Socio-Cultural Factors and the Continuity of Female Genital Mutilation (Fgm) among Mothers in Obiangwu

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Theory Article

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ABSTRACT

Despite the level of civilization in modern times and ever-increasing campaign against Female Genital Mutilation (FGM), it is still being practised in some Nigerian regions. This traditional practice does irreparable harm to the physical, mental and social wellbeing of women who undergo it. This study determined the knowledge of the associated health and social implications of FGM among women in Obiangwu Community, Ngor-Okpala LGA, in Imo state; identified the main socio-cultural factors contributing to the practice of FGM among mothers in the community and; explored Obiangwu community's effort to end FGM. A cross-sectional study, using questionnaire and key informant interviews revealed that preservation of tradition and dogmatism by the elderly were responsible for its continuous practice in the community and campaigns to address these have been largely undermined by financial constraints. The paper concludes with the policy implications of these findings and calls for measures to address these issues.

INTRODUCTION

FGM has been defined as a group of traditional practices that involve partial or total removal of the external genitalia or other injuries to female organs for cultural, religious or other non- therapeutical reasons (World Health Organization (WHO), 2016). Globally, it is estimated that 200 million girls and women alive today have undergone one form of FGM or the other with high prevalence, in Africa, South Asia and Middle East (United Nations Population Fund (UNFPA), 2018; United Nations Children's Fund (UNICEF), 2016). It is also estimated that about 30 million girls under the age of 15 are at risk of being cut over the next decade. Since it is performed before 15 years of age and is potentially form of violence against women; since it is done often without their consent and awareness of possible complications (WHO, 2008). The practices of FGM is however not limited to developing countries as it has been reported in developed countries, although at an infinitesimal rate. For example its prevalence varies between and within and among countries. FGM has been reported among immigrant communities in some countries like Australia, Canada, France, Sweden, Switzerland, the United Kingdom and the United States (HRP, 2006).

According to the NBS and UNICEF (2017), 18.4 percent Nigerian women were circumcised, this shows a decline from the 2013 NDHS findings which stated that 25 percent of Nigerian women were circumcised, while the percentage for daughters who were mutilated is 25.3%. Concerning the type of circumcision, 61.8 percent of women had cut with no flesh removed, 3.4 percent were nicked, and 4.9 per cent had their genital area sown closed after cutting (a process is known as infibulation) (NBS and UNICEF, 2017). It is more prevalent in the South-East zone of which Imo State is among. Despite the campaign against it, health risks challenges involved and its barbarism, many people still practice it because it is believed to be rooted in cultural beliefs and society, commonly in developing countries where it is firmly anchored on culture and tradition, not minding many decades of campaigns and legislation against the practice [1] According to [2], FGM is recognized internationally as a violation of the human rights of girls and women. It reflects deep-rooted inequality between the sexes and constitutes an extreme form of discrimination against women. It is nearly always carried out on minors and is a violation of the rights of children..

In Obiangwu community, Ngor-Okpala, Imo state, FGM is practised and this traditional practice may lead to irreparable harm to the physical, mental and social wellbeing of women who undergo it. Based on these, the researcher was motivated towards ascertaining socio-cultural factors that determine the continuity of female genital mutilation (FGM) in Obiangwu, Imo State. Though there have been many pieces of literature on FGM, the concerted efforts to eliminate FGM in Nigeria have informed the need for this study. The objectives of the study were to:

1. determine the knowledge of the associated health and social implications of FGM among women in Obiangwu Community, Ngor-Okpala LGA, in Imo state
2. identify the main socio-cultural factors contributing to the practice of FGM among mothers in Obiangwu Community, Ngor-Okpala LGA, in Imo state

3. explore Obiangwu community's effort to end FGM and effectiveness of these efforts

Literature Review

Culture is paramount to one's identity, orientation in the world, and sense of purpose. When looked upon in that light, individuals typically do not take kindly to people from other places and cultures telling them they are backward. In other words, some people frown at cultural ethnocentrism. Most people believe that clamouring for the stoppage of Female Genital Mutilation rooted in cultural ethnocentrism. [3] noted that FGM is a very delicate topic that is deeply rooted in the tradition and culture of a society. In many regions, FGM is regarded as an initiation ritual to integrate young people into the community. Questioning this ritual is often construed as interference in tradition and as a dictate of Western lifestyle.

