

**EFFECT OF FEMALE GENITAL MUTILATION PRACTICE ON GIRL CHILD EDUCATION:
SOCIO ECONOMIC IMPLICATION IN SOUTH EAST NIGERIA.**

**SYLVESTER NWIGWE OGBUEGHU (PhD)
SOCIAL SCIENCE EDUCATION DEPARTMENT,
UNIVERSITY OF NIGERIA, NSUKKA.**

**PATRICIA NWAMAKA AROH (PhD)
SOCIAL SCIENCE EDUCATION DEPARTMENT,
UNIVERSITY OF NIGERIA, NSUKKA.**

**&
PAUL IKECHUKWU IFERE (PhD)
DEPARTMENT OF EDUCATIONAL FOUNDATION,
ALEX EKWUEME FEDERAL UNIVERSITY, IKWO, EBONYI STATE.**

ABSTRACT

this study investigated the effect of female genital mutilation practice on child girl education in the south east Nigeria. Three research questions and two hypotheses guided the study. The population of the study comprised all the mutilated female with south east. A sample of 1000 respondents was purposively drawn at 200 per a state. Four points modified likert type questionnaire, made up of 24 items was used. The instrument was duly validated by three experts. Data collected were analysed with mean, standard deviation and it test statistics. The result should that FGM has negative effects on girl child education, social and economic status of south east Nigeria. Recommendation made include:

- a. Governments in south east Nigeria should implement their various policies and FGM prohibition laws and punish offenders.*
- b. Mass media should be effectively used to disseminate information on the bad effect of FGM and its prohibition in south east.*

Key words: FGM, Girl Child Education, South East Nigeria, Social and Economic Effect.

INTRODUCTION.

Female genital mutilation is mostly being practiced in the developing countries where people still adhere strongly to their religious and cultural norms. In these countries, especially in their rural areas, this practice has deep religious and sociological roots that create societal norms in order for the families to be accepted by the communities, else sanction awaitsthem. (kissaakye 2002) female genital mutilation according to Gryenbaum (2001) involves in the complete removal of the external female genitalia basically for social and cultural reasons. It has no health benefit, because it cause severe bleeding, problems in urinating, infections, complication in child birth and high risk of new born deaths (Sargent 2001). This exercise is usually conducted on young girls from infancy to the age of fifteen years. In Nigeria and south east in particular.

In the rural areas, the practiced is performed with sharp and poor implements by religious leaders, village elders, family heads and traditional birth attendants. It entails the removal of the labia and the structuring together of the vulva which places victim life in danger. (ouedraogo 2008). These practices are normally being performed on minors and it constitutes violation of their right to health, security, physical integrity, torture and cruel, inhuman treatment and right to life especially when it leads to deaths. (WHO2020).

Based on the world health organisation, declaration, it is being described as a violation of fundamental human right of girls and women, and seriously opposed to its practice due to the harmful effects, World health organisation has sent huge amount of money in the treatment of health complication caused by female genital mutilation in the developing economics like African countries, middle east, Asia and so on, up to average of 1.4 billion Us dollars per year.(WHO 2016).

Klein, Helzner, Shayowitz, kohlhoff and Norowitz (2018) stated that there exist four different approaches to female genital mutilation processes, and these are:

- A. Process I. This involves the partial or total removal of the clitoral glands (external and visible part of the clitoris which is one of the sensitive parts of female genitals).
- B. Process II. This entails the partial or total removal of the clitoral glands and labia minora (inner fold of the vulva), with or without removal of labia majora (outer folds of skin vulva).
- C. Process III. This is known as infibulations. It involves the narrowing of the vaginal opening through the creation of a covering seal. The seal is formed by cutting and repositioning the labia minora, or labia majora mainly through stitching with or without the removal of the clitoral prepuce.
- D. Process IV. It involves all other harmful procedures of female genitalia such as pricking, piercing, incising, scraping and cauterizing of the genital area.

Female genital mutilation can be viewed from both sociological and obstetrics/ gynaecological points. Sociological aspect involves where social conventions place pressure on parent to perform that on their girl child in order to prepare them for marriage and adult hood. (Chibber, Saleh and Harm 2011) its assumed cultural importance includes to maintain girl's chastity, preserve fertility, improve hygiene and enhances sexual pressure for men. Generally it was believed that it helps to ensure premarital virginity and marital fidelity by reducing the desire for extra marital sexual acts. From the obstetrics and genecology point of view, all forms of female genital mutilation as associated with increased health risk in both short and long terms. Offor and Ofole (2015) stated that female genital mutilation interferes with the natural functions of girl's and woman bodies. Also that it bring immediate health risk and lot of long terms complication which affects woman's physical, mental, sexual health and well-being thought the life course.

