

A Pilot Study of the Attitude of Nigerian University Students Towards Female Genital Mutilation

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ABSTRACT This study investigated the attitude of undergraduates of the University of Ibadan, Nigeria towards female genital mutilation (FGM). The sample for the study made up of 180 undergraduates of the university of Ibadan, Nigeria. The questionnaire was used in eliciting information from the participants drawn from all the faculties of the university. Results indicated that students did not on the basis of sex and religion differ in their attitude towards female genital mutilation. However, a significant difference existed in their attitude on the basis of educational background and level of awareness. Based on these findings, the need to intensify enlightenment campaigns in Nigerian universities was emphasized.

INTRODUCTION

Female genital mutilation (FGM) is believed to have originated in Africa. It was, and remains, a cultural rather than a religious practice (Robinson, 2001). It involves the severing, mutilation and decapitation, and excision of the whole or certain portions of some outer sensual part of the female genital organ. According to Badri (1984), there are three types of this destructive and invasive practice depending on the degree of mutilation: "Circumcision proper" or clitoridectomy- this is the mildest type and consists of the removal of the tip or prepuce of the clitoris only; excision- consists of removing the entire clitoris together with the adjacent parts of the inner tip of the vulva labia minora); and infibulations or "Pharaonic" circumcision- consists of the removal of the whole clitoris, the inner lip of the vulva and the anterior two thirds of the outer lip (labia majora) of the vulva. The two sides of the vulva are then stitched together leaving a small opening for the passage of urine and menstrual flow.

Apart from the physical, obstetric and gynaecological side- effects of female genital mutilation, Ba'asher (1974) also identified several psychological consequences. These include: Anxiety state in young girls as a result of the fear of the operation and its sequelae leading to sleeplessness, nightmare and panic; psychological trauma as a result of operating without anaesthetic; reactive depression as a result of delayed scarring; and neurasthenia and marital disharmony as a result of lack of sexual stimulation and difficult sexual intercourse.

Moreover, the age of circumcision and the reasons for circumcision vary from one country to another, and from one ethnic group to another within the same country. The age can range from two weeks of birth, to just before marriage and during motherhood. The most common reason given for female genital mutilation in many cultures is that it a custom handed down from past generations and so must be continued (Ba'asher, 1974; Owumi, 1994; Robinson, 2001). In the process of socialization, the most important contacts are between a child and its parents. Parents, as important units provide a focal point for the culture. Whatever the attitudes and behaviours of the parents may be, these are culturally patterned and are transmitted to the child as he/she grows up. Therefore, parents reflect the cultural patterns and values of their society, as their own parents and other socializing agents impressed these upon them. However, education and information give individuals the opportunity for greater exposure and knowledge and hence lay the foundation for new attitudes and values.

All international actions to stop female genital mutilation gained roots from the 1979 World Health Organization (WHO) seminar on "Traditional Practice Affecting the Health of Woman and Children" held in Khartoum, Sudan. In 1989, the Regional Committee of the WHO for Africa passed a resolution urging participating governments to adopt appropriate policies and strategies in order to eradicate female genital mutilation. Since then, several non-governmental agencies, such as the Inter-African Committee on Traditional Practices

Affecting the Health of Women and Children and its national committees; Women's Action Group on Female Excision and Infibulation; and the Women International Network, have geared their resources extensively to the dissemination of information about female genital mutilation (WHO, 1989)

With the increased awareness of the harmful consequences of FGM came changed attitudes in several quarters. These changed attitudes have led to its ban in many African countries including Burkina Faso, Djibouti, Central African Republic, Ghana, Guinea, Senegal, Togo, etc. Recently, 6th of February of every year has been declared an "International day for the zero tolerance to female genital mutilation" by the World Health Assembly and subsequently been approved by various respective governments including the Federal Republic of Nigeria (Federal Government of Nigeria, 2004).

Following from the literature, this study set out to test the following hypotheses: Male students would hold more favorable attitudes to female genital mutilation than female students; Moslem students will have more favourable attitudes to female genital mutilation than Christian students; students from low educational backgrounds would have more favorable attitudes to female genital mutilation than students from high educational backgrounds; and students with low awareness level of information on female genital mutilation would have more favourable attitudes than students with high awareness level of information.

Operational Definitions:

Low educational background: Both parents of an undergraduate have a maximum of senior secondary school (senior high school) certificate.

High educational background: Both parents of the undergraduate have completed at least university degree of two years degree or equivalence.

Low awareness: This implies scores below 9.28 on the awareness scale.

High awareness: This implies scores above 9.28 on the awareness scale.