Societal, religious and personal beliefs determine practice of FGM which is oriented towards control of women's sexuality, to honour family which is incorporated into cultural practices and community mechanisms [4]. It is done for many socio-cultural reasons, and its variation crosses across region to region and from one ethnic group to another. According to [5] , FGM is practised primarily because it is a part of the history, tradition and culture of the community. In West Africa, this may be related to different ethnic and tribal cultures, family relations, tribal connections, class, economic and social circumstances, and education etc [6] It is commonly practised even when people know it will cause pain to girls to whom it is performed. The people believed that the social advantages are higher than pains and benefits embedded and associated with it [7] .

FGM is often covered under the umbrella of religious belief that it is demanded by God for chastity but no religion emphasizes or accepts its practice [8]. More so, FGM is often perceived as being connected to Islam, perhaps because it is practised among many Muslim groups, not all Islamic groups practice FGM, and many non-Islamic groups do [9]. It is prevalent among communities of different religious backgrounds, including Muslims, Christians, Jews, and followers of traditional animist religions" [10].

It is believed that to raise and care for girls properly, and get her ready for womanhood and marital satisfaction, FGM is necessary for such girls [11]. Some girls intend to go for FGM and its processes to avoid the fear of being stigmatised and rejected from their fellow peer groups and their communities for not respecting their culture. Also, girls performing the procedures are celebrated and recognised in the public by gifts [7]. Thus, in cultures where it is widely practised, FGM is often considered a necessary part of raising a girl properly, and a way to prepare her for adulthood and marriage (WHO, 2014).

The desire for a proper marriage which is often essential for economic and social security as well as for fulfilling local ideas of womanhood may account for the persistence of the practice. Some of the other justification offered for FGM is that the practice ensures and preserves a girl's or woman's virginity [12]. In some communities it is thought to restrain sexual behaviour that is considered deviant and immoral [13], it is associated with cultural ideals of femininity and modesty, which include the notion that girls are "clean" and "beautiful" after removal of body parts that are considered "male" or "unclean". In some FGM-practicing societies, uncircumcised women are regarded as unclean and are not allowed to handle food and water [14]. Another belief sometimes expressed by women is that FGM enhances men's sexual pleasure [15].

Socio-economic reasons include beliefs that FGM/C is a prerequisite for marriage or an economic necessity in cases where women are largely prerequisite for marriage or an economic necessity in cases where women are largely dependent on men. FGM/C may also be an important source of income for circumcisers [16]

Theoretical Framework

Functionalism and feminism were adopted to explain FGM as one of the cultural identity through which people promote their culture. According to functionalist [17], he believed that a shared culture is necessary if a society is to run smoothly. This shared culture is passed down from generation to generation and exists outside of the wishes and choices of the individual. Functionalist believe that Female Genital Mutilation is functional because is a part of cultural identity through which a society is identified, ending it will be a threat to the culture of such identity. Furthermore, functionalist explains that Female Genital Mutilation is valuable in itself because it is part of cultural heritage that should be preserved. It is functional because it regulates the sexual behaviour of women in society and will prevent them from being promiscuous

Although there are various forms of feminist theory, they all share the belief that contemporary societies are patriarchal to some degree; interests of men are always considered more important than those of women. Feminists claimed that societies are structured to oppress and dominate women. FGM is one of the cultural powers through which male dominates and controls women. The practice shows the domination of men over women because it only gives men sexual gratification and satisfaction which are denied of women. According to feminist theory, the practice of FGM is a form of sexualized identity which is fashioned through male eyes and fantasies. In this sense, women are seen as sexual objects that exist for male gratification and this must be stopped to ensure gender equality.

Methodology

This study was conducted in Obiangwu community, Imo state, Southeast Nigeria. Imo is one of the 36 states in Nigeria and comprises 3 senatorial zones and 27 local Government Areas (LGA) with its capital situated in Owerri. It has an estimated

population of about 3,927,563 within 5,182.8 km2 (NPC, 2009). Notable communities in Ngor-Okpala include Obiangwu, Ntu, Alulu, Amala, Oburu, Obokwe, and others. Obiangwu community is a rural community, which comprises nine (9) villages. It has basic social amenities like electricity, telecommunications, health and educational facilities. In 2017, the FGM prevalence was 51.6% which is the highest in the South-East, Imo, Nigeria [18]

Research design

This study adopted a descriptive cross-sectional design making use of triangulation and methodological pluralism of quantitative and qualitative methods.