It is a harmful and unaccepted from human right as well as a public health perspective, regardless of who performed it. Whether medically do by the health care provider or not it is opposed by world health organisation, even it at the request of the patient or their family. (Mohamud, Ali and Yinger 2000).

Elnashar and Abdelhady (2007) outlined some of the short and long term risk to include:

- A. Severe pain – cutting the nerve ends and sensitive genital tissue causes extreme pain, and the healing period is painful.
- B. Excessive bleeding (Haemorrhage) can result if clitoral artery or other blood tissues are cut.
- C. Shock which are caused by pain, infection and haemorrhage.
- D. Infections can occur as a result of the use of contaminated instrument and improper care during the healing period.
- E. Urination problem which consist of urinary retention and pain passing urine as a result of tissue swelling or injury of the urethra. While some of the long term risk include:
 - a. Chronic genital and reproductive infections.
 - b. Menstrual problem
 - c. Child birth complication
 - d. Obstetric fistula, among others.

Rahmam and Toubia (2000)Underland and odgaard Jensen (2014) described the harmful psychological consequences FGM thus: Girls have reported disturbance in eating sleeping, mood and cognition shortly after the practice, while girls and woman experience fear, submission or inhibition and suppressed feeling of anger, bitterness or betrayal.

With all these inherent risk, female genital mutilation is bound to have effect on girl child education, which in turn had both social and economic implications in south east Nigeria. Girl child education is the act of giving education to young girls who are the mothers of tomorrow. A popular says goes that “when you

educate a woman you have educated a nation''. All the states in the south east Nigeria developed their policies and strategic plans in order to drive home girl child education in their various areas.

(Angaehie and Okeke 2012)

South East Nigeria constitutes five states namely, Enugu, Anambra, Abia, Ebonyi and Imo. These states have rural communities where female genital mutilation are mostly practiced.

This practice is so entrenched in the culture of the people of south east to the extent that is a taboo for a parent not to circumcised their female child and set them ready for marriage. (Angaehie and Okeke 2012) . This takes precedence compared to education of the child which is not cultural bound, and does not prepare for marriage. According to Sargent (2001), economic dependence and importance given to the institution of marriage are very influential in perpetuating female genital mutilation in the south east Nigeria. This is one of the reasons while it is almost impossible to abolish the practice in this area irrespective of laws against it put in place by various state governments. This also the reason why girls child education policy was introduce in south east Nigeria due to the fact that parents were more interested in preparing their girls child ready for marriage at the expense to their education. And Nigeria being a developing economy, it became necessary to find out it's effect on girl child education as well as the social and economic implications of this practice on the economy, hence this research. These social and economic implications were viewed from the angle of academic contentions, involvement in creative acts, sports, productive activities and commercial activities among others, as supported by (Badejo 2001).

This study was guided by three research questions and two hypotheses stated thus:

- a. What effect does female genital mutilation has on girl child education in the South East, Nigeria.
- b. To what extent does female genital mutilation affects social economy of south, east Nigeria.
- c. To what extent does female genital mutilation affects the economic status of South, East, Nigeria.
- d. H1O: female genital mutilation do affect girl child education significant in south east.
- e. H2O: female genital mutilation do affect negatively the economic and social economy of South, East, Nigeria.

Method

This study used descriptive survey research design in order to avoid manipulation variables. Nworgu (2016) supported this especially where pop and scrupling are involved. All the woman who had their genital organ mutilated in the south east, Nigeria constituted the population of this study, while purposive simple random sampling techniques were used to select 1000mutulated women, (200from each state) as respondents. A structured questionnaire on the effect of female genital mutilation on girl child education as well as its economic and social implications was developed and used for data collection. Items on this questionnaire were skewed and rated on four points scale of strongly agreed, Agreed, disagreed, strongly disagree and very high extent, high extent, low extent and very low extent respectively.

Three independent experts assisted in the validation of this instrument for accurate and reliable data to be collected. Data collected were analysed with mean and standard deviation at a mean benchmark of 2.50 while E- test statistic was used to test hypotheses at 0.05 level of significance. 950 questionnaires out of 1000 distributed were returned and analysed.

RESULTS

The research questions were analysed with mean and standard deviation. The mean benchmark is 2.50.

Research question I: what effect does FGM has on girl child education in south east, Nigeria.

