

ORIGINAL RESEARCH

High Prevalence of Female Genital Mutilation and Gender-Based Violence Among Women In Ebonyi State

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ABSTRACT

Female genital mutilation is defined by the World Health Organization as the non-therapeutic damage or removal of a woman's external genitalia, affecting an estimated 200 million girls and women globally. Female genital mutilation is primarily practiced in about 30 countries, including Nigeria, where over 20 million women and girls are impacted. Often performed on girls from infancy to puberty. Female genital mutilation is rooted in gender inequality and linked to motivations such as ensuring virginity and securing marriage prospects. Despite its severe complications, including pain, infection, and death, the practice persists due to religious, hygienic, and sociocultural justifications.

METHODOLOGY: This study aimed to assess the awareness and perceptions of Female genital mutilation and Gender-based violence among residents of Ebonyi State, Nigeria. Data were collected via a hybrid questionnaire from 60 residents, analyzed using Excel and Power BI.

RESULT: Results showed that 85% were aware of Female genital mutilation, but 65% were unaware of Gender-based violence. Additionally, 56% were unaware of related campaigns, and 65% were unaware of support services.

DISCUSSION: Despite high awareness of Female genital mutilation, significant gaps in knowledge about Gender-based violence and available support services indicate a need for enhanced community outreach, particularly in rural areas.

CONCLUSION: The study concludes that addressing Female genital mutilation and Gender-based violence requires comprehensive approaches, including legal reforms, community education, and support systems for survivors. Engaging men and boys and challenging harmful norms are essential, alongside sustained global cooperation and community involvement to eliminate these practices.

Keywords: *Female Genital Mutilation, Gender-based violence, public health.*

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INTRODUCTION

Female Genital Mutilation (FGM) is defined as all procedures that include the partial or entire removal of the external female genitalia and harm to the female genital organs for cultural or any other non-therapeutic purposes. FGM, also known as female circumcision, is most commonly practiced on girls aged one week to puberty. Immediate consequences include bleeding, infection, sepsis, physical disability, shock, urinary retention, adjacent tissue trauma, and death. Long-term risks include the possibility of developing dyspareunia, chronic vulva pain, scarring, urinary problems, poor obstetric and neonatal outcomes, and female sexual dysfunction [3,6,11,19]. Female Genital Mutilation (FGM) is a significant public health challenge that requires adequate attention.

FGM provides no health benefits and causes various issues for girls, women, and their families [5, 22]. However, these expected repercussions may not be linked to FGM and are frequently accepted as normal, resulting in concealed difficulties, a lack of healthcare seeking, and under-reporting [24].

An estimated 20 million women and girls in Nigeria have undergone FGM (FGM/C in Nigeria, 2017). Despite having only about 3% of the world's population, Nigeria accounts for almost one-tenth of the worldwide burden of FGM. Significant attempts have been made to abolish FGM in Nigeria, with laws adopted at the state and national levels, as well as community-based interventions. However, progress has been somewhat gradual. The prevalence among women aged 15-49 years showed a notable decrease over time. According to combined data from the Multiple Indicator Cluster Survey and the Nigerian Demographic Health Survey, it declined from approximately 27% in 2011 to 18.4% in 2017 and further dropped from 25% in 2013 to 20% in 2018 (14–17).

In 2013, up to one-third of adult female Nigerians supported the continuation of FGM (NPC and ICF International, 2013) [17]. According to the Nigeria Demographic Health Survey 2018 [18], the nationwide prevalence of FGM among women aged

15-49 years is 20%, and the procedure is becoming more common among girls aged 0-14, with rates rising from 16.9% in 2013 to 19.2% in 2018 [18]. The regional prevalence in the three major tribes of Yoruba, Igbo, and Hausa is 34.7%, 30.7%, and 19.7%. The South East has the highest prevalence (35%), followed by the South West (30%), and the North East (6%) zones [16].

In Ebonyi State in the South East zone, the prevalence is 53.2%, trailing only Imo State, which has the highest prevalence of 61.7% [16]. Lawani (2014) found that the majority (66.3%) of primigravid women in Abakaliki, Ebonyi State Capital, had experienced FGM [12].