Study population

The study population comprised mothers and key stakeholders i.e those affected by FGM; Girls who have had FGM, Women who have had FGM, Fathers/husbands of FGM affected girls/women, beneficiaries & perpetrator of FGM; excision, religious leaders, and Traditional rulers

Exclusion Criterion

Women who were severely ill

Women who were unable to communicate effectively

Sample size

The sample size for this study was derived using the Leslie Kish formula underneath:

N= Z2pq/ d2

Where;

N = the desired sampled size

P = prevalence rate of FGM in Imo state is estimated at 68% (NDHS, 2013)

Z = the standard deviation from normal approximated to 1.96

d = expected degree of precision set 0.05

q= 1-P

Hence

N = 1.962 X 0.68 X (1-0.68)/0.0025

N = 3.8416 X 0.68 X 0.32/0.0025

N = 0.8359/0.0025

N = 334.3729

Assuming a non-response rate of 10% i.e 0.10 (anticipated non response rate)

n = N/1-non response rate

n = 334.3729/1-0.1

n = 334.3729/0.9

n = 372

The estimated minimum sample size for this study is 372 mothers from the 4 villages in Obiangwu

Sampling Technique

A two-stage random sampling technique was adopted for this study.

Stage 1: This involved the selection of villages in the Obiangwu community. This was done using simple random sampling by balloting method in which four (4) villages were selected from a list of 9 villages that make up Obiangwu community

Stage 2: this involved a balloting method to select mothers within the selected villages who participated in the study. Purposive sampling technique was used for the selection of 16 participants for Key Informant Interview.

Data Collection:

Data collection was facilitated by recruiting and training two (2) research assistants who were fluent in English and Igbo language and were familiar with the study environment. The self-administered questionnaire was used and translated to Igbo so

that the research assistants would have the same standard version. The questionnaire section was divided into four; the first section focused on socio-demographic profile of the respondents, the second section examined the knowledge of the associated health and social implications of FGM among women in the study area, section three identified the main socio-cultural factors contributing to the practice of FGM among mothers in Obiangwu Community, and final section explored the community readiness to stop the practice. The content validity of the questionnaire was examined by lecturers and health workers who knew the study. Reliability test was carried out for the questionnaire by administering copies of questionnaire to 10% to respondents and the Cronbach's alpha of the questionnaire was 0.83 which showed high reliability.

Fifteen (16) key in-depth interviews were conducted among stakeholders. Each session was last for about one (1) hour. The interview was audio-recorded and notes were taken.

Method of data analysis

The collected data were checked for errors, completeness and consistency. It was then coded, entered and analysed with the use of Statistical Package for Social Sciences (SPSS) version 24. Descriptive statistics were presented with the use of frequencies and percentages. For the relationship of variables, chi-square was used and the p-value was set at 0.05 significant levels. For qualitative, the data collected were transcribed and errors were checked. Content analyses were done for the data from qualitative concurrently with quantitative analysis. This was done to ensure consistency in the level of data analysed.

Results

Socio-demographic profile of the respondents

Table 1 shows socio-demographic characteristics of the mothers in Obiangwu community showed that ethnic groups of the respondents were 364 (97.8%) Igbo, while 8 (2.2%) were Yoruba. Age of the respondents indicated that a relatively large number 185 (49.7%) fell within the age of 38-54 years followed by 155 (41.7%) that fell within the age of 21-37 years and 8.6% were 38 years and above. Concerning the marital status of the respondents, 84.7% were married, followed by 6.7% that we're divorced, 6.2% were widows and 2.4% were single. Findings further showed that all the respondents 372 (100%) were Christians. Also, level of education of the respondents showed that 129 (34.7%) completed senior secondary school, followed by 98 (26.3%) who finished higher institution of learning, 78 (21.0%) have vocational training after finishing secondary school, while 21 (5.6%) have primary school certificate. More so, occupations of the respondents showed that the relatively large number of them were traders 121 (32.5%), followed by 111 (29.8%) that were farmers. Above all, 229 (61.6%) indicated that they did not have female circumcised children, while 143 (38.4%) indicated to have circumcised children. Most of the women 230 (61.8%) expressed their displeasure in the continuity of the act and 142 (38.2%) supported the continuity of the practice

