Female genital mutilation/cutting: Knowledge, practice and experiences of secondary schoolteachers in North Central Nigeria

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Background. Despite global efforts at eradicating female genital mutilation/cutting (FGM/C), the act continues to be performed globally.
Objective. To determine the experience of schoolteachers about FGM/C and their possible role in contributing to its eradication.
Methods. A prospective cross-sectional survey involving secondary schoolteachers from 18 secondary schools in Ilorin, North Central Nigeria, was undertaken during October and November 2014. All consenting participants completed a self-administered questionnaire on FGM/C. Statistical analysis was with SPSS version 20.0 with χ^2 and logistic regression; a p-value of <0.05 was considered significant.
Results. There were 371 participants (113 males (30.5%) and 258 females (69.5%)). More females than males were aware of FGM/C (205 v. 94; χ^2 41.2; p=0.001); 180 women (69.8%) and 81 men (71.7%) wanted awareness and the implications of FGM/C to be taught in schools, while 46 women (17.8%) and 23 men (20.4%) had previously educated students about FGM/C. Also, 109 (42.3%) of the female teachers had been mutilated (mean (standard deviation) age 4.76 (4.86) years), and 49 mutilations (45.0%) had been performed by traditional circumcisers. Of the teachers, 44.0% of men and 24.5% of women had subjected their daughters to FGM/C (p=0.029), mostly for religious reasons. The men initiated the majority of their daughters' mutilations, while the mothers-in-law were the main initiators among the women; 44 (17.0%) women and 23 (20.4%) men held the opinion that females should be circumcised, while the majority considered education and legislation to be the most important interventions to encourage its eradication. Predictors of the likelihood to support discontinuation of FGM/C include awareness of government policy about FGM/C and having a mutilated daughter.
Conclusion. Education, reorientation and motivation of teachers will position them as agents for eradicating FGM/C.

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Female genital mutilation/cutting (FGM/C), also called female circumcision, is an old practice that reflects human rights abuse with potential for medical complications.[1] This has triggered efforts aimed at its eradication at international, national and community levels. However, it remains endemic in about 29 countries in Africa, the Middle East and Asia. Recent reviews identified advocacy (including education, information and advocacy tools to encourage local, national and international efforts), research and guidelines for health systems about treatment and counselling of mutilated women as pertinent.[2] Education and creating awareness have been identified as instrumental in the change of attitudes to support efforts at eradication of FGM/C.[3]

Students are generally exposed to information and learning at school; this provides an avenue to provide information and education about FGM/C to potential future parents who will need to make decisions about their children and FGM/C. Equipping them with pertinent information will be a great advantage, creating an increased probability for making decisions against FGM/C later in life. In order to achieve this, the level of knowledge, views, attitudes and experience of the schoolteachers who would be entrusted with this responsibility need to be evaluated. This will determine the approach towards their ability to fulfil the vital role of providing education that will stimulate a behaviour change in favour of discontinuation of FGM/C.

Methods

The study was a cross-sectional survey conducted among schoolteachers in 18 secondary schools in Ilorin, North Central Nigeria, during October and November 2014. A list of all secondary schools (public and private) was obtained from the Ministry of Education, and 18 institutions comprising equal numbers of public and private schools were selected by multistaged sampling with equal distribution in both rural and urban areas. All teachers were informed about the study, and consenting individuals were recruited using purposeful sampling. Each participant was requested to complete a self-administered questionnaire consisting of open- and closed-ended questions evaluating knowledge of, views on, attitudes towards and experience of FGM/C. Non-teaching members of staff at the institutions and teachers who declined participation were excluded from the study.

Assessment of the correct definition of FGM/C was defined as the ability to recognise it as the removal of part or whole of the female external genitalia without a medical reason or disease.[1-3]

The sample size was calculated using a previously described formula[4] and was based on the reported prevalence of FGM/C among Nigerian women (25%),[5] a confidence level of 95%, a degree of accuracy of 0.05 and an estimated attrition rate of 10%, giving a minimum sample size of 379.

The information collected included demographic parameters, personal experience of female teachers about FGM/C, i.e. whether women had been mutilated or not, and the events surrounding the experience. All participants were asked about their experience regarding the mutilation of their daughters and the associated events, their view about teaching on awareness and implications of FGM/C in schools, current government policy and discontinuation of FGM/C.

Participants' confidentiality was maintained by using codes instead of names and allowing only the research team access to the data.

Statistical analysis was done using SPSS version 20.0 (IBM, USA). The results were expressed in tables with percentages, Pearson's χ^2 was used for comparison with calculation of odds ratios (ORs) at the 95% confidence interval (CI), and logistic regression; a *p*-value of <0.05 was considered significant.

