AFRICAN JOURNAL OF

EDUCATIONAL MANAGEMENT

ISSN 0795 – 0063

Volume 25, No. 1, June 2024
&
Volume 25, No. 2, December 2024

A JOURNAL OF THE DEPARTMENT OF EDUCATIONAL MANAGEMENT, UNIVERSITY OF IBADAN

EDITORIAL BOARD

HIS LINEAGE PUBLISHING HOUSE
9, Alli Gbadebo Street, Mokola Ibadan
GSM: 0803 3596 818
E-mail: awemakin@gmail.com

Table of Contents

African Journal of Educational Management – Vol. 25, No. 2, 2024.

EDUCATION AND FEMALE GENITAL MUTILATION IN EKITI STATE, NIGERIA

Adeyi, Moruf Olugbenga & Makinde, Temitayo Abimbola
Department of Social Science Education
Faculty of Education
Ekiti State University, Ado-Ekiti
Email: *olugbenga.adeyi@eksu.edu.ng*

Abstract
This study examined education and Female Genital Mutilation (FGM) practices in Ekiti State. The descriptive research design of the survey type was adopted for this study, with the population consisting of all married women living in the 16 Local Government Areas (LGAs) of Ekiti State. Multistage sampling procedure was used to select 371 married women as sample from 6 LGAs. The instrument titled 'Perceived Impact of Education on Female Genital Mutilation Practice (PIEFGMP)' was used to collect data for the study. The instrument was subjected to face and content validity. The reliability co-efficient of 0.79 was obtained through the Cronbach Alpha reliability testing method. Data collected were analyzed using descriptive and inferential statistics. All hypotheses were tested at 0.05 level of significance. The findings showed that the level of FGM practice in Ekiti State was moderate and correspondent the level of campaign programme on FGM practice was low. The findings also showed significant relationship between media campaign, health campaign, level of education and FGM practice in Ekiti State. Based on the findings of the study, it was recommended that government and policy makers should promote women's access to education, health care, and develop projects that generally promote women's access to and engagement with the media.

Keywords: Education, Female genital mutilation, Media campaign, Health campaign

Introduction

Female genital mutilation (FGM), also known as female genital cutting (FGC) and female circumcision (FC) is the ritual removal of some or all of the external female genitalia. According to World Health

Organisation (WHO) (2014), female genital mutilation (FGM) is a traditional practice which is said to be a violation of human rights of girls and women. Considering the fact that this is a traditional practice, change in practicing communities is low. FGM is typically carried out by a traditional circumciser using a blade on babies from days after birth to puberty and beyond. In half of the countries for which national figures are available, most girls are cut before the age of five (WHO, 2010).

Procedures for cutting however differ according to the country or ethnic group. This can be in form of clitoridectomy which is the partial or total removal of the clitoral hood and clitoral gland. Excision which is the partial or total removal of the labia minora and removal of the labia majora; infibulation which is the closure of the vulva but a small hole is left for the passage of urine and menstrual fluid; the vagina is opened for intercourse and opened further for childbirth. As at 2010, 20 percent of women affected by FGM are thought to have been infibulated (UNICEF, 2013).

The practice of FGM appears to be rooted in gender inequality, attempts to control women's sexuality and ideas about purity, modesty and beauty. It is usually initiated and carried out by women, who see it as a source of honour, and who fear that failing to have their daughters and granddaughters cut could expose the girls to social exclusion or promiscuity (Lazuta, 2013). The health effects depend on the procedure; they can include recurrent infections, difficulty in urinating and passing menstrual flow, chronic pain, the development of cysts, inability to get pregnant, complications during childbirth, and fatal bleeding among others.

The level of FGM practices in Ekiti state seems to be high For instance, Ekiti States has been identified as a leading state in Nigeria in the practice of female genital mutilation and cutting (Punch Newspaper, 2017). No fewer than 120 million females are reported to be carrying the negative effects of the act across the globe, saying it has no known benefit to the victims (UNICEF, 2013). At a sensitization and "Edutainment" programme held at the Ekiti State University, Ado Ekiti, in 2017, experts lamented that over 71% of such cases are reported in Ekiti, ranking the state second only to Osun in the prevalence of FGM.

Statement of the Problem

Despite series of awareness programmes on FGM, and the ban by Ekiti State government on FGM, the practice seems to be on the increase. Many people tend to continue this practice perhaps because it is part of the traditions handed down by their mothers and grandmothers, or probably because of the myth that FGM in most cases prevents the death of a child, especially during childbirth. According to oral narratives, should the head of a child touch the clitoris during childbirth, the baby may die. Another justification for this practice is that, it curtails promiscuity. It is believed that if the clitoris which is the most sensitive part of the female genital organ is clipped could reduce the urge for sexual intercourse.

