

Strategies for Eradicating Female Genital Mutilation Practice: Implication for Counselling

Ada Anyamene

Department of Guidance and Counselling
Nnamdi Azikiwe University, Awka
Anambra State, Nigeria. ZIP/Postal code: 234
e-mail: adaanyamene2002@yahoo.com

Chinyelu Nwokolo

(Corresponding author)

Department of Guidance and Counselling
Nnamdi Azikiwe University, Awka
Anambra State, Nigeria. ZIP/Postal code: 234
e-mail: chinwokolo05@yahoo.com

F. E. Anyachebelu

Department of Early Childhood and Primary Education
Nnamdi Azikiwe University, Awka
Anambra State, Nigeria. ZIP/Postal code: 234
e-mail: anyachebelufaith@yahoo.com

(Received: 8-10-11/ Accepted: 17-11-11)

Abstract

This paper examined the strategies for eradicating female genital mutilation. One hundred and thirty two counsellors from the nine universities in South East, Nigeria were used for the study. Two research questions and one null hypothesis were formulated to guide the study. Two experts in Guidance and Counselling -one from Nnamdi Azikiwe University, Awka and the other from Ebonyi State University, Abakaliki validated the instrument. The reliability of the instrument was tested using test re-test method. Data were analyzed using mean scores and t-test statistics. Result revealed that the effects of female genital mutilation are sexual pain, urine retention, poor health, contracting HIV/AIDS and sexually transmitted disease, damaged urethra, lowers women's self esteem, damage relationship, promiscuity and can lead to divorce. Also there was no significant difference in the strategies that would eradicate female genital mutilation based on types of university. Based on the findings, it was recommended that government should establish Guidance and Counselling units in various communities and recruit counsellors to help check forms of maladaptive behaviours and traditional practices that affect the health conditions of people in these communities.

Keywords: Counsellors, Eradication, Female Genital Mutilation, Strategies.

1. Introduction

Nigeria is a multi ethnic society with diverse and rich culture. Culture according to Ebijiwa (2000) is seen as the distinctive ways of a society as perceivable at a given point in time: ways of thinking,

feeling and behaving that allow members of a given society's total way of life. Apenda and Terna (2009) observe that what may be considered appropriate within a particular culture may be nothing in another, or simply put, the proverbial "one man's meat is another man's poison" is a distinction inherent in every culture. According to Utulu (2009) most countries of the world have cultures and traditions, which dictate the pattern of behaviour of people. She observes that society is dynamic, attempts are usually made to modify, change or eradicate certain societal practices and traditions, which are considered harmful to the society while promoting beneficial ones.

In Nigeria, there are several harmful traditional practices and female genital mutilation is one of these practices. The practice is directed at women and this affects the health condition of women in Africa societies Okpanachi (2005) sees female genital mutilation as a set of procedures used to remove or cause injury to part or all external female genitals. Genitival also known as female circumcision is a practice that is predicted on the traditional need to check the woman's libido, and control female promiscuity. There are some consequences that are associated with genital mutilation. Alo and Adetula (2005) observe that women experience growth of cyst, development of bladder fistulae as a result of mutilation and these can lead to infertility and divorce. Also Ogionwo (2003) observes that female circumcision affects the child, this is the case where female babies that are hale and hearty at delivery, becomes ill or bleed to death as a result of circumcision complications. The practice is harmful, completely unacceptable and illegal. The Federal Republic of Nigeria neither condemns nor condones the practice of female genital mutilation (Apenda and Terna, 2009). Yet even at this, some ethnic groups are still practicing it. Owumi (1993) notes that, most females circumcised among Okpe people in Delta State of Nigeria, had the cut between the ages of 13 and 18 years. Owumi (1993) and Utuli and Gamba (1995) observe that this practice vary from community to community and the type of female circumcision also vary in magnitude of operation. Okpanachi (2005) notes that the practice is higher in the South-Western part of the country. According to him the practice is also in South-South and South-East, girls are not eligible to marry until they are circumcised. Time to circumcise depends on tribes.