METHOD OF STUDY

Participants: A total of one hundred and eighty

(180) students participated in the study. 80 (44.4%) were males while the remaining 100 (55.6%) were females. 70 (38.9%) were Moslems while 110 (61.1%) were Christians; Students of a high educational background were 62 (34.4%) and those from a low educational background were 82 (65.6%)

Instrument and Procedure: The instrument used was a questionnaire made up of three sections: Section A tapped the demographic variables of the participants. Section B was made up of 20 items raised to elicit information on the attitude of undergraduates towards female circumcision. The scale was structured along the Likert-type response format—scoring ranging from strongly agree (4 points) to undecided (Zero point). Of the twenty items in this section, eight of them had a reversed scoring order; which indicated that the higher the score on the attitude scale, the less favourable the participants' attitude to female circumcision. Section C measured the participants' level of awareness about female genital mutilation. Six questions considered the respondent's sources of information while the next 19 statements were of "True", "I don't know", and "False" type. The higher the score on the awareness scale, the higher the awareness level of information.

The instrument was content validated by three professors of Health Education and Medicine at the Ambrose Alli University, Ekpoma-Nigeria. The reliability yielded 0.90 and 0.83 co-efficient for sections B and C respectively.

RESULTS

The result ($t = 1.52$; $df = 178$; $P < 0.01$) obtained did not support the first hypothesis, which stated that male students would have more favourable attitude towards female genital mutilation than female students.

The result of the second hypothesis that had predicted Muslim students would have more favourable attitude towards female genital mutilation than Christian students, was statistically not significant ($t = 0.98$; $df = 178$; $P > 0.01$).

The third hypothesis, which stated that students from low educational backgrounds would have more favourable attitude towards FGM than students from high educational backgrounds, was supported ($t = 4.21$; $df = 142$;

P < 0.01).

The fourth hypothesis predicted that students with low awareness level of information on FGM would hold more favourable attitude towards FGM than students with high awareness level. The result obtained was statistically significant ($t = 9.73$; $df = 178$; $P < 0.01$).

DISCUSSIONS

The earlier expectation of this study that male students would have more favourable attitudes to female genital mutilation than female students was not supported. This goes to show that there is no gender difference in the attitude of students to this practice, probably as a result of the cultural similarity of all the respondents.

The result of the second hypothesis showed that there was no significant difference in the attitude of Christian and Moslem students towards female circumcision. This finding is consistent with that of Robinson (2001), that FGM is primarily a social practice rather than a religious one.

This study has also revealed that students from low educational backgrounds had more favourable attitudes to FGM than those from high educational backgrounds. This result is especially important because the socialization of the child begins in the home, where the child learns many specifics about the cultural practices of his/ her community. Therefore, the contemporary attitudes, values and knowledge of educated parents are transmitted to the children (students) through association, reinforcement and social learning. Furthermore, not only do parents of low/ high educational status differ in the kind of information they impact to their wards, but they also differ in their tendency to talk about cultural practices in the home.

This study also found that students with low awareness level of information on female circumcision held more favourable attitudes to the practice than those with high awareness level. This is possible because according to Zajonc (1968), the principle of congruity holds that when a change in evaluation or attitude occurs, it always occurs in the direction of increased congruity with the prevailing frame of reference. Therefore, a student who comes in contact with convincing information about the hazards of FGM may come to adopt a more negative attitude

to FGM.

From the results of this study, one can conclude that the positive attitudinal socialization experiences gained from parents teach students appropriate attitudes and behaviour. Also the information level of students influences their attitudes to FGM. However, one very important factor that cannot be undermined in the struggle for the total elimination of FGM is the power of culture. Anthropological, sociological and social psychological studies have shown that the traditional practices of a society are closely linked with the living conditions of the people and with their beliefs and priorities. Thus, in societies where women's needs have been subordinated to those of men, traditional practices often serve to reinforce their disadvantage with direct and indirect effects on their health, as is the case with FGM.

LIMITATION TO THE STUDY

This study being a pilot study has obvious limitations. This is because results obtained may run into problem of generalizations for the entire student population of the university and the over 52 universities in Nigeria. In view of this, subsequent studies interested in using larger student population are hereby advocated.

RECOMMENDATIONS

In order to enhance and sustained a more favourable attitude towards and practice of FGM, the following suggestions are advocated: Strong educational programs should be developed and carried out on a consistent basis with built-in evaluation and follow-up measures; Anthropologists, apart from writing about colourful initiation rites, of which FGM is one, should also point out that many of such traditional practices of which FGM is one, are clear violations of human rights and must be condemned; and apart from grassroots dissemination of information about FGM, seminars, lectures and workshops should be organized in the tertiary institutions in Nigeria. This is especially important because they are the future of Nigeria. For example, 93% of the participants in this study saw the need for more information about the practice of FGM in Nigerian universities.

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