

## **Influence of Mothers and Female Students Location on Their Attitudes Towards Female Genital Mutilation: Counselling Implication**

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**Citation:** Martins Noyosase Igbineweka and Utibe Clarence Ataha (2022) Influence of Mothers and Female Students Location on Their Attitudes Towards Female Genital Mutilation: Counselling Implication, *International Journal of Health and Psychology Research*, Vol.10, No.3, pp.40-48

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**ABSTRACT:** *This study assessed the influence of mothers and female student's location on their attitudes towards female genital mutilation in Delta state, Nigeria: counselling implication. The design was the cross sectional descriptive survey research design. Two questions were raised with their correspondent hypothesis while the population comprised all mothers and female secondary school students in Ika North East Local Government Area of Delta State, the instrument used for the study was a questionnaire titled "Female Genital Mutilation Attitude Survey Scale" (FGMASS) which was adopted and modified by the researchers. Data were analysed using Analysis of Variance. The results revealed that there was no significant difference in the attitude of mothers towards Female Genital Mutilation in both urban and rural area; however, there was a significant difference in the attitude of female secondary school students towards Female Genital Mutilation in both urban and rural areas.*

**KEYWORDS:** mothers, female students, attitude and genital mutilation.

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### **INTRODUCTION**

Female genital mutilation/cutting (FGM/C), also called female circumcision, is the practice of partially or totally removing the external genital organs for non-medical reasons. it is a set of procedures classified into four major types according to its precise anatomical extent and ascending level of severity; Type I (clitoridectomy) refers to partial or total removal of the clitoris or its prepuce; type II (excision) is the partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora; type III (infibulation) involves the narrowing of the vaginal opening through the creation of a covering "seal" formed by cutting and repositioning the

inner or outer labia, with or without removal of the clitoris. Type IV includes all other harmful procedures to the female genitalia for non-medical purposes including pricking, piercing, incising, scraping, and cauterization (Office of the High Commissioner for Human Right, United Nations Program on HIV and AIDS, United Nations Development Program, United Nations Economic Commission for Africa, United Nations Educational, Scientific and Cultural Organization, United Nations Population Found, United Nations High Commission for Human Right, United Nations Children Fund, United Nations Development Fund for Women & World Health Organization, 2008). It has also been stressed by Office of the High Commissioner for Human Right et al., (2008) that the immediate complications of FGM/C include severe pain, shock, haemorrhage (bleeding), tetanus or sepsis (bacterial infection), urine retention, open sores in the genital region and injury to nearby genital tissue, while the long-term consequences can include recurrent bladder and urinary tract infections, incontinence, cysts, infertility, an increased risk of new-born deaths and childbirth complications including fistula, and the need for later surgeries.

United Nations Children Fund in 2016 estimated that at least 200 million women and girls in 30 countries have been subjected to FGM/C, with Nigeria among four countries where two thirds of all women who have undergone FGM/C live and the other three countries are Egypt, Ethiopia, and Sudan. Despite the optimism that the law (Child's Rights Law, 2004) will save over 40 million Nigerian women and girls from the health complications of FGM/C, its enforcement and conviction for offenders for inflicting bodily harm, psychological trauma, and promoting health hazards among Nigerian women, in the name of circumcision or other traditional and cultural practices harmful to women's health, remains to be seen (Ifijeh 2015). In Nigerian 20 million girls and women are estimated to have undergone FGM in Nigeria and this represents 10% of the global total (UNICEF, 2013; 2016); in many Nigerian communities FGM/C is still till date forced upon women and girls by women, primarily mothers and 'aunties' (Akosile 2016) and labelled as 'women against women' (Edukugho, 2015). It violates the human rights of girls and women, and causes serious and in some cases, life-threatening health complications. It is "a harmful practice that constitutes a serious threat to the health of women and girls, including their psychological, sexual and reproductive health, which can increase their vulnerability to HIV and may have adverse obstetric and prenatal outcomes as well as fatal consequences for the mother and the new born. It is also recognised worldwide as a fundamental violation of the human rights of girls and women, reflecting deep-rooted inequalities between the sexes and constituting an extreme form of discrimination against women (Okeke, Anyaehie & Ezenyeaku. 2012).