Table I: Effect of FGM on girl child education.

s/n	Item statements	SA	A	D	SD	\bar{x} $\geq D$	SD	Decision
1	Most of the mutilated women do not perform well academically due to stress and shock from the act.	900	30	12	8	3.8	2.1	Accepted
2	FGM affects girl child punctuality to school due to frequent problems associated with it.	810	110	10	20	3.2	1.8	Accepted
3	FGM causes loss of interest by girl child to education.	861	73	30	6	3.5	2.0	Accepted
4	FGM affects their academic reasoning due to poor concentration in the class.	720	190	30	10	2.8	1.7	Accepted
5	FGM stress do not allow girl child to concentrate and conduct research.	710	120	100	20	2.6	1.9	Accepted
6	Mutilated women do have very low levels of education and limited opportunities outside marriage.	770	120	50	10	2.9	1.8	Accepted
7	Most of the mutilated women do not with stand the stress in teaching profession.	665	150	120	15	2.8	1.6	Accepted
8	FGM affects girl child cognitive domain	725	125	80	20	3.0	2.0	Accepted

From the above table, all the eight items were accepted with an average mean of 3.1 indicate that female genital mutilation has negative effect on girl child education in south east, Nigeria.

Research question 2

To what extent does FGM affects social economy of south east, Nigeria?

Table two: extent to which FGM affects social economy of south east Nigeria.

>

From the above table, five out of the eight items were accepted while 3 rejected were the positively skewed item, all with an average mean of 2.8. This indicate that female genital mutilation to a very high extent affects the social economy of south east, Nigeria.

Research questions three.

To what extent does FGM affects the economic status of south east, Nigeria.

s/n	Item statements	VHE	HE	LE	VLE	X	SD	Decision
1	Mutilated women do not engage in extra marital affairs.	39	100	101	7.10	1.3	2.2	Rejected
2	Mutilated women do not take effective care of their husband sexually.	810	120	15	15	3.8	2.9	Accepted
3	Most of the mutilated women do ran away from men and may not fit married.	680	150	110	10	3.4	2.5	Accepted
4	Mutilated women have the greatest risk of getting fistula which shorn them out from any social engagement.	725	155	50	20	3.6	2.6	Accepted
5	Most of the mutilated women do have problem in child delivery.	910	20	15	5	4.2	3.1	Accepted
6	Mutilated women are healthier, happy and keep home clean.	40	180	210	5.20	1.1	2.1	Rejected
7	Mutilated women participate effectively in sporting activities.	20	100	120	710	1.2	2.2	Rejected
8	They are always too quarrel some even on slightest provocation.	760	170	18	2	3.9	3.2	Accepted

Table III: extent to which FGM affect the economic status of south east, Nigeria.

s/n	Item statement	VHE	HE	LE	VLE	\bar{X}	SD	Decision
1	Mutilated women are more economic viable than those not mutilated.	20	60	90	780	2.1	2.3	Rejected
2	They work extra hours in their place of work.	10	50	70	820	1.8	2.0	Rejected
3	Most of the mutilated women end up in being house unifies.	690	170	80	10	2.8	2.3	Accepted
4	Most of the mutilated women work as top civil and public servants.	20	70	180	680	2.3	1.8	Rejected
5	Most of the mutilated women lost employment opportunities due to low level of education.	7.70	110	60	10	2.9	2.3	Accepted
6	They are mostly on self-employment.	20	40	60	8.30	1.2	1.6	Rejected
7	They have business ideas more than those who do not have FGM.	2	8	30	9.10	1.1	1.7	Rejected
8	They have more opportunities of getting job in the industries	10	30	60	8.50	1.3	1.5	Rejected

From the above table, 6 out of the 8 items were rejected while two were accepted all with an average mean of 2.1 to which is below the bench mark of 2.50. This indicate that female genital mutilation to a very high extent affects negatively the economic status of south east Nigeria.

Hypothesis one:

H10: FGM do affects girl education negatively in the south east, Nigeria.

Table IV:

N.	F cal	F crit	Remark
950	0.011	0.05	Significant

From the above table 4, the values of it calculated and E-critical are 0.011 and 0.05 respectively. This showed that E-calculated is less than E-critical which means that we should accept the null hypothesis, that FGM do affect girl child education negatively in the south east, Nigeria.

Hypothesis two:

H20: FGM do affect negatively the economic and social economy of south east, Nigeria.

Table V:

N	F-cal	F-crit	Remarks
950	0.04	0.05	Significant

In table 5 above, the values of E-calculated and E-critical are 0.04 and 0.05 respectively. It showed that E-calculated is less than E-critical indicating the acceptance of null hypothesis that FGM do affect negatively the economic and social economy of south east Nigeria.