Many contextual factors resulting from gender inequality perpetuate FGM. In highly unequal societies, cultural norms often demand girls' virginity before marriage, emphasize women's chastity and monogamy within marriage (8), and promote the belief that FGM enhances sexual intercourse for men (9). Additionally, FGM is associated with the production of legitimate male heirs to continue their husbands' patrilineage (8).

Other contributing factors include concerns about girls' marriageability, the desire to avoid social stigma, and the fear of losing protection or support from other women and the community if FGM is not performed (23–24).

FGM myths and misconceptions need to be dispelled in order for Nigeria to fulfill its commitment to Sustainable Development Goal (SDG) 5.3, which calls for the abolition of all harmful practices, including FGM, as part of the focus on achieving gender equality and empowering all women and girls (UN, SDG Indicators). The sexual availability of women to their male partners is one of the many contextual elements that contribute to the continuation of FGM.

MATERIALS AND METHODS

Study Area

The research was conducted mainly on residents of Ezzamgbo, Abakaliki of Ebonyi State with a Latitude: 6.4258° N and Longitude: 7.5619° E. Ebonyi State is in the South-Eastern Region of Nigeria. Ebonyi State has a prevalence of cases of Female Genital Mutilation and Gender-Based Violence, which is a significant reference

study area for our Research.

Sample Design and Population

A structured Hybrid questionnaire was used to gather socio-demographic data from 60 people living or having lived in Ebonyi state for a period of 4 weeks. FGM is deeply rooted in culture and tradition. Due to the stigma surrounding this topic, it's hardly talked of. A one-month long resident is rarely the best participant

Data Collection

Data was collected using a Google form shared via social media with 60 participants from Ebonyi State. Participants provided informed consent, and the purpose of the study was explained. Detailed instructions accompanied the questionnaire, and clarifications were available upon request. All 60 individuals completed the survey, ensuring a comprehensive dataset for analysis.

Data Analysis

The data was cleaned and analyzed using Excel and Power BI for Windows, and the findings were presented.

RESULTS

Age

Figure 1 shows that 65% of the participants were between the ages of 18 and 25, while 35% were between the ages of 26 and 35. Thus, it was obvious that a greater percentage of young adults were the dominant participants.

Gender

Figure 2 shows the distribution of gender involved in the research. The table revealed that 90% (54) of the total participants were females. In comparison, 10% of the total participants in the research were males. These analyses demonstrate that these prevalence issues are primarily associated with the

female gender, and thus, they are keener and more interested in changing the meaning associated with it.

Location (Rural-Urban Drift)

Figure 3 depicts the type of place to which the researchers belong. Exactly 18% of all participants came from rural areas, 4% from suburban areas, and 78% from urban areas. This study examined the contributions these residents had in raising awareness of the subject and its significance. FGM is contributed by lack of education. A high percentage of the urban residence are reported as more educated and informed than those in the rural areas.

Awareness about Female Genital Mutilation

The participants were selected based on their residence or previous connection to Ebonyi State, along with their willingness to complete the survey shared via social media. Figure 4 shows that 85% of participants were aware of female genital mutilation, while 15% were not, potentially due to differences in residence or gender. Some of the participants' responses about awareness of female genital mutilation are:

“I have a friend who has gone through female genital mutilation, and she confided in me that none of her kids would go through such as it has cut off her sexual desire, her chances of getting more children were low, and her first intimacy was unpleasant.”

“It happened to someone I know, and she was traumatized and depressed for a long time as it was done during her adolescent years.”

This indicates that a notable percentage of the participants are either directly or indirectly aware of female genital mutilation.

Awareness about Gender-Based Violence

Female genital mutilation is a form of gender-based violence, as it stems from societal norms that perpetuate gender inequality and involve physical, psychological, and social harm to women and girls. However, while FGM is a specific type of GBV, not all forms of GBV involve FGM. GBV encompasses a wider range of issues, including domestic violence, sexual harassment,

and emotional abuse, depending on the cultural and social context.

