



Full Length Research Article

**SOCIO-CULTURAL FACTORS INFLUENCING THE PRACTICE OF FEMALE GENITAL
MUTILATION: A CASE STUDY OF ODI COMMUNITY IN KOLOKUMA/OPOKUMA LOCAL
GOVERNMENT AREA IN BAYELSA STATE OF NIGERIA**

***Dotimi Doris Atibinye, Mercy Uzere and PaaruLoveth**

Department of Community Health Science, Bayelsa State College of Health Technology, Otuogidi, Ogbia

ARTICLE INFO

Article History:

Received 05th February, 2014
Received in revised form
31st March, 2014
Accepted 06th April, 2014
Published online 20th May, 2014

Key words:

Female genital Mutilation,
Socio-cultural factors,
Odi Community,
Bavelsa State.

ABSTRACT

Background: Female genital mutilation is a cultural practice that has negative consequences on the health of women. The practice is influenced by some socio-cultural factors which has no scientific backing.

Method: This is a qualitative study that utilized phenomenological approach to explore the meaning of the socio-cultural factors influencing female genital mutilation. Purposive sampling technique was used to select 64 participants for the study. Unstructured In-depth Interview and focus group discussions were the phenomenological methods of inquiry for data collection. Analysis was done using the nine step Hatch's (2002) analysis process which conforms to phenomenological analysis.

Results: The people of Odi community perceived the practice of FGM to be prestigious and should not be eliminated. Socio-cultural factors influencing the practice in Odi Community in Bayelsa State are social pressures, rite of passage, to uphold cultural tradition, preserving sexual morality and other myths. The community attributes the consequences of FGM to witchcraft manipulation.

Conclusion: Female genital mutilation is a practice that is deep rooted in the culture of the Odi people. Much honor and prestige is attached to the practice despite its negative consequences which the community attributes to witchcraft manipulations. This is a wakeup call to the government, non-governmental organizations, health workers and researchers to investigate strategies that would lead to the abandonment of FGM in Odi community. If FGM must be abandoned, it would require continuous education on the harmful effect of this practice, enforcement of the law against female genital mutilation and a rescue camp for those who violates the practice to discontinue the practice.

Copyright © 2014 Dotimi Doris Atibinye et al. This is an open access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

INTRODUCTION

The practice of female genital mutilation has been in existence for many decades in Africa. The practice is as old as the ancestors of the African people, the origin of this habit is unknown but it is considered a habit of cleanliness, dedication and tribal marks which begins with prayers and consultation of the oracles for the person to be mutilated (World Health Organization, 2011). According to Gele, Kumar, Hjeide, & Sundby, (2012) a lot of honor and prestige is attached to the practice. The old and young in Odi community encourages their female relatives to be mutilated despite the complications of bleeding, excruciating pains, difficulty during childbirth,

shock, etc., therefore, the violation of the practice renders the fellow an outcast. Female genital mutilation is the partial or total cutting off of the female external genitalia or any injury to the female genitalia for non-medical reasons (WHO, 2011). There are types I, II, III, and IV form of female genital mutilation which are classified by WHO (2011) as follows:

Type I: This is the less severe type; it involves the removal of the clitoral prepuces.

Type II: This appears to be more severe because it involves the removal of the clitoris, and with the adjacent part of the labia minor.

Type III: This is called infibulations. It involves the removal of the clitoris, labia minor and the media part of the labia majora. The labia majora and the vagina will then be sutured

***Corresponding author: Dotimi Doris Atibinye,**
Department of Community Health Science, Bayelsa State College of
Health Technology, Otuogidi, Ogbia

to allow a little opening of the vagina for easy menstrual flow and urine.

Type IV: This includes any other harm to the genitalia like piecing, pricking, stretching of the clitoris, scraping of the vaginal orifice or cutting of the vagina.