From table one, all the eight items were accepted by the respondents, with an average mean of 3.1. This means that FGM has negative effect on girl child education in the south east. This finding was supported by international Planned Parenthood federation (IPPF 2008) and (WHO 2008) in their researches.

In table two, five out of the eight items were accepted by the respondents and three rejected were also in supported that FGM to a very high extent affects negatively the social economy of south east Nigeria. This was supported by Odukogbe, Bello and Adeyanju (2017).

In table three six out of the eight items were rejected by the respondents while two was accepted with an average mean of 2.1, although they are all skewed into agreeing that FGM to a very high extent affects negatively the economic and social economy of south east Nigeria. This finding was supported by Kimani (2016) and Nwajei and Otiono (2003).

In table four and five on hypothesis testing, E-calculated are lesser than E-critical with, 0.014, 0.04 and 0.05 respectively. This led to the acceptance of null hypotheses that FGM do affect negatively the girl child education, and the economic and social economy of south east, Nigeria. These findings were supported that of Okonofu (2002) and Offor and Ofole (2015).

Based on the findings above, the following recommendations were made:

- a. Governments in the south east states should vigorously implement their various policies and FGM prohibition laws and offenders punished.
- b. Mass media should be effectively used to disseminate information on the evil effects of FGM and its prohibition in the south east.

Conclusion:

This study was conducted on the effect of FGM on girl child education: the social and economic implications in the south east. South east is one of the geopolitical zones in Nigeria where FGM is mostly practiced, and girl child education is a prominent educational programme of the governments. The findings showed that FGM has negative effects on girl child education as well as on economic and social economy of south east, Nigeria. All hands should be on deck to stop the harmful practice for education, economic and social progress and growth of south east Nigeria.

References

1. Asha. M, Nancy, A. and Nancy Y. (2000) programme for appropriate technology in Health, WHO fact sheet.
2. Badejo O.A (2001) complications of circumcision: The Ife experiences, Nigeria med. Practice 5:103-9.
3. Berg R.C.V.U. and Odgaard Jensen J.(2014), Effect of female genital cutting on physical health outcomes: “A Systematic Review and Met analysis” BMJ open 4 e006316.doi:10.1136/bmj open.
4. Bond A. and Okeke T. (2012) an overview of female genital mutilation in Nigeria, <https://www.researchgate.net/publication/233841130>.
5. Chibber R., Saleh. E.E and Harm J E (2011) female circumcision: obstetrical and psychological sequel continues unabated in the 21st century. *Journal of maternal fatal and Neonatal medicine* vol. 24 no 16 pp833-836.
6. Elliot K, Elizabeth H, Michelle S. Kohloff S. and Tamar AS. N. (2018) female genital mutilation: health consequences and complications- obstetrics and gynaecology international vol., Article ID 7365715.
7. Elnashar A. and Abdelhady R. (2007). The impact of female genital cutting on health of newly married women. *International journal of gynaecology and obstetrics* 97:238-42.
8. Gryenbaum .D (2001) female circumcision controversy: An anthropological perspective, phi lade, Phia University of pennsylvania press p.242.
9. Kissaakye G. (2002), women, culture and human rights: female genital mutilation, *New York, Zed Books*.

10. Nwajei S.D. and Otiono. A.I. (2003) FGM: implication for female sexuality, women studies international forum 26:575-80.
11. Ofor M.O. and Ofole N.M. (2015) FGM: The place of culture and the debilitating effects on the dignity of the female gender, *European scientific Journal* vol. II p. 112-121.
12. Odukogbe A.A, Afolabi B.B and Adeyanju A.S. (2017) FGM/cutting in Africa, translational Anthology and Urology vol.6 No 2 pp. 138-148.
13. Okonofu F.E. (2002), association between FGM cutting and correlates of sexual and gynaecological morbidity in Edo state Nigeria, *British journal of obstetrics and gynaecology* 109: 1089-96.
14. Quedraogo S. (2008) social effect and female genital mutilation <https://mpira.Ub.Uni-muenchen.de//17847//>.
15. Sergent F. (2001) confronting patriarchy: The potential for advocacy in medical anthropology. *Medical anthropology quarterly journal* No 5 p24-25.
16. Samuel K. (2016) FGM/cutting Nairobi, university of Nairobi press.
17. WHO (2020) female genital mutilation.
18. WHO (2016) female genital mutilation <https://www.who.int/media centre/factsheets/fs241/en/>.
19. WHO (2006) FGM and obstetric outcome: WHO collaborative perspective, study in 6 African countries. *The lancet* 367(9525) 1835-1841.