Approval was obtained from the ethical review committee of the University of Ilorin Teaching Hospital, Ilorin, and the Kwara State Ministry of Education and Human Capital Development before commencement of the study.

Results

There were 371 participants in the study, with 113 (30.5%) male (mean (standard deviation (SD)) age 34.90 (10.59) years; range 20 - 65) and 258 (69.5%) female teachers (mean (SD) age 36.30 (10.27) years; range 20 - 60). Of these, 69 males (61.1%) and 175 females (67.8%) were married, 44 males (38.9%) and 77 females (29.8%) were single, and 6 women (2.5%) were widowed.

Table 1 shows that more females than males had heard about FGM/C (205 v. 94; p=0.001), and that compared with males they had heard about it earlier (mean (SD) age 14.27 (6.69) v. 15.31 (7.0) years; t=1.229; p=0.220), knew the correct definition of FGM/C (199 v. 81; p<0.001) and were taught about awareness and implications of FGM/C as students (80 v. 37; p=0.001). Also, 20 males (17.7%) and 44 females (17.1%) were educated about FGM/C in secondary school, 180 females (69.8%) and 81 males (71.7%) wanted students to be taught about awareness and implications of FGM/C in schools, and 46 females (17.8%) and 23 males (20.4%) had educated students about FGM/C.

Table 2 shows that 109 (42.2%) of the female teachers had been mutilated, at a mean (SD) age of 4.76 (4.86) years. Of these procedures, 49 (45.0%) were performed by traditional circumcisers and 35 (32.1%) by medical personnel.

Among the 50 men and 159 women who had daughters at the time of the interview, 22 males (44.0%) and 39 females (24.5%) had subjected their daughters to FGM/C (p=0.029), mainly for religious reasons. Male teachers were the major initiators of FGM/C for their daughters (9, 40.9%) while mothers-in-law were responsible among the female teachers (16, 41.0%), as shown in Table 3.

Views about FGM/C and its eradication are shown in Table 4: 44 females (17.1%) and

Table 1. Knowledge of FGM/C among participants

Variables	Male	Female	t/χ^2	*p*-value
Heard about FGM, *n* (%)				
Yes	94 (83.2)	205 (79.5)	41.207	<0.001
No	19 (16.8)	53 (20.5)	16.056	<0.001
Age heard about FGM/C (years), mean (SD)	15.31(7.00)	14.27 (6.69)	1.229	0.220
Source of information, *n* (%)				
Radio	27 (23.9)	27 (10.5)	0.000	1.000
TV	14 (12.4)	25 (9.7)	3.103	0.078
My parents	60 (53.1)	145 (56.2)	35.244	<0.001
My teachers	21 (18.6)	25 (9.7)	0.348	0.555
My friends	14 (12.4)	41 (15.9)	13.255	<0.001
Book	21 (18.6)	27 (10.5)	0.750	0.386
Poster	10 (8.8)	10 (3.9)	0.000	1.000
Definition of FGM/C, *n* (%)				
Correct	81 (71.7)	199 (77.1)	49.729	<0.001
Wrong	20 (17.7)	38 (14.7)	5.586	0.018
Do not know	12 (10.6)	21 (8.1)	2.455	0.117
Educated on FGM/C as a student				
Yes	37 (32.7)	80 (31.0)	15.803	<0.001
No	76 (67.3)	178 (69.0)	40.961	<0.001
Education level when educated, *n* (%)				
Primary	10 (8.8)	23 (8.9)	5.121	0.023
Secondary	20 (17.7)	44 (17.1)	9.000	0.002
Tertiary	7 (6.2)	13 (5.0)	1.800	0.179
Should students be educated about FGM/C?, *n* (%)				
Yes	81 (71.7)	180 (69.8)	37.552	<0.001
No	32 (28.3)	78 (30.2)	19.236	<0.001
At what level in school?, *n* (%)				
Primary	24 (21.2)	78 (30.2)	28.588	0.003
Secondary	53 (46.9)	96 (37.2)	12.409	<0.001
Tertiary	4 (3.5)	6 (2.3)	0.400	0.527
Have you ever educated students about FGM/C?, *n* (%)				
Yes	23 (20.4)	46 (17.8)	7.667	0.005
No	90 (79.6)	212 (82.2)	49.285	<0.001

Table 2. Experience of female teachers who had undergone FGM/C (*N*=109*)

Variables	
Age when mutilated/ circumcised (years), mean (SD)	4.76 (4.86)
Who performed it?, *n* (%)	
Medical personnel	35 (32.1)
Doctor	16 (14.7)
Nurse	19 (17.4)
Religious leader	7 (6.4)
Older woman	18 (16.5)
Traditional circumciser	49 (45.0)
Describe your experience, *n* (%)	
Painful	44 (40.4)
Lost much blood	4 (3.7)
Enjoyed it	3 (2.8)
Cannot remember	58 (53.2)
Feeling when you remember you were circumcised, *n* (%)	
Happy/satisfied	30 (27.5)
Proud of it	20 (18.3)
Hated it	26 (23.9)
Do not know	33 (30.3)

*Among the 258 female teachers who participated in this study, 109 (42.2%) had undergone FGM/C.