FGM has been observed to have immediate and long term health implications on the reproductive, physical and emotional well-being of girls and women. It has no known benefit to victims, the negative effects of this practice could include excessive bleeding, shock, HIV/AIDs, development of cyst, posttraumatic stress disorder, infertility and sometimes death to name a few.

Despite series of public enlightenment employed to put an end to FGM practice, none seem to be yielding the desired result. This brings up the question of what could be the most effective method to combat this menace. Perhaps, education, which is an experience that brings about an inherent and permanent change in a person's thinking and capacity to do things might go a long way in combating these negative traditional practices. The dangers of and the need to stop FGM may not be understood by illiterate members of the society just as the law on FGM may make no meaning to them. In fact, they may never be aware of it, and even when they are, they may not be able to appreciate the consequences. It is against this backdrop that this study examined education on the practice of female genital mutilation in Ekiti State, Nigeria. This study also examined the level female genital mutilation practice in Ekiti State, identified the campaign programmes mostly used against practice of female genital mutilation in Ekiti State, determined the relationship between level of adult education programme, health campaign, media campaign and female genital mutilation in Ekiti State.

Research Questions

This following research questions guided the study:

1. What is the level of female genital mutilation practice in Ekiti State?
2. Which of the education campaign programme is mostly used against female genital mutilation in Ekiti State?

Research Hypotheses

The following hypotheses were formulated for this study:

1. There is no significant relationship between the level of adult education programme and the practice of female genital mutilation in Ekiti state.
2. There is no significant relationship between the level of health education campaign and the practice of female genital mutilation in Ekiti State.
3. There is no significant relationship between the level of media campaign education and the practice of female genital mutilation in Ekiti state.

Delimitation of the Study

The study was delimited to married women across the 16 Local Government Areas (LGAs) in Ekiti State.

Methodology

The descriptive research design of the survey type was adopted for this study, with the population consisting of all married women living across the 16 LGAs of Ekiti State. This population was considered appropriate because FGM is mostly practiced by women on other women. The sample for this study consisted of 371 respondents who were selected through multistage sampling procedure. The first stage involved the selection of two LGAs in each of the three senatorial districts in Ekiti State using simple random sampling technique. The second stage involved the use of stratified random sampling technique to select two towns from each sampled LGAs using location as the basis for the stratification (i.e rural and urban). The third stage involved the selection of 70 women from each selected town using simple random sampling technique. A questionnaire designed by the researchers was used to elicit the information needed for this study. The questionnaire was titled 'Questionnaire on Education and Female Genital Mutilation

Practices (QEFGMP)'. The questionnaire was divided into two sections. Section A elicited bio data of the respondents, while Section B was sub-divided into four (4) parts which include: female genital mutilation practices, adult education programmes focusing FGM, media campaign, and health campaign, it consisted of 30 items that elicited information on education and female genital mutilation practices among women living in the rural and urban areas of Ekiti State. This questionnaire adopted 4-point likert type rating scale of Strongly Agree, Agree, Disagree and Strongly Disagree (SD). Section B of the questionnaire. The instrument used for this study was subjected to face and content validity through screening by experts in Social Studies as well as Tests, Measurement and Evaluation in the Faculty of Education, Ekiti State University, Ado-Ekiti. The reliability of the instrument was determined through a trial testing carried out on 20 women who were not part of the sample. The data obtained from the trial testing were subjected to Cronbach Alpha reliability testing, to obtain a reliability co-efficient of 0.79. The researchers with the help of two trained research assistants administered the instrument. The researchers' personal contact and visits to the respondents helped in ensuring a better understanding of the items on the questionnaire and also ease the retrieval of the completed copies of the questionnaire. It is however important to note that, out of the 420 copies of the questionnaire administered, 371 copies were properly filled and collected, hence, this was used as the sample for study. The data collected were analysed using descriptive and inferential statistics. The research questions were answered using mean, standard deviation, frequency counts and percentages, while the hypotheses were tested using inferential statistics of Pearson's Product Moment Correlation (PPMC). All hypotheses were tested at 0.05 level of significance.

Results

Question 1: What is the level of female genital mutilation practice in Ekiti State?