Table 1. Socio-demographic characteristics of respondents

Variables	Frequency (n %)
Ethnic group	
Igbo	364(97.8)
Yoruba	8(2.2)
Age (Years)	
21.00 - 37.00	155(41.7)
38.00 - 54.00	185(49.7)
55.00+	32(8.6)
Total	372(100)
Mean	40
Marital Status	
Single	9(2.4)
Married	315(84.7)
Divorced	25(6.7)
Widowed	23(6.2)
Religion	
Christianity	372(100)
Level of Education	
No formal education	14(3.8)
Primary not completed	8(2.2)
Primary completed	21(5.6)
Junior secondary completed	10(2.7)
Senior secondary school	129(34.7)
Vocational training after primary school	14(3.8)
Vocational training after secondary school	78(21)
Higher institution of learning	98(26.3)
Occupation	
Trader	121(32.5)
Farmer	111(29.8)
Civil Servant	56(15.1)
Artisan	49(13.2)
Housewife	35(9.4)
Circumcision Status of Children	
If the respondents have circumcised female children	
Yes	143(38.4)
No	229(61.6)
Should the practice continued?	
Yes	142 (38.2)
No	230 (61.8)

Awareness of Physical Health Risks of the Female Genital Mutilation

Table 2 shows the physical health risks faced by the females that were mutilated. From the table, 368 (98.9%) of the respondents reported that bleeding was the consequence of FGM. 360 (96.8%) indicated infection as the physical risks associated with FGM, while 1.3% claimed infection was not a risk of FGM, and 1.7% claimed not to have known if the infection was a risk associated with FGM. Findings also showed that keloid formation (Scar Tissue) was a risk associated with FGM indicated by 90.1% of the respondents while 236 (63.4%) of the respondents indicated that headache was a risk factor experienced as a result of FGM. As regards child delivery by females that we're genitally mutilated, most 249 (93.8%) of the respondents claimed that there were problems during delivery of the baby (e.g delay labour and periodical tear), while 3.0% indicated that child delivery was not a problem for females that we're genitally mutilated. Above all, majority of the women, 338 (90.9%) indicated that FGM could result to death, while 4.8% claimed they did not know if FGM could result to death and 4.3% refuted that FGM could lead to death. These findings indicated that most of these women had very high awareness about the physical health risks of Female Genital Mutilation in the study area.

Table 2. Physical Health Risks of Female Genital Mutilation

Do you know of any health consequence of FGM?

Variables	Frequency (n%)
Bleeding?	
Yes	368(98.9)
No	4(1.1)
Don't know	
Infections?	
Yes	360(96.8)
No	5(1.3)
Don't know	7(1.9)
Keloid formation (Scar tissues)	
Yes	335(90.1)
No	23(6.2)
Don't know	14(3.8)
Acute headache	
Yes	129(34.7)
No	236(63.4)
Don't know	7(1.9)
Problems during delivery of baby (e.g delayed labour and periodical tear)	
Yes	349(93.8)
No	11(3.0)
Don't know	12(3.2)
Vesico Vaginal Fistula (inability of the bladder to retain urine)	
Yes	109(29.3)
No	149(40.1)
Don't know	114(30.6)
Death	
Yes	338(90.9)
No	16(4.3)
Don't know	18(4.8)

Awareness of Emotional Health Risks

From table 3, findings showed that 46.4% of the women indicated that FGM resulted in anxiety disorder, 40.9% rejected that anxiety disorder was a risk of FGM. Most of the women 311 (83.6%) revealed that FGM led to diminished coitus(sexual) desire, while 6.5% refuted that Frigidity was a risk of FGM. Most respondents denied that FGM led to low self-esteem which was indicated by 48.9%, while 37.4% reported that FGM led to low self-esteem. 45.2% of the respondents refuted that female genital mutilation could lead to depression and 247 (66.3%) rejected that Mental disorder (e.g. psychosis, post-traumatic stress disorders)

Summing up the statistics showed that the respondents had low awareness about the emotional health risk factors caused by FGM in the study area.