Figure 5 illustrates that 65% of participants were unaware of gender-based violence, while 35% were aware. Among those who were aware, more than half expressed discomfort discussing their experiences, highlighting both a lack of knowledge and the stigma surrounding open conversations about GBV.

Some participants who ventured to participate provided an indirect narrative of these instances, which were:

“I know of someone who has gone through it with her husband, and it led her to have a miscarriage.”

“I’m not comfortable talking about it, but I am also a victim.”

“I am aware of a friend, but she died of domestic violence from her husband.”

From the analysis above, many persons are victims of gender-based violence but are not comfortable talking about it, so victims do not adequately discuss the subject matter. It also indicates that a notable percentage of the participants aware are indirectly related to the victims of gender-based violence.

Awareness of Campaign Addressing Female Genital Mutilation

Figure 6 provides information on the awareness of campaigns on female genital mutilation/ gender-based violence in their community. From figure 6, 56% of the total participants are not aware of campaigns or organizations in their community targeted at helping females with cases of genital mutilation/ gender-based violence. In comparison, 44% of the total participants are aware of campaigns or organizations in their community targeted at helping females with cases of genital mutilation and gender-based violence. From these studies, it could be deduced that the ratio between awareness and unawareness was merged, which could be due to the tendency of most NGO’s to operate mainly in urban settings of various states, and its impact would soon

be felt at other levels of residence.

Awareness of Support Services for Female Genital Mutilation and Gender-Based Violence

The statistical comparison between participant awareness of support services for gender-based violence and female genital mutilation (FGM) is shown in Figure 7. The graph below shows that 65% of participants overall are not aware of resources available to address gender-based violence and female genital mutilation. Comparatively, just 35% of all participants are aware of the resources available to address gender-based violence and female genital mutilation. Based on the study below, it appears likely that most NGO’s prioritize internet awareness over Table 6 in favor of a support network that helps victims find closure.

Received Education/Training on Female Genital Mutilation

According to the study findings presented in Figure 8, individuals received education/training on female genital mutilation or gender-based violence at least once in their lives. The figure below shows that 70% of all participants received education/training on female genital mutilation or gender-based violence. In comparison, 30% had not gotten any instruction or training about female genital mutilation or gender-based violence. Based on the findings below, we may conclude that training on female genital mutilation or gender-based violence has considerably increased, potentially reducing the crime owing to increased awareness.

DISCUSSION

A study titled "Awareness, Knowledge, and Perception of Female Genital Mutilation and Cutting (FGM/C) Radio Campaign and Practice among Women in Imo State" revealed contrasting findings, stating that while 98.7% of respondents acknowledged the presence of anti-FGM/C messages on Imo State radio, only 49.6% demonstrated a moderate level of awareness regarding Female Genital Mutilation Cutting through radio campaigns [1]. This is consistent with our findings on

female genital mutilation campaigns, which indicate that mainstream media coverage of FGM/C is scant and irregular across time, as found by the researchers.

According to Joseph's (2019) analysis of the effects of a media campaign against female genital mutilation (FGM) in rural communities in Enugu State, Nigeria, the campaign that is currently in place there is ineffective [10]. The campaign's content, limited media access, uneven power supply (18%), poor network reception (23%), cultural values (51%), and limited media access were all mentioned as contributing factors to its failure. For the female genital mutilation campaign to be more accessible and effective in rural areas, the study suggests updating the campaign's media platforms and content.

In Ikeduru local government area, Imo State, research on the effects of broadcast media campaigns against female genital mutilation (FGM) revealed that 77.8% of respondents acknowledged a moderate level of awareness as a result of these programs. Ekanem (2021) emphasizes how crucial it is for media outlets to step up their anti-FGM campaigns in order to spread knowledge and maybe lessen the practice's prevalence [7].

In a research on the practice, incidence, and knowledge of female genital mutilation (FGM) among students in a south-south Nigerian tertiary institution, 88.6% of the participants reported knowing about the practice, and 79.5% said they wanted to see it end. In a similar vein, Obi (2015) found that, among those surveyed on the attitudes and practices surrounding female genital mutilation among women in the Okada community of Edo state, 96.6% had a high degree of awareness and 85.3% had a negative attitude toward the practice [21].