Table 1: Level of Female Genital Mutilation Practice in Ekiti State, Nigeria

S/N	***Items***	***N***	***A***		***D***		***Weighted Average***	***Remark***
			f	***%***	***f***	***%***		
1	Female genital mutilation is practiced in my community	371	238	64.2	133	35.8	2.64	***High***
2	FGM is practiced is widely accepted in my community	371	173	46.6	198	53.4	2.47	***Low***
3	Female genital mutilation practices cut across both literate and illiterate members of the society	371	258	69.5	113	30.5	2.70	***High***
4	Female genital mutilation practice is very common in Ekiti state	371	258	69.5	113	30.5	2.70	***High***
5	Female genital mutilation is rarely practiced in urban areas	371	173	46.6	198	53.4	2.47	***Low***
6	Are your female relatives circumcised?	371	245	66	126	34	2.66	***High***
7	Female genital mutilation is more practiced in rural areas	371	271	73	100	27	2.73	***High***
8	Female genital mutilation is practiced in your family	371	186	50.1	185	49.9	2.50	***Low***
9	Female genital mutilation is carried out in open and public spaces	371	199	53.6	172	46.4	2.54	***Low***
10	Female genital	371	206	55.5	165	44.5	2.63	***High***

	mutilation is practiced without fear of consequences							

Mean of Weighted Average= 2.60

To determine the level of female genital mutilation practice in Ekiti State (high, moderate or low), the mean score, frequency counts and percentage were used. The low practice level was determined by scores below the mean of weighted average (***x*** < 2.60) while the moderate practice level was determined by the mean of weighted average (***x*** = 2.60) and the high practice level was determined by scores above mean of weighted average (***x*** > 2.60). The information in table 1 showed that the level FGM practice was high in items 1, 3, 4, 6, 7 and 10 while the practice level is considered low in items, 2, 5, 8 and 9. Thus, the overall level of female genital mutilation practice in Ekiti State was considered high.

Question 2: Which of the campaign programme is mostly used against female genital mutilation in Ekiti State?

Table 2: Campaign Programme mostly used against Female Genital Mutilation in Ekiti State

Campaign Programme	N	Mean	Std. Deviation	Rank
Media Campaign	371	15.68	3.700	1st
Adult Education Programme	371	13.33	4.121	2nd
Health Campaign	371	10.49	3.919	3rd

In table 2, the result showed that media campaign has the highest level of campaign programme on female genital mutilation in Ekiti State with the mean score of 15.68. This is closely followed by adult education programme with mean score of 13.33 while health campaign has the least level of campaign programme with the mean score of 10.49.

Testing of Hypotheses

Hypothesis 1: There is no significant relationship between the level of adult education programme and the practice of female genital mutilation in Ekiti State.

Table 3: Relationship between Adult Education Programme and Female Genital Mutilation Practice in Ekiti State

Variable	*Mean*	*Std. Deviation*	*N*	r_{cal}	*Sig.*
Adult Education Programme	13.33	4.121	371	-0.057	0.274
Female Genital Mutilation Practice	28.48	9.599	371		

p>0.05 (Not Significant)

Table 3 showed that r_{cal}(-0.057) was not significant at 0.05 level of significance. The null hypothesis was accepted. This implied that there was no significant relationship between the level of adult education programme and female genital mutilation practice in Ekiti state. The relationship between the level of adult education programme and female genital mutilation practice in Ekiti state was low and negative. This implies that adult education programme will not determine female genital mutilation practice in Ekiti State, Nigeria.

Hypothesis 2: There is no significant relationship between the level of health campaign and the practice of female genital mutilation in Ekiti State.

Table 4: Level of Health Campaign and the Female Genital Mutilation in Ekiti State

Variable	*Mean*	*Std. Deviation*	*N*	r_{cal}	*Sig.*
Health Campaign	10.49	3.919	371	-0.314*	0.000
Female Genital Mutilation Practice	28.48	9.599	371		

P<0.05 (Significant)

Table 4 showed that r_{cal}(-0.314) was significant at 0.05 level of significance. The null hypothesis was rejected. This implied that there was a significant relationship between the level of health education campaign and the practice of female genital mutilation in Ekiti State The relationship between the level of health campaign and the practice of female genital mutilation in Ekiti State was negative. This implies that the higher the level of health education campaign, the less the practice of female genital mutilation practice in Ekiti State and vice versa.

Hypothesis 3: There is no significant relationship between the level of media campaign and the practice of female genital mutilation in Ekiti State.