The people of Odi Community practice type 11 and type IV forms of the FGM. Nigeria demographic and health survey (2003) indicated that the prevalence of type 11 FGM in South-South geo-political zone of Nigeria where Odi Community belongs is about 66.0% (Appendix 11). This confirms what WHO (2011) reported that FGM is mostly practiced in the African region and about 130-140 million females have been subjected and 3 million are at the risk of being subjected every year to the practice of FGM in 28 African countries. Nigeria demographic and health survey (2003) indicated that FGM is practiced in almost all the six geo-political zones of Nigeria, and the prevalence rate of FGM in South-South where Odi community belongs is about 34.6% (Appendix 1). The practice of FGM was condemned worldwide because it is considered as a violation of the right of females and its attended complications. The females who are mutilated experience excruciating pains, shock, infections, child birth related problems, infertility, urinary problems, excessive bleeding and death (Gele, Kumar, Hjeide, & Sundby, 2012; Momoh, 2011). Report also indicated that traditional circumcisers and health personnel are responsible for performing the mutilations on the females. Most times, especially with the traditional circumcisers, the ritual is done in unhygienic premises using unsterilized instruments, which exposes the victims to infections (Nigeria demographic and health survey, 2003). WHO (2011) report indicated that women that have undergone the types 11 and 111 have 29% and 39% increased rate of caesarean section respectively. They also have 21% and 69% risk of postpartum hemorrhage. It was in this light that the researcher sought to explore the socio-cultural reasons that influence the practice in spite of these consequences.

Legal status of FGM in Bayelsa State of Nigeria

There is no law banning the practice of FGM in Bayelsa State of Nigeria, but the Government of Bayelsa State, medical workers, attorneys and NGO have campaigned against the practice of FGM based on section 34(1)(a) of 1999 constitution of Nigeria, which states, "no person shall be subjected to torture or inhuman or degrading treatment". Some other States of Nigeria banned the practice and placed a fine of #1000 and 6months imprisonment on convicts (International Women's Issue, 2001). As at now the researcher has not been able to lay hold on the stand of the Government of Bayelsa State as regarding the convicts of FGM. The campaign against female genital mutilation is on-going in Bayelsa State, but the people of Odi Community secretly practice FGM in spite of the complications because of the socio-cultural beliefs behind the practice. These made the researchers to explore the experiences and perception of the Odi people on female genital mutilation, socio-cultural factors influencing the practice and the consequences of the practice.

MATERIALS AND METHODS

The study focused on utilizing phenomenological approach of qualitative research to explore the meaning of the socio-

cultural factors that influenced the practice of female genital mutilation in Odi community, in spite of the health complications on the females in the community. According to Reeves, Albert, Kuper, & David (2008) the phenomenological approach focus on "exploring the essence of consciousness as experienced from the first-person point of view" (p.631). The phenomenological paradigm was designed to describe in detail the meaning of these socio-cultural factors that influenced the practice of FGM to the Odi people. Phenomenological research derives its evidence from first-person point of life experience and the phenomenological paradigm tool enhances understanding of the experience and essence of the socio-cultural factors (Creswell, 2013). This phenomenological study utilized focus group discussions and in-depth interview for data collection. This work explored the experiences and perceptions of the Odi people as regards FGM, the socio-cultural factors that influenced FGM in their community and the consequences of the practice on the females of Odi. Interview questions were developed by the researchers and research assistant. The following phenomenological questions were used for this study:

1. How do the people of Odi experience the practice of female genital mutilation?
2. How do the people of Odi perceive the socio-cultural factors associated with female genital mutilation?
3. How do the people of Odi experience the consequences of female genital mutilation?

The questions were translated in Izon language by the research assistant in collaboration with a secondary school teacher from Odi community. Purposive sampling technique was used to select participants without age discrimination for this study. A total of 6 focus group discussions were held with Mothers whose daughters were mutilated, Mothers whose daughters have not been mutilated, Females from 18years and above who have undergone FGM, Females from 18 years and above who have not undergone FGM, the Community Head and his Council of Chiefs, and elderly men and women in the Community between the ages of 50 and above. These various focus group discussions comprised of 9 participants and it took 7days for the focus group discussion exercise to be completed. A face-to-face in-depth interview was also done with the other stakeholders of FGM residing within the Odi community, they include: The Local law enforcement agents, the retired midwives and those still in service that perform circumcision, School teachers, and traditional circumcisers. In each of these groups of stakeholders, 2 participants were interviewed. A tape recorded was used during the interview sessions and was later transcribed.