Table 3. Experience of teachers whose daughters had undergone FGM/C*

Variables	Male (*N*=22) *n* (%)	Female (*N*=39) *n* (%)	χ^2	*p*-value
Place where FGM/C was performed				
Home	9 (40.9)	12 (30.8)	0.429	0.512
Hospital	9 (40.9)	13 (33.3)	0.727	0.393
Traditional herbalist at home	4 (18.2)	11 (28.2)	3.267	0.070
Others	0 (0.0)	3 (7.7)	3.000	0.083
Reason for FGM/C				
Religion	14 (63.6)	21 (53.8)	1.400	0.236
Cultural	5 (22.7)	10 (25.6)	1.667	0.196
Pressure from others	0 (0.0)	1 (2.6)	1.000	0.317
Because I was circumcised	1 (4.6)	5 (12.9)	2.667	0.102
Other girls were circumcised too	2 (9.1)	2 (5.1)	0.000	1.000
Daughter's experience				
Painful	11 (50.0)	20 (51.3)	2.613	0.105
Lost a lot of blood	0 (0.0)	3 (7.7)	3.000	0.083
No problem	10 (45.4)	15 (38.4)	1.000	0.317
Cannot remember	1 (4.6)	1 (2.6)	0.000	1.000
Parent's feeling on remembering daughter underwent FGM/C				
Happy/satisfied	13 (59.1)	22 (56.4)	2.314	0.128
Proud of it	2 (9.1)	3 (7.7)	0.200	0.654
Regretted it	0 (0.0)	2 (5.1)	2.000	0.157
Hated it	2 (9.1)	6 (15.4)	2.000	0.157
Do not know	5 (22.7)	6 (15.4)	0.000	1.000
Initiator of daughter's circumcision				
Myself	9 (40.9)	9 (23.1)	0.000	1.000
Husband	1 (4.5)	5 (12.9)	2.667	0.102
My mother	6 (27.2)	4 (10.3)	0.400	0.527
Mother-in-law	1 (4.6)	16 (41.1)	13.235	<0.001
Relatives/friends	1 (4.6)	1 (2.6)	0.000	1.000
Others	4 (18.2)	4 (10.3)	0.00	1.000
Did you agree when your daughter was circumcised?				
Yes	18 (81.8)	31 (79.5)	3.449	0.063
No	4 (18.2)	8 (20.5)	1.333	0.248

*Of the 113 male teachers, 50 (44.2%) had daughters and 22 (44.0%) of these had circumcised daughters; of the 258 female teachers, 159 (61.6%) had daughters and 39 (24.5%) had circumcised daughters.

23 males (20.4%) supported continuation of FGM/C, 71 males (62.8%) and 195 females (75.6%) agreed with government efforts to eradicate FGM/C, and 28 males (24.8%) and 51 females (19.8%) indicated that they would circumcise their future daughters. The male teachers suggested partnership with religious leaders (*n*=27, 23.9%), while female teachers suggested education (*n*=54, 21.0%) as the top priority interventions to stop FGM/C.

Table 5 shows that the predictors of the likelihood of participants (whole study population) supporting discontinuation of FGM/C were having heard about FGM/C before (OR 0.315; 95% CI 0.133 - 0.747; *p*=0.009), having a daughter who had undergone FGM/C (OR 3.887; 95% CI 1.852 - 8.159; *p*=0.001) and awareness of government policy on FGM/C (OR 0.307; 95% CI 0.148 - 0.636; *p*=0.002). Among female teachers, the predictors were having heard about FGM/C (OR 0.230; 95% CI 0.087 - 0.609; *p*=0.003) and awareness of government policy on FGM/C (OR 0.204; 95% CI 0.087 - 0.476; *p*=0.001). The predictor among male teachers was having a daughter who had undergone FGM/C (OR 12.688; 95% CI 2.791 - 57.673; *p*=0.001).

