

Female Genital Mutilation and Early Marriage: A Violent on the Health of the Girl-Child in Boki Local Government Area of Cross River State, Nigeria

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Abstract

This study investigates the effects of female genital mutilation and early marriage as violence on the health of the girl-child in Boki Local Government Area of Cross River State, Nigeria. To achieve the purpose of this study, two hypotheses were formulated to guide the study. Survey research design was adopted for this study. A sample of two hundred (200) respondents was randomly selected for the study. The selection was done through the simple random sampling technique. The questionnaire was the main instrument used for data collection. It was constructed by the researchers with the help of some measurement experts that gave its face and content validity. To test the hypotheses and ascertain whether to accept or reject them, Pearson Product Moment Correlation Analysis was considered appropriate because of the nature of variables involved. The 0.05 levels of significant were used for the statistical testing of each hypothesis with a critical value and degree of freedom. The result shows that there is significant effect of female genital mutilation and early marriage on the health of the girl-child. Based on these findings some recommendations and suggestions for further studies were made.

Key words:

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INTRODUCTION

Female genital mutilation and early marriage constitutes violence against women. It involves the use of or application of force, threat or aggression. Bukie (2003) described it as the use of force or the threat of it to cause emotional, mental, or physical pains, injury or degradation on a person. Around the globe today, traditional practices of this nature exist in different forms. Thus in every society, different degrees and forms of violence have become the order of the day affecting men and women, children and adults, young and old, rich and poor, and so on.

As already noted, the practice of violence in the world today exists in different forms. Thus, apart from terrorism, which have in recent times put many countries on the edge, another subtle but very alarming form of violence that is found in physically every society of today is violence against women or harmful traditional practices on the health of the girl-child.

Female genital mutilation and early marriage on women constitute a peculiar type of practice. Its peculiarity stems from the fact that women are the direct sufferers of this ugly practice that threatens or work against their emotional, physical, or mental wellbeing. It is any act of violence that is committed against women because they are women. The United Nations, under Beijing Declaration and the Platform for Action (1995) gives a more comprehensive definition of female genital mutilation and early marriage on women as follows: Any act of gender-based violence that result in or is likely to result in physical, sexual, psychological harm or suffering to women, including threat of such act, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life.

According to Okolo (2005), in Nigeria, traditional practice against women occurs mainly inform of female genital mutilation, early and forceful marriage, male-child preference, rape, wife abuse, sexual harassment, widowhood practices, as well as the existence of little or

no aspect of social life. In Nigeria also, besides children, most cases of ritual murder and trafficking involves women. Okolo (2005) further said, there also exist other religious, cultural and legal barriers against women which could be classified as violence against women. For instance, women are restricted from bailing offenders in police custody.

Traditional practice against women in all its forms in all places where it exists, poses serious hazards to women and also to the society even though society itself seems to be oblivious of this. It threatens the well being of existence of women. It as well deters them from participating effectively in and contributing meaningful to social life.

LITERATURE REVIEW

Female Genital Mutilation and the Health of the Girl-Child

Female genital mutilation is a practice that could hardly be defined in a definite sense, the reason being that the practice takes different forms. The forms of female genital mutilation varies from one society to the other. However, in very simple terms, female genital mutilation could be said to mean a practice that involves tampering with the sense organs of a woman by excising or stitching a part or more of it, so much that injury or harm is inflicted on the woman in the process (Okolo, 2005).

According to Oroka (2004), some scholars merely describe female genital mutilation as the excision of a part or more of the female sense organ. This description however is narrowed because some forms of female genital mutilation go beyond mere excision. According to him, this is why the practice is described here as involving tampering with the female genital in such a way as the removal of clitoral prepuce, the complex or partial amputation of the clitoris and or the labia minora or even the labia majora. The description also covers the form of female genital mutilation that involves the stitching up of a larger part of the opening of the female sense organ, leaving a very tiny space for urine and menstrual flow.

According to Okoye (2002), female genital mutilation, in all its forms involves one type of incision in a delicate part of the female body like the sense organ would mean inflicting breath taking pains on the person involved, especially as anesthesia whether local or general are often not applied. In addition to the pains, female genital mutilations are usually followed by bleeding, and often heavy loss of blood. Blood loss can further lead to consequences for women especially if they are teenagers or even older. According to him, this could be worse if a pregnant woman is involved, as both maternal and fetal lives are endangered.

Rahman and Toubia (2000) stated that female genital cutting which was used for sexual decades to describe the practice has been largely dropped as it implies on analogy

with male circumcision. According to them, in many parts of the world, some communities still continues to use the term female genital cutting (FGT) because of its literal translation from their local languages. On the other hand, male circumcision, though increasingly under heavy criticism, involves cutting the foreskin of the tip of the penis without harming the organ itself. According to them, it is such an important cultural and religious practice among the Jews that Abraham at the age of 99 years, Ishmael at 13 and all adult males in Abraham household were circumcised in one day to seal the covenant between Abraham and God (Genesis 17, pp. 24-27).