According to research on pregnant women's attitudes toward and experiences with female genital mutilation in a rural area of northwest Nigeria, 39.1% of the women had had the procedure done on themselves, and 79.3% of the women knew about it. These findings are consistent with our research on

awareness of and support for female genital mutilation. Adewale (2015) discovered that a startling 21.5% of people who were aware of female genital mutilation said they would be prepared to subject their daughters to it, claiming advantages including easier delivery and more options for marriage [2]. The study emphasized the need of female empowerment and education as critical tactics to end this damaging custom.

Gender-based violence awareness has significantly improved in Buon Ho town, Dak Lak Province, Vietnam, among both men and women. According to Nguyen (2023), more than 84% of respondents from both genders comprehended the notion of physical violence, whereas roughly 50% and 45% understood mental and sexual violence, respectively [20]. However, more than 15% of both male and female respondents lacked a thorough comprehension of these concepts and demonstrated evident biases toward male and female responsibilities and statuses within the family. Comparable findings were reported by Meghachandra (2016), Female respondents showed higher awareness of Gender-based violence risk factors and health impacts than their male counterparts. However, males demonstrated notably greater awareness of verbal Gender-based violence (39.6%) compared to females (15.2%) [13]. The study highlights the importance of enhancing awareness among this group about various facets of Gender-based violence to enable them to provide effective care for Gender-based violence victims in government hospitals.

A study by Johansen (2017) found that participants had a high level of awareness and knowledge about gender-based violence (GBV). They perceived significant levels of risk and reported making behavioral changes to avoid it. The participants also demonstrated awareness of their legal rights related to GBV. Johansen's study recommends improved coordination and collaboration among services to address GBV effectively.

CONCLUSION

Female genital mutilation (FGM) and gender-based violence (GBV) continue to be global issues with profound cultural, social, and economic roots. Despite enormous attempts to eradicate these practices, millions of women and girls continue to face the tragic results.

FGM is a serious violation of human rights, resulting in lasting bodily and psychological suffering. Similarly, gender-based violence, in its different manifestations, impedes women's and girls' access to education, health, and economic opportunities, as well as societal advancement. The research results show a significant level of awareness of FGM at 85%, but a low level of awareness of campaigns against FGM at 44%. These findings indicate a need for greater efforts in raising awareness of these issues. Addressing FGM and GBV requires a comprehensive strategy. This involves legal reforms, community education, economic empowerment, and robust survivor support systems. Engaging men and boys as allies and challenging harmful norms and stereotypes are essential. Sustained global cooperation, community involvement, and ongoing advocacy are vital to creating a world where women and children can live free from violence and discrimination.

AUTHORS CONTRIBUTIONS

Conceptualization: Ofor O.C. and Freitas A.A.

Methodology: Ofor O.C. and Freitas A.A.

Writing original draft preparation and writing review and editing: Ofor O.C., Freitas A.A., Wome P.A., and Ani K.C.

All authors have read and agreed to the published version of the manuscript.