Discussion

In this study, about a third of the teachers had been made aware of and taught about the implications of FGM/C while they were at school, but the majority had never educated their students, although they held the opinion that its awareness and implications should be taught in schools. The prevalence rate of FGM/C among female teachers was 42.3%; a quarter of the female and about half of male teachers had circumcised their daughters, mainly for religious reasons. The male teachers were the major initiators of FGM/C for their daughters, while among the female teachers the mothers-in-law were responsible. Most teachers felt that education and legislation were possible interventions towards eradication of FGM/C.

Strengths of the study are the evaluation of teachers in both rural and urban areas, and relating their knowledge to their views, attitude and practice. Limitations include the fact that mutilation of female teachers was self-reported without physical verification, and the challenge of recall of their age at the time of mutilation.

Knowledge about FGM/C among participants in this study was higher than the national averages of 68% (women) and 62% (men).[5] The reported prevalence of FGM/C among female teachers in this study was higher than the national prevalence rate of 25% among women in Nigeria,[5] but lower than the average rate of 33% for women in West Africa.[6] This may be because participants were educated, which offers the opportunity for social networks and a higher level of knowledge about FGM/C and may have contributed to their disclosure. The mean age at which they had suffered genital mutilation reported by women in this study was similar to the report of <5 years in most countries[7] and 83.2% of FGM/C before age 5 in the study locality.[5] Traditional circumcisers performed the highest proportion of FGM/C among female teachers in this study, similar to reports from most countries where it is performed,[7] but lower than the national average of 80% involvement of traditional circumcisers in Nigeria.[5] Traditional circumcisers are usually lay men with little or no knowledge of human anatomy[8] who

Table 4. Views of teachers about FGM/C and its eradication

Variables	Male *n* (%)	Female *n* (%)	χ^2	*p*-value
Should females be circumcised?				
Yes	23 (20.4)	44 (17.0)	6.582	0.010
No	47 (41.6)	146 (56.6)	50.782	<0.001
I don't know	43 (38.0)	68 (26.4)	5.631	0.017
Participant description of FGM/C				
Wickedness against women	46 (40.7)	140 (54.3)	47.505	<0.001
Old fashioned	42 (37.2)	77 (29.8)	10.294	0.001
Good for girls	18 (15.9)	25 (9.7)	1.140	0.285
Makes a girl a real woman	7 (6.2)	16 (6.2)	3.522	0.060
Do you know any benefits of FGM/C?				
Yes	19 (16.8)	38 (14.7)	6.333	0.011
No	94 (83.2)	220 (85.3)	50.561	<0.001
Awareness of government effort to stop FGM/C				
Yes	65 (57.5)	175 (67.8)	50.417	<0.001
No	48 (42.5)	83 (32.2)	9.351	0.002
Do you agree with this government effort?				
Yes	71 (62.8)	195 (75.6)	57.805	<0.001
No	42 (37.2)	63 (24.4)	4.200	0.040
What are your suggestions to stop FGM/C?				
Education	25 (22.1)	54 (21.0)	10.646	0.001
Appeal to parents	17 (15.1)	53 (20.5)	18.514	<0.001
Radio/TV announcements	18 (15.9)	50 (19.4)	15.059	<0.001
Law and punishment	25 (22.1)	40 (15.5)	3.462	0.062
Arrest parents who circumcise	1 (0.9)	8 (3.1)	5.444	0.019
Partner with religious leaders	27 (23.9)	53 (20.5)	8.450	0.003
If you have another daughter, will you circumcise her?				
Yes	28 (24.8)	51 (19.8)	6.696	0.009
No	85 (75.2)	207 (80.2)	50.973	<0.001
Compare male and female circumcision				
Both are good	24 (21.2)	32 (12.4)	1.143	0.285
Female circumcision good, male bad	1 (0.9)	3 (1.2)	1.000	0.317
Male good, female bad	65 (57.5)	185 (71.7)	57.600	<0.001
Both are bad and should be stopped	8 (7.1)	12 (4.6)	0.800	0.371
Do not know	15 (13.3)	26 (10.1)	2.951	0.085

also play a central role in the community, such as attending to childbirth.[2]

Medicalisation of FGM/C refers to its practice by any category of healthcare provider, whether in a public or private clinic, at home or elsewhere.[9] Generally, FGM/Cs by health workers range from <1% to between 9% and 74%;[9] the 32.1% in this study was higher than national average of 12 - 13% in Nigeria,[5] while the World Health Organization (WHO) reported medicalisation in over 18% of cases.[2] Increasing trends in medicalisation have been documented by the WHO despite the ban on the act,[10] and this may make its eradication difficult.[1,9]

The majority of the teachers wanted awareness and implications of FGM/C to be taught in schools, similar to the United Nations Children's Fund (UNICEF) recommendation to create opportunity for discussion locally and internationally about the act.[7] However, this was not a predictor of support for its discontinuation, perhaps reflecting the interplay between social, moral and legal norms on FGM/C for which the social may dominate, thereby blunting the expected influence.