According to Okolo (2005) female circumcision is however a far more damaging and invasive procedure than male circumcision. While male circumcision is seen as affirming manhood (as in the case among the Jews and the Igbo's of South-East Nigeria); female circumcision is perceived as a way of curtailing premarital sexual recklessness and preserve virginity. Female genital mutilation is the term most commonly used by women's rights and health advocates who wish to emphasize the damage caused on the health of females.

In the mid 1990s PRB (2001) reports that many local practicing communities and activists decided to shift to the use of more neutral term, female genital mutilation, because they considered female genital mutilation, judgmental, pejorative and not conducive to discussion and collaboration on abandonment. The United States Agency for International Development (USAID) which finds most demographic and health surveys frowned against female genital mutilation.

Toubia (2001) expressed that female genital mutilation is generally performed on girls between the ages of four (4) and twelve (12) years. Although, it is practiced in some cultures as early as few days after birth, as late as prior to marriage or after first birth. Al-Krenawi and Wiese-Lew (1999) and Davis (1999) contend that girls may be circumcised alone or with a group of peers from their community or village. Traditional elders (male barbers and female circumcisers carry out this procedures sometimes for money). Prestige and power of the position sometimes are given more prominence than remuneration.

In Eritrea, Davis (1999) maintained that the practitioners may or may not have health training, use of anesthesia or sterilize the circumcision instruments. Instruments used include razor blades, glass, kitchen knives, sharp rocks and scalpels which are highly susceptible to infection. Brandy (2002) has observed that in Egypt, Kenya, Mali and Sudan, medical professionals such as physicians, nurses and midwives are used to performing the procedure. This is due to the growing recognition of the health risks associated with female genital mutilation and the serious concern regarding the possible role of female genital mutilation in HIV transmission. The practice in the afore-mentioned countries by medical professionals is in response to

World Health Organization's (WHO) strong advice that female genital mutilation in any of its forms should not be practiced by any health professional in any setting including hospitals and other health centres, considering its effects on the health of females.

Early Marriage and the Health of the Girl-Child

According to Ihejiamaizu (2002), early marriage is another practice that is harmful to the health of young female and also infringes significantly on the right of females. He further said, in Africa for instance, early marriage was very prevalent in the pre-colonial period. Today however, due to the influence of modernization and general societal change, the practice has reduced considerably, although it is still commonly observed among Muslim adherents. As stipulated by the United Nations Organization, a girl should attain the age of eighteen (18) before she marries. As such, a woman could be said to marry early, if she married before the age of eighteen (18). This means that all marriages involving girls under the age of eighteen could be classified as early marriage.

In the Northern part of Nigeria, especially among the Muslims, it is a common practice for girls who are below eighteen to be given out in marriage. This is undoubtedly a violation of the right of such girls. According to Koppleman (1999), early marriage constitutes violence against female because not only does it involve giving girls out in marriage when they are under aged, also the marriage is often forceful. Most of the females who agreed to marry at tender ages did so because of pressure.

Early marriage thus, constitutes violence against females to the extent that the females (young girls) involved do not accept such marriage as a matter of personal choice, but by the use of force or threat of it on them. It could be agreed that a number of them still willfully accepted to marry at such tender ages. But the fact is that they come to accept such a practice because in the process of their upbringing they were inculcated with such wrong values so that they grow up to see nothing wrong in marrying as children. Besides, before the age of eighteen, a girl would not have been mentally developed enough to make the best of decision, especially as it relates to marriage.

According to Bukie (2003) early marriage that is forceful further constitutes harm to females because it reduce their chances of acquiring adequate and quality education to enable them become economically independent and socially functional. He further stated that, a number of female who marry early end up full time house wives and mere baby makers. Because they are not exposed to qualitative education due to early marriage, they are hardly able to function meaningfully to daily social activities and society in turn loses the contribution they should have made towards its development were they given enough opportunity to be adequately educated. In fact, some of them turn out to be a source of embarrassment

to the same men who forced them to marry while they were still under aged and all these affect their health seriously. Some of the females subdue themselves to over thinking and sometimes develop high blood pressure.

Ntui (2001) supported that early marriage threatens reproductive health of females and by so doing increases the rate of maternal mortality. Before the age of eighteen, the reproductive organs of a woman would still be undergoing development. He said in most girls, the full development of these organs continues even after they have reached the age of eighteen. Consequently, exposing a girl to sexual intercourse especially with older men, as well as pregnancy and childbirth at this period, that is, when she is still below eighteen. Because of early marriage, it makes her susceptible to a number of reproductive health problems. Apart from the fact that a good number of them end up not having their babies through normal delivery, a number of them run into severe complications during the process of childbirth.

According to Moses (2001), out of the reproductive health problems, a female may feel as a result of early marriage and consequently early sex, early pregnancy and early childbirth a disease known as Vesico Virginal Fistula (VVF). This is a reproductive health problem in women that takes the form of an opening between the rectum, that is the large intestine and the female genital organ, the result is constant leakage of urine from the woman.