The experience of genital mutilation has been associated with a range of mental and psychosomatic disorders. For example, girls have reported disturbances in their eating and sleeping habits, and in mood and cognition. As they grow older, women may develop feelings of incompleteness, loss of self-esteem, depression, chronic anxiety, phobias, panic or even psychotic disorders. Girls who have not been excised may be socially stigmatized, rejected by their communities, and unable to marry locally, which may also cause psychological trauma. Pain or discomfort during sexual intercourse can trigger memories of the original practice. Some continue to experience profound emotional and physical pain secondary to coitus which may lead to sexual inhibition and frigidity

(Ibekwe, 2004). In May 2015, a Federal Law was passed banning FGM/C and other harmful traditional practices (HTPs), but this Violence against Persons Prohibition Act (VAPP) only applies to the Federal Capital Territory (FCT) of Abuja. Thirteen 13 states already have similar laws in place; however, there is an inconsistency between the passing and enforcement of laws, the improvement of which depends on state and federal police capacity and willingness.

In a study by Setegn, Lakew and Deribe, (2016) to assess the geographic variation and factors associated with female genital mutilation among reproductive age women in Ethiopia with variables like age of mothers, religion, place of residence (urban versus rural), household wealth index, maternal education and ethnicity as associated with maternal and/or daughters' FGM/C experience. It was observed that there was a higher prevalence for FGM/C in rural geographical locations when compared with urban location. Similarly, Muchene, Mageto and Cheptum, (2018) assessed the knowledge and attitude on obstetric effects of female genital mutilation among Maasai women in Maternity Ward at Loitokitok Sub-County hospital, Kenya. 64 respondents admitted to maternity ward were interviewed on their knowledge of obstetric effects of FGM/C and their attitude towards the practice. Majority of the respondents were from rural location totalling 78% ( $n= 50$ ) and urban 22% ( $n= 14$ ). Findings established that majority of the respondents, 81% ( $n = 51$ ), had negative attitude towards FGM/C. The study established that majority of the women felt that FGM/C did not make a woman feel more acceptable as a respectable woman or feel happier. Most respondents in this study considered the practice backward, had outlived its usefulness, had no tangible benefits, and promoted useless pride in the initiates. This indicated that attitude towards FGM/C was changing, and women are positive to the change of behaviour.

In Nigeria, it is assumed that FGM/C is more likely to occur in rural areas, where community ties and traditions are stronger and social norms more influential. However, the prevalence of FGM/C among girls under 14 is almost equal between those living in urban areas (16.8%) and those in rural areas (17%), Nigeria Demographic and Health Survey (DHS, 2013). Although for older women the possibility of migration between rural and urban areas must be taken into account, the above figures do suggest that there has been a significant decline in FGM/C being carried out on girls and women living in urban areas, while the situation has remained almost unchanged for those living in rural areas. Nigeria Demographic and Health Survey (DHS, 2013:p.349), posit from its survey that 32.3% of Nigerian women aged 15 to 49 living in urban areas have undergone FGM, compared with 19.3% of women living in rural areas, thus prevalence by current place of residence may not be a telling factor as a woman may have moved since undergoing FGM/C, particularly if she was cut at a young age and as such it is more helpful to look at prevalence among young girls according to their place of residence (UNICEF, 2013:37).

### **Rationale for the Study**

Female genital mutilation/cutting FGM/C in Nigeria is perceived to be a reoccurring challenge for Counselling Psychologist due to some beliefs that encourages this practice including the presumed protection of the young women from extramarital relationships; uncircumcised vulva is viewed as unclean, to avoid death of new-born infant, social influence of circumcision for marriage, and

religious reasons and the monetary gains from the practice is also perceived to be another factor. FGM/C represents a symbol for the formation of an ethnic identity for girls in the society in which they live, and a reflection of their transition from teenager to womanhood. FGM/C creates a tribal identity especially in a multi-tribal country like Nigeria where different tribes have different reasons and timing for female genital mutilation. The human rights aspect which sought to address the practice in terms of violation of rights of children and violation of a person's right to health, security, and physical integrity, the right to be free from torture and cruel, inhuman, or degrading treatment, together with the adverse health consequences, has been and remains the dominant arguments against FGM/C in Nigeria.