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Figures

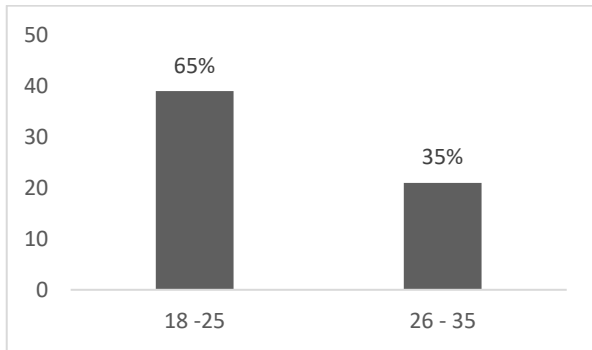


Figure 1: Participants' ages

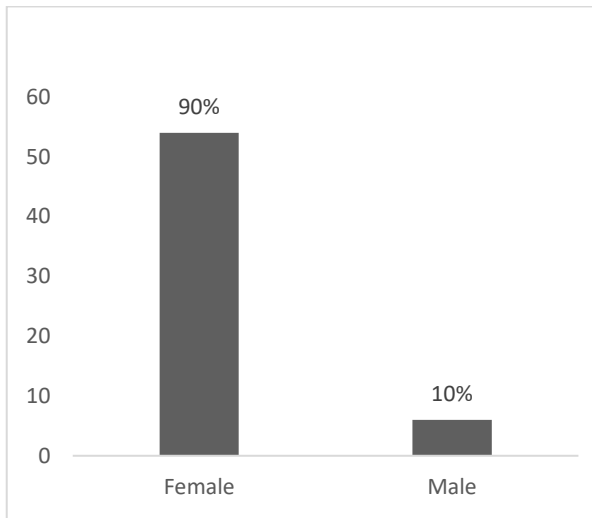


Figure 2: Participants' gender

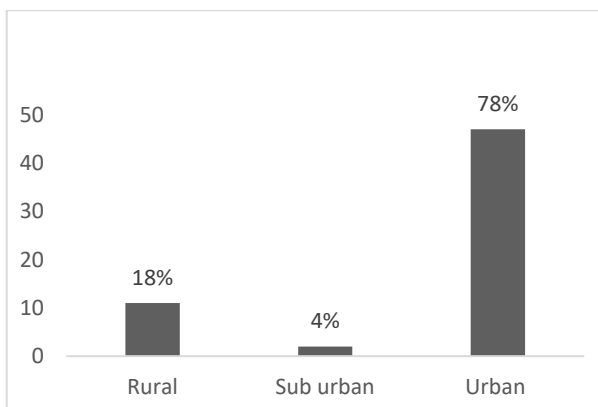


Figure 3: Location of Participants

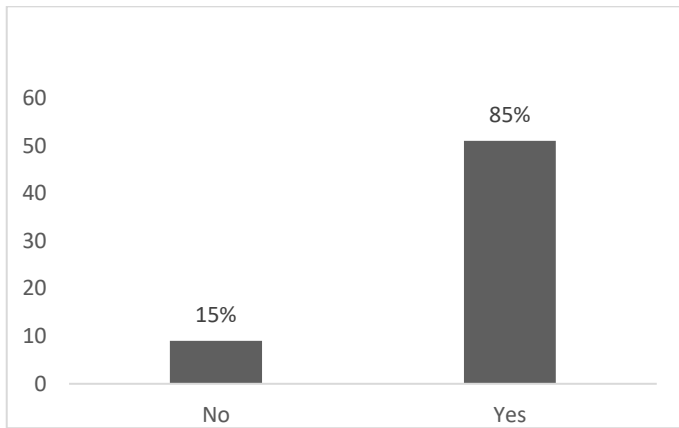


Figure 4: Participants' awareness of Female Genital Mutilation

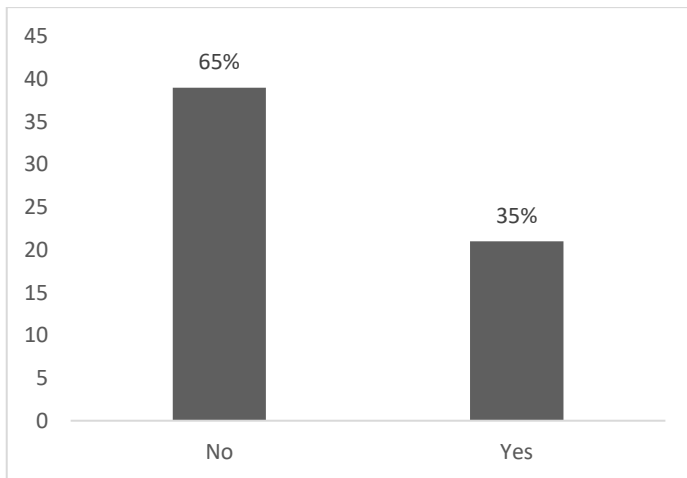


Figure 5: Awareness of Gender-Based Violence among Participants