Religious obligation was the indication for FGM/C in more than half of the teachers who circumcised their daughters, unlike the National Demographic Health Survey 2013, which showed that religion was not a major indication in Nigeria.[5] This buttresses the debate around religion and FGM/C, as no religion requires it, but all religious groups practise it.[8]

Many participants in this study viewed FGM/C as wickedness against women (40.7% of men and 54.3% of women), similar to its designation as violence against women by UNICEF. In this study, 80.2% of female teachers expressed the desire not to circumcise their future daughters, similar to 62% of women in a previous study in Nigeria.[7] This suggests increasing support among women regarding eradication of the act.

A major concern from this study is that male teachers whose daughters had undergone FGM/C were the major initiators and supporters of the act. This brings to the fore the dominant role of men in decision-making about the health matters of women and girls. This is prevalent in Africa and other male-dominated cultures, and reportedly stems from deep-rooted inequality between the sexes.[2] This is important, since male teachers are central in addressing eradication of FGM/C.

In addition, the role of mothers-in-law as the initiators and major supporters of FGM/C and its continuation corroborates an earlier report that older women are sometimes unwilling to give up the practice, and may be major propagators of the act.[11]

The disparity in information, view, practice and belief among about 20% of the teachers expressing their resolve to circumcise their future daughters calls for a social movement within a broader social context to be strengthened by legislation,[1] education, partnership with religious leaders, parents and information on the mass media.

In Nigeria there is no legislation at national level except in a few states,[1] excluding the study locality. With 11% of girls and women with FGM/C living in Nigeria alone,[10] it is imperative to explore all possibilities to eradicate the act.

Although it has been documented that there was a reduction of 1% per year in FGM/C globally between 2005 and 2010,[6] this has been shown to be inadequate to achieve its eradication. Reports have also shown that FGM/C has continued despite strict legislation against it,[12] emphasising the need for other supportive interventions.

Table 5. Logistic regression predicting likelihood of participant agreeing that FGM/C should be stopped

Variables	*p*-value	OR	95% CI
Whole study population			
Gender	0.196	1.664	0.769 - 3.559
Heard about FGM/C	0.009	0.315	0.133 - 0.747
Correct knowledge of FGM/C	0.474	0.751	0.342 - 1.646
Was educated on FGM/C as student	0.080	1.935	0.925 - 4.047
Daughter has undergone FGM/C	0.001	3.887	1.852 - 8.159
Aware of government policy to stop FGM/C	0.002	0.307	0.148 - 0.636
Female teachers only			
Heard about FGM/C	0.003	0.230	0.087 - 0.609
Correct knowledge of FGM/C	0.138	0.499	0.199 - 1.249
Was educated on FGM/C as student	0.099	2.166	0.864 - 5.431
Has undergone FGM/C	0.182	0.436	0.129 - 1.477
Daughter has undergone FGM/C	0.127	2.111	0.808 - 5.518
Aware of government policy to stop FGM/C	0.001	0.204	0.087 - 0.476
Male teachers only			
Heard about FGM/C	0.724	0.661	0.066 - 6.587
Correct knowledge of FGM/C	0.259	3.050	0.440 - 21.153
Was educated on FGM/C as student	0.156	3.102	0.649 - 14.834
Daughter has undergone FGM/C	0.001	12.688	2.791 - 57.673
Aware of government policy to stop FGM/C	0.892	0.886	0.156 - 5.031

A practice guideline[13] in the UK has indicated a vital role for teachers in eradication of FGM/C. It recommends a central role for teachers who are likely to be approached by girls under threat of FGM/C or their friends who may be aware of the threat. They may also recognise indicators such as absenteeism, a sudden decline in performance and emotional changes in girls who are being threatened with FGM/C, and offer support and counselling.[13] Countries where FGM/C remains endemic could explore this opportunity, although mutilation in early childhood (<5 years) in these countries may pose a major challenge.

In conclusion, this study shows that although secondary schoolteachers have a role in eradication of FGM/C, they are currently ill-equipped to perform this role. We recommend efforts to raise awareness about the dangers and human rights abuses of FGM/C among teachers, produce and circulate appropriate information materials, and use reorientation and motivation to encourage their effectiveness as agents for FGM/C eradication.

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