However, the debilitating effects of FGM/C in Nigeria are evident and cannot be easily overcome without professional help. One therefore needs skilled training and psychological assistance to improve awareness and also help victims make satisfactory healing psychologically and decrease FGM/C in Nigeria. Studies exist on FGM/C and mothers and daughter's location Setegn, Lakew and Deribe, (2016) as it relates to their attitude towards FGM/C but to the knowledge of the researchers, there is a dearth in literature as it relates to the influence of mothers and female student's location on their attitudes towards female genital mutilation in Delta state, Nigeria, a gap this study sought to fill. Counselling psychologists and other specialist will therefore find the results of this study a useful guide in assisting their clients who are victims of FGM/C.

### **Purpose of the Study**

The purpose of the study was to determine if there was any difference in the influence of mothers and female student's location on their attitudes towards female genital mutilation in Delta state, Nigeria.

### **Research Questions**

1. Is there any difference between mothers in urban and those in the rural areas in their attitude toward Female Genital Mutilation?
2. Is there any difference between female secondary school students in urban and those in the rural areas in their attitude toward Female Genital Mutilation?

### **Hypotheses**

**H<sub>01</sub>.** There is no significant difference between mothers in urban and those in the rural areas in their attitude toward Female Genital Mutilation.

**H<sub>02</sub>.** There is no significant difference between female secondary school students in urban and those in the rural areas in their attitude toward Female Genital Mutilation.

## **METHODOLOGY**

The design of this study was a cross sectional descriptive survey research design which was considered suitable because it compares two groups of a sample of the population i.e. mother's and female secondary school students, from which the results will be generalized. The population

comprised all mothers and female secondary school students in Ika North East Local Government Area (L.G.A) of Delta State and ten (10) public secondary schools in the L.G.A were randomly selected using stratified random sampling technique based on the location i.e. rural and urban areas with five (5) public secondary school from each location and ten respondents from each school making a total sample size of One hundred (100) female students. The sample of the mothers was drawn using the same stratified random sampling techniques based on location i.e. rural and urban. Then random sampling was used in selecting fifty (50) respondents each from each group until the required sample size of one hundred (100) was attained.

The instrument used for the study was a questionnaire titled Female Genital Mutilation Attitude Survey Scale (FGMASS) adopted from Ismail, (2009) and modified by the researchers. The questionnaire is divided into two sections A and B: Section A contains the personal data while Section B had Twenty Four items which aided in getting the opinion about the attitude of the respondents i.e. the mothers and female secondary school student's respondents towards the practice of female genital mutilation. The research instrument was subjected to both face and content validation through a series of amendments made by the experts in the Field of Counselling Psychology and one from Measurement and Evaluation. The Pearson's Product Moment Correlation Coefficient ( $r$ ) was used to determine the reliability consistency between set of scores gotten from twenty teachers who were not part of the sample and an  $r$ -value of .82 was obtained, indicating that the instrument was highly consistent and reliable and t-test of independent sample was used in testing both hypothesis raised.

## RESULTS

**Hypothesis 1:** There is no significant difference between mothers in urban and those in the rural areas in their attitude toward Female Genital Mutilation.

**Table 1: *t*-test of Independent Sample of Difference between Mothers in Urban and those in Rural Areas in their Attitude towards Female Genital Mutilation**

<i>Location</i>	<i>N</i>	<i>Mean</i>	<i>SD</i>	<i>d.f</i>	<i>t-cal</i>	<i>t. tab</i>
Mothers in urban areas	75	11.57	5.23	166	3.16	1.96
Mothers in rural areas	93	19.09	6.43			

$\alpha - 0.5$

Table 1: Shows calculated  $t$ -value of 3.16 and  $t$ -value of 1.96 testing at 0.05, alpha level of significance and since the  $t$ -calculated value of 3.16 is greater than the alpha level of .05, the null hypothesis which states that there is no significant difference between mothers in urban and those in the rural areas in their attitude toward Female Genital Mutilation was retained. This implies that there was no significant difference between the attitude of mothers toward female genital mutilation in both urban and rural areas in Ika South Local Government Area of Delta State, Nigeria.

**Hypothesis 2:** There is no significant difference between female secondary school students in the urban and those in the rural areas in their attitude toward Female Genital Mutilation.