Table 3. Awareness of Emotional Health Risks of FGM

Variables	Frequency (n%)
Anxiety disorder	
Yes	173(46.4)
No	152(40.9)
Don't know	47(12.6)
Diminished coitus (sexual) desire	
Yes	311(83.6)
No	21(5.6)
Don't know	40(10.8)
Frigidity (reduced sexual drive/low libido)	
Yes	312(83.9)
No	24(6.5)
Don't know	36(9.7)
Low self esteem	
Yes	139(37.4)
No	182(48.9)
Don't know	51(13.7)
Mental disorder (e.g. psychosis, post-traumatic stress disorders)	
Yes	125(33.6)
No	178(47.8)
Don't know	69(18.5)
Depression	
Yes	145(39.0)
No	168(45.2)
Don't know	59(15.9)

Knowledge of Social implications of FGM

Findings from Table 4 showed that 97.0% of the women indicated divorce was a risk factor associated with FGM, 96.0% who admitted that FGM could result in family separation. Also, 96.2% of the respondents claimed the act could result in polygamy, while 1.9% refuted that FGM could result in polygamy and 41.4% refuted that FGM could disrupt the family unit. Finally, most of the respondents (59.4%) did not know if FGM could lead to withdrawal from previously enjoyed activities. These findings indicated that the respondents in the study area had high knowledge and awareness of social health risks of FGM.

Table 4. Knowledge of Social implications of FGM

Variables	Frequency (n%)
Divorce	
Yes	361(97.0)
No	4(1.1)
Don't know	7(1.9)
Family separation	
Yes	357(96.0)
No	8(2.2)
Don't know	7(1.9)
Polygamy	
Yes	358(96.2)
No	7(1.9)
Don't know	7(1.9)
Disruption of family unit	
Yes	166(44.6)
No	154(41.4)
Don't know	52(14.0)
Inferiority complex	
Yes	102(27.4)
No	194(52.2)
Don't know	72(19.4)
Withdrawal from previously enjoyed activities	
Yes	113(30.4)
No	38(10.2)
Don't know	221(59.4)

Socio-cultural factors that determine the continuity of FGM in the study area

The finding shows that about sixty per cent of the respondent refuted the claim that FGM is practised because of early pregnancy and promiscuity among women folk in the community. 58.3% of the respondents indicated that uncircumcised women were not allowed to associate with the opposite sex in various activities. A relatively large number of women (68%) claimed that FGM was practised to maintain cleanliness and good health in women. Findings further showed that circumcision of women enhances better chances of marriage among girls which was supported by 55.7% of the women. According to popular believe of the people that FGM prevented sexual promiscuous, from these findings, closed to two-third of the women rejected that circumcision of women promotes social morality and decency in women. However, 56.5% rejected the view that circumcision of women is carried out for hygienic and aesthetic purposes but 55.6% indicated that FGM is practised to preserve family honour.

Table 5. social cultural factors that determine the continuity of FGM

Social cultural factors	Accepted n (%)	Rejected n (%)
FGM is practised because of early pregnancy and promiscuity among women folk	149 (40.1)	223 (59.9)
Uncircumcised women are not allowed to associate with opposite sex in various activities	217 (58.3)	155 (41.7)
FGM is practised to maintain cleanliness and good health in women	253 (68)	119 (32)
Circumcision of women enhances better chances of marriage among girls	207 (55.7)	165 (44.3)
Circumcision of women promotes social morality and decency in women	119 (32)	253 (68)
Circumcision of women is carried out for hygienic and aesthetic purposes	162 (43.5)	210 (56.5)
Female circumcision preserves family honour and prevents immorality	206 (55.6)	166 (44.4)

Association between socio-demographic characteristics of the respondents and continuity of the Female Genital Mutilation