One hour was spent on each interview participant and the interview sessions took about two weeks for it to be completed. A total of 54 participants were involved in the focus group discussions and 10 participants in the interview which brings the total of people who participated in the study to 64. These stakeholders of FGM in Odi community were selected for the study because their experiences and perception would enhance a better description of the meaning of FGM and the socio-cultural factors influencing the practice to the people of Odi Community. Before the FGDs or interview sessions, the researchers obtained permission from the Bayelsa State College of Health Technology Review Board, Kolokuma

Local Government Council, and the Chief Council of Odi Community. Furthermore, the researchers explained the purpose of the research to the participants and their consent was obtained before they were recruited in the study. They were also instructed to withdraw at any stage they do not feel comfortable to continue with the study. The researchers used the local town criers to mobilize the participants during the focus group discussion to converge at the town hall for the session, and the researchers personally located the other participants for the interview either in their homes or offices. It was indeed a rigorous exercise. All focus group discussions were done in Izon language, and a tape recorder was used to record all the discussions, which were translated into English language and a framework was provided for the interview (Appendix v).

Analysis

The Odi community is in the Kolokuma clan of Kolokoma/Opokuma Local Government Area of Bayelsa State, and a member of the Izon ethnic group in Nigeria. The Community is made up of 9 compounds namely Oborigbeingha, Isounbiri, Ubaka, Koloni, Ifidi, Ogian-ama, Amakiri-ebi-ama, Ise-dani, and Kayama. The estimated population of the community is 4000 (National Population Commission, 2006). The chiefs of the compound made up the council of chiefs in the community, and they are responsible for decision makings in the community. The content of the audiotaped for focus group discussions and interviews were translated into English and a respondent verified them to ensure validity. The transcripts were reread to identify responses that are relevant to describe the phenomenon. These responses from the participants in the interview and focus group discussions were put together to form a comprehensive picture of the participants' experiences on the socio-cultural factors that influences the continuous existence of the practice in Odi Community. The consistency of responses from these various qualitative methods of data collection ensures the credibility and trustworthiness of the study.

RESULTS

The sample size for the study was 64 of which males were 20 in number and females were 44. The reason for inequality in the number of genders selected was because the researchers felt the females are the ones with the experience and stand the better chance of describing their experiences. The males were also selected because they were also stakeholders in the practice of FGM and they are the decision makers in their homes and community. The ages of the participants ranges from 15 and above. All the participants are either natives of Odi Community or resides in Odi Community. Majority of the participants had secondary school education and very few had university education. The responses of the participants were thematically arranged into the following headings:

How do the people of Odi experience female genital mutilation?

They experience excitement, honor and dignity towards the practice. The following statements were derived from the focus group discussions and interview sessions:

Response 1: Female circumcision is a practice that brings honor and dignity to every woman of Odi which our forefathers handed over to us, therefore we honor the practice and hold it in high esteem. Any woman who refuse to be mutilated is considered an outcast and not worthy to be part of this community.

Response 2: This circumcision brought us honor and gifts when we were mutilated, so every woman looks forward to it and wants their daughters also to receive the honor. Any man who does not want his wife to be mutilated should send the gifts that is attached to female circumcision to us in the village. to us

Response 3: Female circumcision is a way of showing that you are an Izon lady. The government cannot stop it in Odi Community. It is our life.

Response 4: Female genital mutilation is viewed as the female form of male circumcision; therefore, their females must be mutilated to usher them into womanhood.

What are the Reasons for the practice of FGM in Odi Community?

The socio-cultural factors that influenced the practice of FGM in Odi are social pressures, rite of passage, upholding cultural tradition, and preserving sexual morality.

Response 1: We were mutilated because our parents, friends, and relations pressurized us to do so. They said an un-mutilated female is considered an outcast, will not have friend, and will not be married because she is seen as immature and cannot bear a living child without mutilation.

Response 2: We pressurized our daughters to be mutilated once they are 7months pregnant because we want our grandchildren to survive and we as mothers want our daughters to be recognized when they are among their fellow Odi women. Our daughters who got married to men from other tribes have also come home for the mutilation because we troubled their husbands let our daughters do what is right according to the Ijaw tradition so that they will be recognized in Odi as women. If the husband are not in agreement, our daughters come home secretly for the mutilation. They must do it else the marriage will not last.

Response 3: Police officers responded as thus: we have seen how women have come to report to the station for being prevented from partaking in community meetings for not being mutilated, but there is nothing we can do about it but to advise that the case be settled out of the station because it is a cultural matter or better still be taken to the customary court.