Regardless of the fact that female mutilation has a lot of adverse effects on women, yet the society still indulge in this ugly practice. Many countries like Sierra-Leone, Burkina- Faso and several other African contries have played prominent role in trying to eliminate the practice. McGuire (2002) and Okpando (2004) encourage the use of creating awareness of the hazardous effects of circumcision on women. Scott (2005) asserts the need to sensitize people on harmful effects of female genital mutilation. The World Health Organization estimates that over 130 million girls and women have been genitally mutilated, and above 2 million girls are circumcised with unclean knives or shards of glass while other girls are cut with unsterilized instruments. Again, Okpanachi (2005) observes that genital mutilation which is performed by female gives credence to the fact that women contibute also to their being dehumanized by the men folk.

Apenda et al (2009) observes that there are immediate and long-term consequences of genital mutilation. For them immediate complications include sexual pain, shock, hemorrhage, urine retention, damage to the urethra, and ulceration of the gentile region. Alo and Adetula (2005) cited in Apenda et al (2009) outline some long term consequences associated with female genital mutilation as follows, growth of desmoids cyst, development of bladder fistulae which can lead to infertility and divorce and scar formation in the virginal opening. All these do not augur well with an individual. One can even contact Human Immune Deficiency virus due to the use of unsterilized instrument used on these women. Something must be done to liberate women from this mess.

Unfortunately, several people are not provided with counselling services in various communities (Nwokolo, 2009). Nwokolo sees counselling, as a service- oriented activity, has a role to play in reducing the psychosocial implications of female circumcision. Sharon (2006) opines the needs of establishment of guidance and counselling unit in various communities and recruitment of qualified counsellors to help check forms of maladaptive behaviours and traditional practices that affect the health condition of people. It should be noted that female genital mutilation is a form of traditional practice that needs to be eradicated. In essence, counselling is one of the veritable tools that is used for creating awareness and problems solving. Preece (2004) and Nwokolo (2009) opine the use of counselling strategies in eradicating societal practices, counsellors should organize themselves and intensify actions against female circumcision through television and radio jingles, dramas, debates, counselling , peer education and choral dances.

Therefore, the use of adequate strategies could enhance women education thereby increasing awareness of their human right to life. This will help them resist, reject and fight female genital mutilation. This then implies that counselling women and the community will play a significant role in eradication female genital mutilations. Hence, the need to find out strategies for eradicating female genital mutilation?

1.1 The Study Aimed at the following.

- 1.) To identify the various effects of female genital mutilation?
- 2.) To ascertain the strategies counsellors will use in eradicating female genital mutilation

1.1.1 Hypothesis

There is no significant difference between Federal and State counsellors on the strategies for eradicating female genital mutilations method.

2. Method

The study adopted a descriptive survey research design as the researchers investigate the various strategies used by counsellors to eradicate female genital mutilation in South East Nigeria. The sample constitute of 132 counsellors from the nine universities in South-East Nigeria.

The instrument used for data collection was a structured questionnaire, which the researchers designed. The instrument was validated by two experts in the department of Guidance and Counselling from Nnamdi Azikiwe University, Awka and Ebonyi State University, Abakiliki. The reliability of the instrument was tested using test-retest method. The response of counsellors from Delta State University, Abraka was used to determine the internal consistency of the instrument and this yielded reliability indices of 0.80 and 0.81 respectively.

The researchers with the help of 9 research assistants distributed copies of the questionnaire to the respondents in their various places of work. Mean was used to analyze the data collected, and the cut off mean point was 2.50. t- test was used for the analysis of the hypothesis, at 0.05 level of significance. The null hypothesis will be accepted if the calculated value of t is less than the critical t-value.

3. Result.

Table 1: The Effects of Female Genital Mutilation.