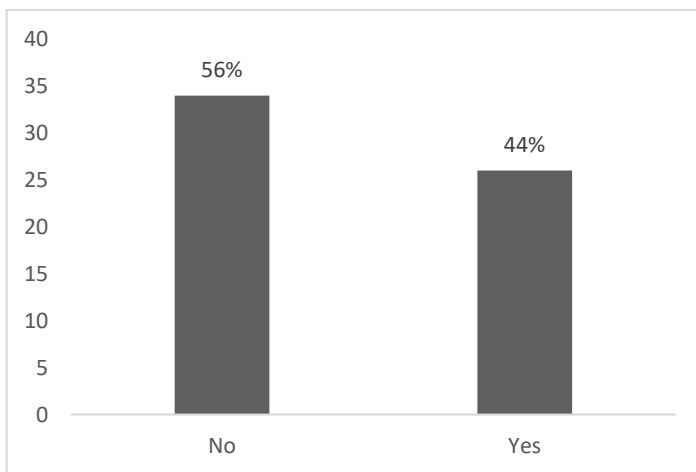


Figure 6: Participants' awareness of the campaign against Gender-Based Violence and Female Genital Mutilation

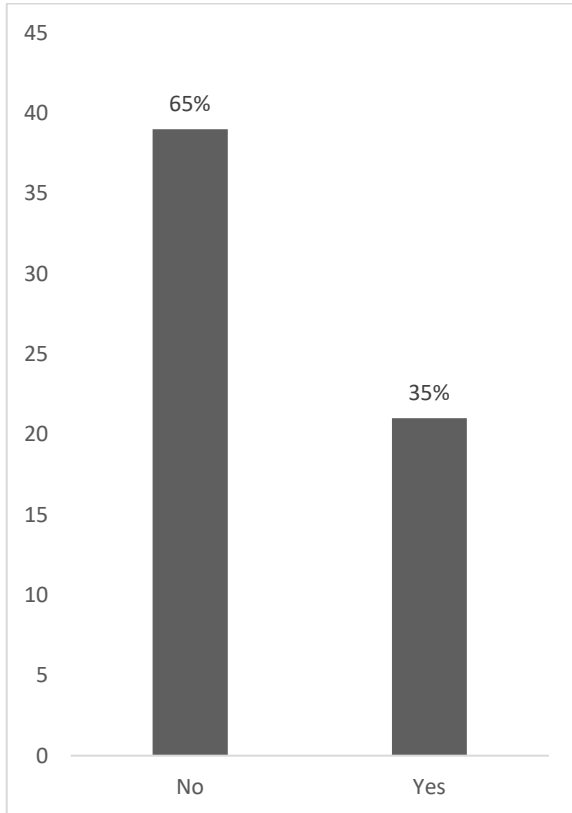


Figure 7: Participants' Knowledge of Support Services for Gender-Based Violence and Female Genital Mutilation

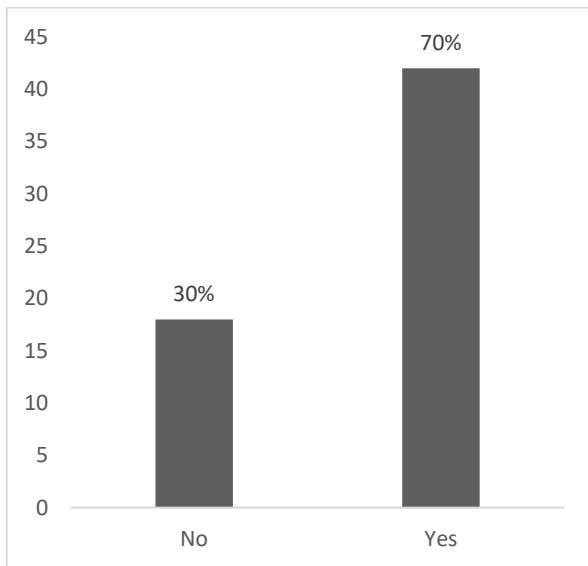


Figure 8: Acquired Information/Training Regarding Gender-Based Violence or Female Genital MutilationS