continuous practice did not seem to reveal coercion and desire by women for it to be stopped in Ibadan. Other reasons given by the respondents who were mainly females also established the fact that women themselves contributed to the continuous practice.

One would have expected that the respondents would responded differently to establish that FGM is gender biased and needs to be eradicated in a patriarchal society. However, the responses were clearly different from this as other major reasons that were given included; female-sensitive such as the practice of FGM controls promiscuity (44.9%), helps women keep their virginity (33.1%), easy delivery (10.5%), makes women more attractive (11.3%) and cleans female genitalia (12.7%). Only a few others reported other reasons to include that FGM brings honour to the family (14.0%), avoids punishment (5.0%), attracts respect (8.8%) and means of livelihood (5.8%). These reasons for the practice of FGM have been attributed to

ignorance and lack of awareness about the ills of FGM in the light of possible factors such as illiteracy or location (mainly if respondents were from the rural areas).

Unfortunately, the educational attainment of the respondents in this study, reveals that majority (42.5 %) had tertiary education, while less than 10% had no form of formal education. This goes forth to show that the perception of individuals about FGM has a large influence on its practice as corroborated by Adeyemo, Omisore and Asabi (2012). The results, therefore, call for a huge concern on the need to continually educate and sensitize women on the adverse implications of FGM in order to also take care of the fluctuation on the prevalence rates, particularly in the Southwest as revealed by the statistics in the DHS (2003-2016-17) and MICS (2007- 2011). The responses from the in-depth interviews also revealed the support and perceived functionality of FGM in reducing sexual immorality and how women also displayed their ignorance regarding the adverse implications it has on their health with regards to the procedure of sterilizing the instrument.

A few respondents reported that instruments for circumcision are sterilized, using methylated spirit, fire and hot water, while others reported bringing their own instruments for circumcision which are later sterilized using fire or hot water in the case of rust. This was corroborated by the traditional circumcisers in the study. Only the trained nurse and doctor expressed concern on inappropriate sterilization process, hygiene of the environment and the implications on the health of the females. From the foregoing, therefore, the path to the eradication of FGM mutilation particularly in Ibadan still seems very distant as women themselves who have been circumcised are

yet to fully come to terms with the adverse health implications of FGM and rise up to kick against it. They emphasized the increased sexually immorality and promiscuity which supposedly would not have been with the advent of FGM. It is, therefore, necessary to accelerate the interventions geared towards educating and sensitizing women and young girls on the implications of FGM for their health and also empower them to rise up early and kick against the practice.

Conclusion

It is evident from the study that the belief that Female Genital mutilation has a positive effect on women because it controls promiscuity, helps women keep their virginity and brings honour to the home are still held as the functions that necessitated the continuous practice of FGM in Ibadan. However, the implication of FGM on women's health does not seem to be a huge concern for the women being circumcised even though the trained nurses had reiterated the possible effect of not properly sterilizing the instruments used in performing it can cause transmission of deadly disease on the female. The reported method of sterilization known to a few of the women was through the use of hot water and the flame of fire as well. It is, therefore, obvious that FGM is an ancient cultural practice that still affects women around the world today and is still being practiced for cultural reasons. While the original aim was to ensure a submissive position towards men in the society, societal shifts, human rights awareness and changes in sexual roles make it unnecessary in modern society. Its continued practice is dependent on the interplay of culture, lack of awareness and acceptance in some societies. With an increasingly multicultural society and migrant population, it is likely that healthcare professionals, especially those in

inner city areas, will come across women who have undergone and will continue to undergo Female Genital Mutilation if concerted efforts are not made to avert it.

Recommendations

An increased sensitization on the adverse effects of FGM on the psychological, emotional and reproductive health of women should be taught to mothers and young girls early. Thus, a new wave of education and campaign against FGM should commence even from primary schools. While the healthcare professionals are likely to find the practice of FGM abhorrent, it is essential that the topic be approached with cultural sensitivity as without this, there is unlikely to be trust, and thus little chance of a successful outcome to the clinical encounter. The government should also step up its game to eradicate FGM as a matter of policy and ensure that perpetrators are sanctioned appropriately. The need to enlighten, inform and empower women on the implications of the practice to their health, the future of their children and the world at large cannot be over emphasized as no matter the cultural rationale behind the practice, change which is also a characteristic feature of culture, is ultimately inevitable.

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