Okoye (2002) added that, society itself also suffers the effects of early and forceful marriage. Early marriage on females according to him means longer child bearing span. Since most of them at this time are not educated or enlightened enough to understand the need for a reduced family size, they end up spending a good part of their lives bearing and rearing children. The implication of this to society is population explosion, high rate of maternal mortality, due to health problems of multiple pregnancies and so on.

METHODOLOGY

Design: In this study, the researchers made use of the survey research design, which is meant to describe and interpret the situation as it exists at the movement in Boki Local Government Area of Cross River State, Nigeria.

Population: The population for this study was ten thousand and forty (10,040) comprising of young girls drawn from the communities in Boki Local Government Area of Cross River State.

Sample: A total number of two hundred (200) respondents were randomly selected from all the communities in Boki Local Government Area. The sampling technique employed is selecting the sample size was stratified random sampling technique.

Instrumentation: The main instrument use for data collection was the questionnaire. The closed ended

questionnaire was constructed and administered to the respondents to enable them choose the alternatives that best describes their opinions.

The questionnaire contained two parts. Part I is focused on the demographic data of the respondents, while part II contained data on female genital mutilation, and early marriage and the health of the girl-child.

Validation of the instrument: The instrument used for data collection was validated using factor to the content validation. Each of the items in the questionnaire were formulated to relate to the topic under investigation.

Reliability of the instrument: To determine the reliability of the instrument used for this study, a test-retest reliability was conducted on a smaller sample size using Pearson Product Moment Correlation Coefficient (r) and the result yielded 0.70. This shows a high level of reliability.

Hypothesis One

There is no significant effect of female genital mutilation as violence on the health of the girl-child

Independent variable: Female Genital Mutilation

Dependent variable: Health of the Girl-Child

The result of the analysis is presented in Table 1.

Table 1
Pearson Product Moment Correlation Analysis of Effect of Female Genital Mutilation as Violence on the Health of the Girl-Child (N = 200)

Variables	$\frac{\sum x}{\sum y}$	$\frac{\sum x^2}{\sum y^2}$	$\sum xy$	r-value
Female genital mutilation	3346	11195716	77215	0.620*
Health of the girl-child	3168	10036224		

* Significant at .05 level; critical r. = .138; df = 198

The result of the statistical analysis as presented in Table 1, indicates that the calculated r-value of 0.620 is greater than the critical r-value of .138 at .05 level of significance with 198 degrees of freedom. The result is significant and the null hypothesis was rejected. This means that, there is significant effect of female genital mutilation as violence on the health of the girl-child.

Hypothesis Two

There is no significant effect of early marriage as violence on the health of the girl-child

Independent variable: Early Marriage

Dependent variable: Health of the Girl-Child

The result of the analysis is presented in Table 2

Table 2
Pearson Product Moment Correlation Analysis of Effect of Early Marriage as Violence on the Health of the Girl-Child (N = 200)

Variables	$\frac{\sum x}{\sum y}$	$\frac{\sum x^2}{\sum y^2}$	$\sum xy$	r-value
Early marriage	3246	10536516	74325	0.500*
Health of the girl-child	3168	10036224		

*Significant at .05 level; critical r. = .138; df = 198

The result of the statistical analysis as presented in table II indicates that the calculated r-value of 0.500 is greater than the critical r-value of .138 at .05 level of significance with 198 degrees of freedom. The result is significant and the null hypothesis was rejected. This means that, there is a significant effect of early marriage as violence on the health of the girl-child.

Discussion of Findings

This section deals with the discussion of findings of the hypotheses directing the study. The result of the first hypothesis is in line with Okoye (2002), in connection to these findings tendered that this practice exerts a negative impact on the health of the girl-child.

The result of the second hypothesis also indicates that there is significant effect of early marriage as violence on the health of the girl-child. The findings of this hypothesis is in line with Ntui (2001) who stated that discussion between parents and children on marriage issues significantly influence their attitude towards marriage. He further said that, out of the reproductive health problems, a female may suffer as a result of early marriage and consequently early sex, early pregnancy and early childbirth from a disease called Vesico Virginal Fistula (VVF).

CONCLUSION AND RECOMMENDATIONS

Based on the findings, the following conclusions were made:

There is significant effect of female genital mutilation on the health of the girl-child.

There is significant effect of early marriage on the health of the girl-child.

Based on the findings and conclusion of this study, the following recommendations are made:

Ministry of Education at all levels should make sex education a compulsory course at all levels of education especially for adolescents.

There should be awareness programme for parents on early marriage and its consequences to their wards.

There should be effective moral instructions for both parents and children on the ills of traditional practices on our present society.

Government should come up with penalties for those who still engage in harmful traditional practices and early marriage among the girl-child in Boki Local Government Area in particular and Cross River State and Nigeria as a whole. By so doing, it will help to reduce or stop these barbaric practices in our society.

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