Response 4: Our sons cannot marry any woman who is not mutilated because she will be promiscuous due to the sexual urge that is stimulated by the clitoris. The clitoris is like the male sexual organ, it stands erect when stimulated which is not good for a woman. She is a woman therefore should not have anything that looks like a male organ. If the woman is mutilated it shows that she will be submissive to her husband in marriage.

Response 5: this is our cultural practice. It has been there since the time of our forefathers and they transferred it to us and expects us to continue to practice it else we will attract the anger of the gods of Ijaw land. In the days of old, prayers will be made to the gods of Odi land before the circumcision is practices so it serves as a way of appeasing the gods of Odi land.

The question on the procedure and practice of FGM

The practice of female genital mutilation is currently performed when the woman is about 5 months pregnant. It is performed by either a traditional circumciser or a health personnel. After the circumcision gifts are showered on the mutilated females.

Response 1: During the time of old, females are circumcised either at childhood, adolescent or during the second trimester of her first pregnancy, but presently in Odi land it is done when she is 7months pregnant. The reason for this is because the females want to see and utilize their gifts. We argued that when it is done during childhood in most cases the child is ignorant of the gifts and may not benefit from it.

Response 2: During our days, we were mutilated during childhood. Our parents and older siblings enjoyed the honor and gifts. We prefer the way it is performed now. The woman enjoys her gifts.

Response 3: FGM is performed on the female at 5 months of her first pregnancy, but if the younger sister is pregnant before the elder, the elder will be forcefully circumcised before or at the same time with the pregnant younger sister.

How is FGM conducted?

Participants said presently no much ceremony is done during female circumcision because the government is against the practice but gifts are given to the mutilated females.

Response 1: Much ceremony is not done presently because of the advertisement on radio against the cultural practice. In some years back the females were secluded for days. In their seclusion, they were taught the benefits of the circumcision and the consequences of not been circumcised.

Response 2: On the day of the circumcision gifts in the form of cash and materials will be given to her after the procedure has been done. She would then move in procession with a little girl leading her with a Kerosene lantern to her husband's house where she will be showered with gifts and praises for crossing over to womanhood.

Response 3: These ceremonies are not done now because it is observed that people whose culture does not practice FGM are against it and they have won political will to stop it, therefore it is done secretly to avoid attention from the public.

Response 4: The ceremonies of FGM in those days were fun and every girl looked forward to it because of the honor that is attached to it.

Response 5: The circumcision is done with two women holding the legs of the female wide apart, the circumciser will use blade to cut the clitoris and any other part that should be cut. After that she will squeeze some leaves in her compound and use it to pad the wound to stop the blood from flowing. After the circumcised woman has rested for 1hr she will then go for the procession to show people that she is now a woman.

Who does the circumcision?

Participants agreed that the health workers and traditional circumcisers perform FGM on the females. Only one health worker was willing to be interviewed.

Response 1: I am a nurse, sometimes ago, about 7 years back, I performed circumcision on the females because it was a cultural practice but after I attended a workshop on women's health I had a change of mind and stopped performing the practice.

Response 2: The circumcision is presently done by our traditional birth attendants and some health people from our community. I prefer taking my daughters to the health people because they give my daughters something that makes them not to feel much pain during the circumcision and they use new blade. The traditional birth attendants don't do that and can use one blade on all the persons that will be circumcised that day.

Response 3: Right from the time of old, traditional circumcisers performed the practice because they are ordained by our ancestors to do so, and they often consult the ancestors before the procedure is done.

Questions on how the people experience the consequences of FGM

Most of the participants are aware of the consequences of FGM but attributes the consequences to either witchcraft manipulation, the circumciser did not keep to the rules of circumcision, or the circumcised female has done something wrong.

Response 1: I bled excessively after the circumcision but was told it was because the circumciser did not observe the rule of abstaining from sex for three days before performing the circumcision.

Response 2: All the things the government is saying about the reasons for abandoning the practice only occurs when a witch wants to harm the female that is circumcised.

Response 3: When we were circumcised we experienced excruciating pains, fainting attack, bleeding, unable to walk for days but we accepted them in good fate because it is our culture and every woman wants the honor that is attached to the practice.

Response 4: I was mutilated when I was a child and can't remember anything that happened to me but now that it is done when the woman is 5 months pregnant if there is any bad thing that happens, maybe there is a curse in the family or

some evil person is against the woman or she has done something wrong.