S/N	ITEMS	MEANS SCORE	DECISION
1.	Sexual pain	3.48	Accepted
2.	Urine retention	3.21	Accepted
3.	Poor health	3.42	Accepted
4.	Contact HIV/AIDS	3.95	Accepted
5.	Sexual frustration	3.21	Accepted
6.	Contact sexual transmitted diseases	3.26	Accepted
7.	Damage to urethra	2.96	Accepted
8.	Damage relationship	2.66	Accepted
9.	Bladder fistulae	3.58	Accepted

10.	Lower women's self esteem	3.61	Accepted
11.	Promiscuity	3.46	Accepted
12.	Divorce	3.21	Accepted

Table 1: Reveals that all the items were generally accepted. This is an indication that all the items in the table were accepted as the effect of female genital mutilation.

Table 2: The Strategies Counsellors would use in Eradicating Female Genital Mutilation.

S/N	STRATEGIES	MEAN	DECISION
13.	Creation of interpersonal communication between members of the community	3.60	Accepted
14.	Encouraging women to be part of the advocacy that speak against female genital mutilation	3.72	Accepted
15.	Creation of awareness through enlightenment campaign.	3.60	Accepted
16.	Promotion of women participation in decision making process in the community.	3.40	Accepted
17.	Presenting meaningful education value to people	3.50	Accepted
18.	Campaigning against female genital mutilation	3.80	Accepted
19.	Render information service through the media	3.70	Accepted
20.	Publishing best practices	3.20	Accepted
21.	Organizing seminars and workshops where women will be encouraged to be fully integrated into society	3.40	Accepted
22.	Helping the community as much as possible to maintain the positive cherished traditional and culture values that are not against women	2.70	Accepted
23.	Organize visits to parents guidance and significant others	3.80	Accepted
24.	Counselling jingles and witty messages against female genital mutilation	3.60	Accepted
25.	Advocating for education of the women	3.70	Accepted

Table 2 revealed that all the items obtained mean rating above 2.50. This is an indication that all the listed strategies are generally accepted by the counsellors as strategies that will help to eradicate female genital mutilation.

Table 3: Response of Counsellors According to the Type.

Type	N	Mean	SD	df	t-cal	tcrit
Federal	34	32.87	6.92	130	0.98	1.96
State	78	31.44	9.83			

From table 3, the calculated “t” value of 0.98 is less than the critical “t” value of 1.96; therefore, hypothesis 1 is accepted. Hence, there is no significant difference in the opinion of Federal and State Counsellors on the strategies that will help to eradicate female genital mutilation.

4. Discussion

The result in table 1 showed that all the listed items were accepted. It revealed that the respondents accepted sexual pains, urine retention, poor health, contact of HIV/AIDS, sexual transmitted diseases, damage of urethra, damages relationship, lower women’s self esteem, promiscuity, divorce and bladder fistulae as the effect of female genital mutilation.

This conforms with the observation of Alo and Adetula (2005) that women experience growth of cyst, development of bladder fistulae as a result of mutilation and these can lead to infertility and divorce. Again, the finding agrees with Opanda at all (2009) who observe that sexual pain, shock, hemorrhage and urine retention are as a result of mutilation given to women. Unfortunately, the effect could affect the individual for life, and this Apanda et al note that the effect has immediate and long term complications. This explains why counselling should be used to eradicate this ugly practice. A great many women in the world today are people who suffered this mutilation. Counsellors should seriously watch out and eradicate this problem.

On the strategies that counsellors would use in eradicating female genital mutilation, the result of the findings revealed that all the strategies will help to eradicate female genital mutilation. The study revealed that if female genital mutilation should be eradicated, these strategies should be intensified. In support of the findings, Preece (2004) and Nwokolo (2009) opine the use of counselling strategies in eradicating societal practices, counsellors should organize themselves and intensify action against female circumcision through television, and radio jingles, drama, debates, counselling, peer education and choral dances. On creation of awareness through enlightenment campaign, Meguine (2002) and Okpando (2004) encourage the use of creating awareness on people on the hazardous effects of circumcision on women. Scott (2005) asserts the need to sensitize people on harmful effects of genital mutilation.