Table 5: Level of Media Campaign and Practice of Female Genital Mutilation in Ekiti State

	Mean	Std. Deviation	N	r_{cal}	Sig
Media Education Campaign	15.68	3.700	371	0.229*	0.000
Female Genital Mutilation Practice	28.48	9.599	371		

P<0.05 (Significant)

Table 5 shows that r_{cal}(0.229) was significant at 0.05 level of significance. The null hypothesis was rejected. This implied that there was significant relationship between the level of media education campaign and the female genital mutilation in Ekiti State The relationship between the level of media campaign and the female genital mutilation in Ekiti State was positive.

Discussion

The findings of the study with respect to research question 1, revealed that the level of FGM practice in Ekiti state was high. This implies that the level of female genital mutilation practice is still high although slowly declining. The findings of this study corroborated Orubuloye et al (2010) who opined that overall FGM prevalence in Ekiti State is high, with 72.3 percent of women aged 15 to 49 having undergone FGM. The finding of the study with respect to research question 2, revealed that the of campaign programme mostly used against FGM practice in Ekiti

State is media education campaign, closely followed by the adult education programme and health campaign. The use of different campaign programmes and counselling strategies in reducing FGM practices could enhance the people's awareness of the dangers involved. This is expected to awaken women to resist, reject and fight FGM.

The findings with respect to hypothesis 1, revealed that there was no significant relationship between adult education and FGM practice in Ekiti State. This implied that level of adult education programmes could not significantly reduce FGM practice. This could be due to the fact that adult education progrmmes was not likely to give an in-depth information about the health implication of FGM, unlike the health campaign that tend to provide information with concrete evidences. Perhaps, this could be the reason why this study found that there was significant relationship between health campaign and FGM practice in Ekiti State. This implied that, the level of health education campaign had desired implication on the FGM practice in Ekiti State. The findings corroborated that of Oyinade and Daramola (2013), who found that educated parents are less inclined to have their daughters undergo FGM because they are more likely to be exposed to health education about the practice.

The finding of the study also revealed that media campaign was mostly used against FGM practice in Ekiti State. This study showed that there was a significant relationship between media campaign and FGM practice in Ekiti State. This implied that, the higher the level of awareness and campaign against FGM practice, the lower the level of practice. This finding was in line with the submission of Ahmadi (2013) that virtually every media content aims at obviously influencing the attitudes and behaviour of target audience. In line with its informative, educative and social functions, the media tend to guide people into accepted norms and values as well as necessitates a change in cultural pattern where necessary, since human behaviour as well as culture is dynamic.

Conclusion

Based on the findings of the study, it was therefore concluded that the level of FGM practice in Ekiti State was high. Also, media and health campaigns influenced FGM practices. However, FGM practice could not be influenced by adult education programme.

Recommendations

Based on the findings of the study, the following recommendations were made:

1. Government and policy makers should promote women's access to education, health care, and develop projects that generally promote women's access to and engagement in the media.
2. Government should establish more health service centres in various communities and recruit qualified health care personnel to help check forms of maladaptive behaviours and traditional practices that affect the health of people.
3. Health practitioners and policy makers should intensify actions against FGM during antenatal checkups at the hospital or health centers across the State.

References

Ahmadi, M.O. & Amir, B.A. (2013). An analytical approach to female genital mutilation in West Africa. *International Journal of Women's Research,* 3(1), 37 - 56.

Lazuta, S. (2013). Prevalence and determinants of the practice of genital mutilation of girls in Khartoum, Sudan. *Annual of Tropical Pediatricians.* 26(4), 303-310.

Orubuloye, I.O., Caldwell, P. & Caldwell, J. (2010). Female circumcision among the Yoruba of Southwestern Nigeria: The beginning of change. In B. Shell-Duncan & Y. Hernlund (Eds). *Female circumcision in Africa: Culture, controversy and change* (73-94). Boulder, CO: Lynne Rienner Publishers, Inc

Oyinade, B. & Daramola, I. (2013) Gender, media, and politics: A case study of Nigeria, *Singaporean Journal of Business Economics, and Management Studies*, 1(10), 25-33

UNICEF, (2013). Female genital mutilation / cutting: A statistical overview and exploration of the dynamics of change, *http://www.childinfo.org/fi les/FGCM_Lo_res.pdf.*

WHO (2010). Study group on female genital mutilation and obstetric outcome: Female genital mutilation and obstetric outcome 2006: WHO collaborative prospective study in six African countries *The Lancet,* 367(9525), 1835-1841.

WHO (2014). Understanding and addressing violence against women: Female genital mutilation WHO/RHR/12.4, 2012.