Questions on the abandonment of practice

When asked how they experience the campaign for the abandonment of the practice, participants said although the government is announcing the side effects of FGM in the media it is a cultural practice and should not be abandoned, only one participant narrated a bitter experience.

Response 1: Female circumcision should not be abandoned because it is our cultural practice and it is what keeps us in touch with our ancestors. Abandoning it will attract the angers of our ancestors upon us.

Response 2: In this community, women receive honor through female circumcision, abandoning it means there will be no more honor attach to us and we will no longer receive gifts from families, friends and loved ones. Any woman who is not circumcised would not be married. Please the government should not compel us to abandon it except they will give us gifts and marry us.

Response 3: We cannot abandon the practice; all we can do is to reduce the amount of flesh that is cut off since this is the problem of the government. We will use the blade to cut off little so that small quantity of blood will flow to signify that we are working with our ancestors and we are still upholding what they transferred to us.

Response 4: Female circumcision should not be abandoned so that our wives and daughters would not be promiscuous. If the practice is abandoned, the females will retain the clitoris that behaves like the male penis and would always want to seek for sexual satisfaction from any one. We don't want any competition with our wives on sexual matters. We are the head and will always be.

Response 5: Participants in the FGD group that were not mutilated said they were not mutilated either because they came from a practicing Christian family or their parents are aware of the consequences and also believed it is demonic because of the consultation of demonic spirits before performing the practice.

Response 6: I never wanted to be mutilated but was forced to do so. If the government wants to stop it a place of rescue should be provided for girls who don't want to be mutilated and an anti-FGM team should be provided to protect the girls. In my case, I did not want to be mutilated, so I ran to my uncle in the urban city because there was no place I could run to for safety. Unknown to me, my uncle arranged with my parents who came with the circumcisers and forcefully circumcised me. I cried bitterly because of the pains and almost fainted because of the bleeding but they were busy showering me with material gifts and calling me all good names to calm me down. I wish my children would not go through what I went through.

The result of the study indicated that the people of ODI attach much honour to FGM, the socio-cultural factors that influence the practice are social pressures, rite of passage, upholding cultural tradition, and preserving sexual morality and these factors are held in high esteem because they motivate the

females to grow to maturity therefore, the practice should not be abandoned. The study also revealed that the people of Odi experience the consequences of FGM as a witchcraft manipulation.

DISCUSSION

This was the first study that explores the socio-cultural factors influencing the practice of FGM in Odi Community. The result of the study shows that FGM which is a harmful traditional practice condemned by world government, non-governmental organizations and other global health focused agencies is being secretly celebrated in Odi Community in Bayelsa State of Nigeria. This confirms the assumption that FGM is still practiced in Africa (International Women's Issues, 2001). Unfortunately, all the factors that are used for the justification of the continuous practice in Odi community do not have any scientific backing rather they are based on traditional myths, beliefs and without medical benefits. One of the shocking discovering is that women are not expected to enjoy sexual intercourse in Odi community for the fear of promiscuity and only circumcised females are married unlike in the case of Somali men who later turn around to reject FGM by getting married to uncircumcised females (Gele, Kumar, Hjelde, & Sundby, 2012). The study also revealed that no one has been prosecuted for the perpetuating the practice and the people of Odi needs continuous education on the consequences of FGM if the practice must be abandoned. These confirms what Oloo, Wangiru, & Nellwell-Jones, (2011) that enforcement of the law against FGM, continuous education and a place of refuge for those who don't want to be mutilated will reduce the practice of FGM. This study is limited to the Odi community and the findings cannot be generalized because qualitative studies are contextual. The views and opinions were expressed by participants in the interview and focus group discussions which increased our confidence in the validity of the findings.

Conclusion

FGM is a barbaric practice that has both long term and short term consequences on the mutilated. The socio-cultural reasons for the practice range from the rite of practice, peer pressure, to uphold cultural tradition and to prevent sexual promiscuity and these justifications for the practice does not have any scientific backing or medical benefit to the females in Odi community. Though the government and non-governmental organizations carry out propaganda against the practice of FGM, enact a law against the practice of FGM in Bayelsa State, but no one has been prosecuted for practicing or performing FGM. Continuous education on the complications and effects of FGM, enforcement of a law against FGM, and a rescue camp for those who don't want to be mutilated could facilitate the abandonment of the practice of FGM in Odi community.