The test of hypothesis reveals that there was no significant difference in the mean ratings of counsellors in State and Federal Universities on strategies that would be used in eradicating female genital mutilation.

4.1. Implications for Counselling

The place of knowledgeable, competent and healthy women in any society cannot be over emphasized. More importantly, women also need to be in-charge of the affairs of the society. Hence the need to be concerned about what happens to them in the society is important. Therefore, there is need for government to recruit qualified counsellors in the community whereby the community has a counselling center. This is necessary because counsellors are in a position to guide the parents, modify and change societal practices that are considered harmful to the society.

The effects of female genital mutilation should be of great worry, therefore intervention programmes are required to checkmate this ugly practice. Programmes to curb the practice are needed. The use of preventive education should be provided in different communities. Counsellors should intensify

actions against female genitals mutilation through organizing seminars, workshops, and render information service through media and visits to parents and significant others. Finally counsellors must create effective awareness programmes in the community and cooperative efforts of the parents in the community would be helpful in helping them know the effects of female genital mutilation. Those Posted counsellors should mobilize community and church leaders against female circumcision.

4.1.1 Conclusion

The study has shown that these strategies would be used in eradicating female genital mutilation which is harmful to the society. Therefore, there is need to recruit community counsellors to help modify maladaptive behaviour and traditional practices that are harmful to the society.

References

- [1] O. A. Alo and G. Adetula, Myths and realities surrounding female genital mutilation (FGM) in Ekiti State of Nigeria, *International Journal of Violence and Related Studies*, 2(1) (2005), 315-321.
- [2] A. Apenda and A. Terna, Cultural dimension of female genital mutilation and its effect on the health of women in Africa, *Benue Journal of Gender Studies*, 1(1) (2009), 173-179.
- [3] T. Ebijuwa, Rethinking women's empowerment in abortion discourse in Africa, In current view point: *A Review of Culture and Society*, 2 (122) (2000), 29-35.
- [4] F. A. Mc Guine, *The Impact of Traditional Practice on Women in Africa*, (2002), London: African Books limited.
- [5] C. N. Nwokolo, Psycho-social implications and counselling measures against female circumcision in Igbo land, *Nigeria Journal of Teacher Education and Teaching*, 7(8) (2009), 18-24.
- [6] W. E. Ogonwo, *State and Dignity of Women in Traditional Religions*, (2003), Calabar: Tonis Press.
- [7] C. P. Okpando, *Africa Women: The Way Forward*, (2004), Lagos: Akin Printing Press.
- [8] E. Okpanchi, Consequences of female genital mutilation on Nigeria women in A.D. Menegbe (ed.), *The Humanities and Globalization: The African Perspective*, (2005), Makurdi: Aboki Publisher.
- [9] B. E. Owumi, A socio-cultural analysis of female circumcision among the Urhobos: A study of the Okpe people of Delta State, (1993), (Mimeograph) submitted to the inter-African committee (IAC) on Traditional Practice affecting the health of women and children in Nigeria.
- [10] A. Preece, *Cultural Practice and Ethnicity: A Hindrance to Development*, (2004), New York: MC Graw Hill.
- [11] R. Scott, *Mass Media Research*, (2005), California: Wadsworth Publishing Company.
- [12] E. B. Sharon, *Community Education and Development*, (2006), New York: Free press.
- [13] R. E. Uturu, The impact of harmful traditional practices on educational development of the girl-child in Nigeria, *Benue Journal of Gender studies*, 1 (1) (2009), 35-43.
- [14] R. Uturu and S. Gambia, Effect of female circumcision: A painful dilemma, In the *Survival of the Girl Child: Problem and Prospects*, (1995), The Nigeria Association of University women (NAUW).