**Table 2: *t*-test of Independent Sample of Difference between Female Secondary School Students in Urban and those in Rural Areas in their Attitude towards Female Genital Mutilation**

<i>Location</i>	<i>N</i>	<i>Mean</i>	<i>SD</i>	<i>d.f</i>	<i>t-cal</i>	<i>t.tab</i>
FSSS Urban	133	19.35	6.31	166	0.35	1.96
FSSS Rural	35	19.41	7.16			

$\alpha - 0.5$

Table 2: Shows calculated *t*-value of 0.35 and *t*-value of 1.96 testing at 0.05, alpha level of significance and since the *t*-calculated value of 0.35 is lesser than the alpha level of .05, the null hypothesis which states that there is no significant difference between female secondary school students in the urban and those in the rural areas in their attitude toward Female Genital Mutilation was rejected. This implies that there is a significant difference between the attitude of female secondary school students towards Female Genital Mutilation in both urban and rural area in Ika South Local Government Area of Delta State, Nigeria.

## RESULTS

The results of the study revealed that there was no significant difference between the attitude of mothers toward female genital mutilation in both urban and rural areas in Ika South Local Government Area of Delta State, Nigeria, and this was contrary to the researchers assumptions that FGM/C was more likely to occur among women in rural areas where community ties and traditions were stronger and social norms more influential. The study also found that there was a significant difference between female secondary school students in the urban and those in the rural areas in their attitude toward Female Genital Mutilation in Ika South Local Government Area of Delta State, Nigeria.

## DISCUSSION

The finding states that there was no significant difference between the attitude of mothers toward female genital mutilation in both urban and rural areas in Ika South Local Government Area of Delta State. The finding is in aberrance with the studies of Setegn, Lakew and Deribe, (2016) they assed Geographic Variation and Factors Associated with Female Genital Mutilation among Reproductive Age Women in Ethiopia. They observed a higher prevalence of FGM/C in rural geographical locations when compared with urban location. In accordance with the aforementioned finding, Muchene, Mageto and Cheptum, (2018) accessed Knowledge and Attitude on Obstetric Effects of Female Genital Mutilation among Maasai Women in Maternity Ward at Loitokitok Sub-County Hospital, Kenya. Majority of the respondents were from rural location totalling 78% ( $n= 50$ ) and urban 22% ( $n= 14$ ). it established that majority of the respondents, 81% ( $n = 51$ ), had negative attitude towards FGM/C and that majority of the women

felt that FGM/C did not make a woman feel more acceptable as a respectable woman or feel happier. However we are of the opinion that this may be connected with the recent upsurge in exposure to mass media by women in the rural areas, like the use of mobile phones within the rural areas, television and internet exposures and increase in the number of women traveling to urban areas, as their presumed interaction might be the bases for their level of exposure about FGM/C when compared to those in the urban area.

This findings also stated that there was a significant difference between female secondary school students in the urban and those in the rural areas in their attitude toward Female Genital Mutilation is also in aberrance with the assertion of DHS, (2013) which is of the opinion that the prevalence of FGM/C among girls under, 14years of age is almost equal between those living in urban areas (16.8%) and those in rural areas (17%). The finding may not be unconnected with the low level of sex education in rural schools due to its terrain and that while professional bodies like the Counselling Association of Nigeria and other Non-Governmental Organization (NGO) are organizing schools booster programs in rural school and communities and other advocacies carried out on the adverse effect of FGM/C.

### **Recommendations**

- Counsellors should regularly assist clients who show symptoms which victims of FGM/C are disposed to irrespective geographical location and levels of maturity.
- That adequate education and exposure be carried out on the adverse effect of FGM/C using medium like mobile phones, television and internet in promoting these awareness, especially for recipients within the rural areas.
- Counsellors in training should therefore be effectively exposed to therapies that could be used in assisting victims of FGM/C.
- That more advocacies be carried out on FGM/C, since its adverse effect are numerous so timely assistance should be given to clients and awareness be carried out among women both in religious organization, social bodies, schools and market places.
- Finally, further studies should be carried out on FGM/C to test its using a larger sample and a different geographical location.

### **CONCLUSION**

From the result of the study, it was concluded that there was no significant difference between the attitude of mothers towards Female Genital Mutilation in both urban and rural area but however, there exit a significant difference between the attitude of female secondary school students towards Female Genital Mutilation in both urban and rural in Ika South Local Government Area of Delta State.

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