From table 7, it was indicated that out of 71 women who said the practice should be discontinued, 88.7% fell within the age of 20-29 years of age, while 62.2% of the women who indicated that the practise should be discontinued fell within the age of 50 and above years of age. Findings further showed that there was a significant association between the continuity of the practice and the age of the women who indicated the continuity and discontinuity of FGM in the study area (χ^2 =34.0, $p<0.05$). The marital status of the respondents showed that out of 315 of the married women, 113 (41.3%) indicated that the practice should be continued while 115(58.7%) expressed that the practice should be discontinued. In addition to this, 84.0% of those who had divorced indicated that the practices should be discontinued while 19 women out of 24 widows claimed the practise should be discontinued. Statistics also showed that there was a significant association between marital status and the practice of FGM in the study location (χ^2 =10.8 $p<0.05$). There were no statistics for religion as all the women were Christians. Findings further show that 62% women of the Igbo people expressed their displeasure in the continuity of the practice while 50% of the Yoruba indicated that the programme should be continued and 50% indicated it should stop. However, it was discovered that there was no significant association between the ethnicity of the respondents and their expression of the continuity of the practice of FGM (χ^2 =0.48 $p>0.05$). Furthermore, statistics indicated that there was a significant association between the education of the women and their expression of the discontinuity in the practice (χ^2 =22.7, $p<0.05$). Findings also showed that among the traders of 121, eighty women indicated that the practice should be discontinued while 41 reported that it should continue. More so, 55.9% out of the 111 farmers reported that the practice of FGM should be discontinued while 44.1% indicated that it should be practised, 75.5% of those who were the artisans reported that the practice should stop and 71.4% of those who were full housewives indicated that the practise should continue. Finally, it was found that there was a significant association between the occupation of the women and their expression of the continuity of the FGM (χ^2=25.9, $p<0.05$).

Table 6. Socio-demographic characteristics of the respondents and perception regarding continuity of the Female Genital Mutilation

Variable	Continuity of FGM		Chi square	P value
	Continue (%)	Discontinue (%)		
Age (years) N=372				
20-29	8(11.3)	63 (88.7)		
30-39	52(50.0)	52(50.0)	34.0	0.00*
40-49	54 (43.9)	69(56.1)		
50+	28(37.8)	46 (62.2)		
Marital Status (N=372)				
Single	4 (44.4)	5 (55.6)		
Married	130 (41.3)	185 (58.7)	10.8	0.01*
Divorced	4 (16.0)	21 (84.0)		
Widowed	4(17.4)	19 (82.5)		
Ethnicity (N=372)				
Yoruba	4 (50.0)	4 (50.0)	0.48	0.49
Igbo	138 (37.9)	226 (62.1)		
Level of education (N=372)				
No formal education	9 (64.3)	5 (35.7)		
Primary(completed)	0 (0.0)	8 (100)		
Primary (not completed)	6 (28.6)	15 (71.4)		
Junior school (completed)	6 (60.0)	4 (40.0)		
Senior secondary (completed)	51 (39.5)	78 (60.5)	22.7	0.00*
Vocational training after primary	19 (24.4)	59 (75.6)		
Vocational training after secondary	4 (28.6)	10(71.4)		
Higher institution	47(48.0)	51(52.0)		
Occupation (N=372)				
Trader	41 (33.9)	80 (66.1)		
Farmer	49 (44.1)	62(55.9)	25.9	0.00*
Civil service	15(26.8)	41(73.2)		
Artisan	12(24.5)	37(75.5)		
Full housewife	25 (71.4)	10 (28.6)		

Community's effort to end FGM

Female Genital Mutilation was not uncommon among the people of Obiangwu community. It could be deduced that though it has been curbed among the people, its practice was very rampant before. In fact, despite the effort and campaign to stop it, many people still carried on the practice. This can be buttressed with the following excerpt:

"... there are these health people that came and taught us. We were t that told that we should stop this FGM. So many of us know about it, except the aged mothers that are in the house and some that attend the program, not all that believed that FGM should be stopped as some continue doing it" (KII, Circumcised woman 4).

The above excerpt indicated that not all the members of the community were in support of the stoppage of the FGM because some believed that it was a generational practice which must not be stopped. Other people believed that it would lead to an increment in pregnancy among the women therefore it should not be stopped. Therefore they continued the practice. This can be supported thus:

"Yes, because some mothers like the aged mothers am talking of, when you told them that FGM should be stopped, they will like to disagree, even if you try to convince them, they will say No, this our generation that it is making some of the girls to be pregnant at early age... (KII,)

Furthermore, it has been observed that the practice of FGM was based on dogmatism. Some of the people that still practised it saw it as part of their old traditions which must not be put away. Therefore they found it difficult to end and its continuity was still upheld by some of them. This can be understood from the view of an interviewee thus:

"If we must come to that, you see this is a small community and some at times, they so much believe in their old ways of

doing things, even if you try to stop they would give you one reason or two why they don't have to but as it is now, as the things are going on now, some are coming down to understand what we are talking about"(KII, Husband of a circumcised woman)

About the attitude of the people towards the ending of female genital mutilation, the community had a positive attitude to its stoppage and different efforts have been put in place to end female genital mutilation in the community. The initial effort put in place by the community was the signing of a treatise by members of the community, Eze, village heads and executive members condemning the practice of FGM in the community. This was with the view to eradicating its practice among the Obiangwu community in Imo state. This fact can be supported by the following excerpt:

"yes, it is viewed as an issue, because everything concerning FGM is known by the Eze, the community and all the Executive members, the village heads. All of them signed before Eze that they have condemned the act of FGM in a community charter" (KII, circumcised woman 1).

The above assertion indicated that the community itself has not been taking FGM practice lightly with the members of the community, as anybody caught in the act would be isolated in the community. This served as social control through which FGM was curbed in the society. For this to be pronounced, it was discovered that there was a monitoring team in the community who reported anybody engaging in the act to the village head and Eze. This could be deduced from the following excerpt:

"In this community, the mothers are there, they put all the eyes on the pregnant young mothers. Let me put it in that way, that is to search for what they are doing when they have given birth to small babies if it's a female child, they should not circumcise the baby" (KII, health workers 1).

Apart from monitoring, other means that the community used to end female genital mutilation was by allowing health organisations and other non-governmental organizations to conduct seminars on the implication of the acts. This seminar was to sensitize them and helped them to understand the benefits of ending female genital mutilation in the community. Furthermore, it was discovered that some health workers usually used the time of immunization to orientate some women on the stoppage of FGM. This view can be understood thus:

"During immunization, even outreaches, we use to tell them to stop FGM, is not good. We are the people that use to do that" (KII, Health worker 2).

Apart from health workers, findings showed that there were some NGOs that used to conduct a seminar for these women. These NGOs would later equipped town crier to publicize the stoppage of female circumcision. One of the NGOs included Circuit Pointe. This was confirmed thus:

"Circuit pointe was the first agency that came to this place and educated women. They called us; they gave money for town criers. So we gathered in our market square where we have our hall and they brought out their videos, they showed the circumcision of women, the infection and the aftermath effect" (KII, circumcised woman 4).

The above assertion indicated that the education of women was one of the efforts put in place to end the practice of FGM. This implied that when the women were educated about the evil of the practice itself, formulation of policy to stop it would not be problematic. When the education of women on genital mutilation began in this community, it was very difficult to change the belief of the people about this but as the series of talk on it went by, people started to soften their mind.

Effectiveness of the efforts put in place to end FGM

Findings showed that the efforts put in place have not been effective because of the lack of severity of punishment against the perpetrators of the acts. The people who still engaged in it were going scot-free. This can be affirmed thus:

"There is no much effective effort because there is no penalty. People that are doing it they are been free if there is anything they will stop it entirely" (KII, Parent).

The above assertion indicated that the efforts put in place by the community have not completely eradicated the acts since no severe punishments have been meted against who engaged in the acts. This made some women and people have a nonchalant attitude towards the end of this practice.

There were still some people who were dogmatic towards old belief and became obstinate towards the end of the practice. These people believed that since it had been practised right from their generation, it would be unacceptable to eradicate this act. This was very common among aged people in the community, who still believed in the practice of the FGM despite the effort to eradicate it and campaign against it.

It should be noticed that it was not as if the efforts were not effective at all but the community has been at the planning stage and trying as much as possible to curb the practice but some were still surreptitiously engaging in the acts behind the knowledge of the monitoring teams and spies that were responsible to investigate the people that practised the acts. This could be understood further by an account of an interviewee thus:

"Well from my little understanding, I have not seen any change as regards that. It's just of recent few when they hear it from

others, they want to imbibe it but they see it as a hard thing to stop, they see it as a very wrong thing to stop the tradition. "(KII, health provider 4).

Besides, what contributed to a lack of total effectiveness of the effort was lack of funds. It was indicated that there were not much funds to sponsor some of these programmes aimed to eradicate this dastard act.

Discussion of findings

Most of the women had heard about female circumcision before. This implies that female circumcision is not an uncommon practice among the respondents in the study location as some of them indicated to have been circumcised or had people that have been circumcised in the study area. These findings support of [19] assertion that assertion that existing laws in most societies do not reflect the prevailing socio-economic realities of the people, and are consequently largely ineffective Also, it was discovered that this practice was mostly done by traditional birth attendants in the community. A point noted by World Health Organisation (2014) who noted the continued patronage of traditional birth attendants despite the fact that most of the population are against the practice.

Concerning the knowledge of physical health risks of FGM, most of the women knew the health implications of FGM. They were aware that the risk factors involved in FGM include bleeding, infection, keloid, problems during child delivery, and death. In fact findings from the qualitative showed that some of these women experienced part of these health implications, especially problems during child delivery and death of infants during the process. These findings supported [20, 3, 21] who claimed that the complications resulting from FGM are either physical (range from bleeding and infection to death), psychological (such as anxiety and post-traumatic stress) or sexual. These findings also showed that these women knew health implications of FGM as documented by [2] that FGM caused death that occurred because of over bleeding, extreme pain that is caused by the cutting; traumatic stress caused by what one has to undergo. This awareness of social health risks affirmed the observation of UNICEF (2010) that it has also been noted that some related health consequences might also cause a woman to be rejected, for example, the majority of women who develop fistulae are abandoned by their husbands because of their inability to have children and are ostracized from their communities because of their foul smell (UNICEF, 2010). Fistulate formation is sometimes a recognized ground for divorce and causes a lack of marriageability, therefore, FGM can have the opposite effect of what it sets to achieve. While FGM aims to enhance a woman's desirability as a wife and sexual partner, the real outcomes of FGM, disadvantage women in precisely the area where it is supposed to protect and empower them such as marriageability, sexual relationships and fertility

Social-cultural factors influencing the practice of female genital mutilation in the study area showed that the people in the community did not practise FGM because of being rejected among their peers. These findings negated the claim of UNICEF (2005) that some girls intend to go for FGM and its processes to avoid the fear of being stigmatised and rejected. from their fellow peer groups and their communities for not respecting their culture. Also, girls performing the procedures are celebrated and recognised in the public by gifts [7] . However, the reason for the practice was to maintain cleanliness and good health in women and enhance better chances of marriage among girls. These findings justified the observation of WHO (2014) that FGM is associated with cultural ideals of femininity and modesty, which include the notion that girls are "clean" and "beautiful" after removal of body parts that are considered "male" or "unclean".

It has been observed that female circumcision still persists in the society is to preserve family honour and prevents immorality and to prevent getting unwanted pregnancies. These findings corroborated the finding of [10] that female genital mutilation is thought to bring greater social value, status, respectability, and honour, not only to the girl undergoing the procedure but also to her family members.

Efforts have been made by the community to end the female genital mutilation because of its health implications. Rules forbidding its practice have been put in place and that various seminars have been conducted to preach against its practice. Though the practice continued but was not common. The community is still at the planning stage of ending the practice. Some illiterate and aged people still believed in the act because to them, it was a generational practice. These findings supported the view of [9] who claimed that FGM is an archaic practice and has been associated with illiteracy. It is believed that most people that engage in it are ignorant of its health and psychological consequences which still makes its continuation rampant in some part of African countries. It has been indicated that "the awareness creation on the negative side of Female Genital Mutilation is important to the community in fighting its practice. This is observed because the decision of FGM is mostly made by the elders who are not much educated, hence forcing the “go-ahead of this practice". Above all, the efforts to end the practice had been put in place in the community but not many resources were available because the monitoring team members to monitor its eradication in the community were performing voluntary services without being paid. These made their efforts ineffective.

Conclusion and Recommendation

Based on the foregoing findings, social-cultural factors that determine the continuity of FGM in Obiangwu, Imo State include; maintenance of cleanliness and good health in women and enhances better chances of marriage among girls and preservation of family honour. Various efforts had been put in place but the efforts were not effective because of financial constraint faced by the monitoring team to end the practice.

There is a need for more sensitization of the dangers that are associated with the female genital mutilation to the people in this community as findings have been revealed that those who still practised the act were illiterate. The monitoring teams should be motivated with stipends to keep up with the assignment given to them.

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