REFERENCES

- Creswell, J.W. 2013. *Qualitative inquiry & research design: Choosing among five approaches*. (2nded.). Thousand Oaks, CA: Sage Publications.
- Elgaali, M., Strevens, H., & Mardh, P. 2005. Female genital mutilation-an exported health hazard. *European Journal of Contraceptive and Reproductive Health* 10(2) 93-97. doi:10.1080/13625180400020945

Gele, A.A., Kumar, B., Hjelde, K.H., & Sundby, J. 2012. Attitudes toward female circumcision among Somali immigrants in Oslo: a qualitative study. *International Journal of Women's Health*. doi:http://dx.doi.org/10.2147/IJWH.S27577.

International Women's Issues 2001. Nigeria: report on female genital mutilation (FGM) or female genital cutting(FGC). *U.S Department of State*. Retrieved from <http://www.asylumlaw.org/docs/nigeria/usa>.

Nigeria demographic and health survey, 2003. A summary 2003 demographic and health survey. Retrieved from catalog.ihns.org/index.php/catalog/2558

National population commission of Nigeria 2006. Nigeria 2006 census figure. Retrieved from <http://www.nigeriamasterweb.com/Nigeria06CensusFigs.html>

Oloo, H., Wanjiru, M., & Newell-Jones, K. 2011. Female genital mutilation practice in Kenya: role of alternative rites of passage. A case study of Kisii and Kuria district. *Feed the Mind.org*. Retrieved from <http://lunchesforlife.org/wp-content/uploads/2012/07/FGM-July-Report.pdf>.

Omorodion, F.I. & Myer, R.A.1989. Reasons for female genital mutilation among some ethnic groups in Bendel State of Nigeria. *African study Monograph* 9(4)197-207. Retrieved from <http://repository.kulib.kyoto-u.ac.jp/dspace/handle/2433/68044>

Osifor, D.O., & Evbuomwan, I. 2009. Female genital mutilation among Edo people: the complications and pattern of presentation at pediatric surgery unit, Benin City. *African Journal of Reproductive Health* 13(1)17-25. Retrieved from <http://www.ncbi.nlm.nih.gov/pubmed/20687262>

Reeves, S., Albert, M., Kuper, A., & Hodges, B.D. 2008. Why use theories in qualitative research. *BMJ* 2008; 337: 631-634. Doi:10.1136/bmj.a949

World Health Organization, 2011. An update on WHO's work on female genital mutilation: Progress Report. Retrieved from http://whqlibdoc.who.int/hq/2011/WHO_RHR_11.18_eng.pdf

APPENDICE

Appendix 1: Basic statistics of FGM in Nigeria

Nigeria has a projected population of 126 million	
-Total female population	61.5 million
- Female population 10years and above	44.9 million
- Female population married aged 10years and above	29.7 million
Prevalence of FGM among adult women by geo – political zones	
North-East	1.3 per cent
North-Central	9.6 per cent
North-West	0.4 per cent
South-West	56.9 per cent
South -East	40.8 per cent
South-South	34.7 per cent
Source: Nigeria Demographic and Health Survey: 2003	

Appendix II: Note: Knowledge and prevalence of FGM in Nigeria

Zones	Percentage of Women who heard of FGM	Percentage of Women Circumcised	Types of Circumcision		
			Type1	Type2	Type 3
North Central	36.0	9.6	1.2	64.6	2.5
North East	40.1	1.3	-	-	-
North West	25.1	0.4	-	-	-
South East	87.7	40.8	0.3	12.2	2.7
South South	82.5	34.7	3.0	66.0	7.5
South West	85.7	56.9	2.2	36.3	1.3
Source: Nigeria demographic and health survey, 2003					

Appendix III: Prevalence of FGM among the age group in Nigeria

Age at Circumcision:	%
0 -12 Months	85
1-4 yrs	4.1
5-6 yrs	1.8
7-8 yrs	2.0
9-10 yrs	0.5
11-12 yrs	0.9
13+	3.9
Don't know/missing	1.8
Source: Nigeria Demographic and Health Survey: 2003	

Appendix IV: Percentages of circumcisers in Nigeria

Person who performed the circumcision	%
Traditional circumcisers	60.6
10.0	Traditional birth attendant
Other traditional methods	1.0
2.0 Nurse/midwife	Doctors
Other health professionals	24.3
1.8	0.4
Source: Nigeria Demographic and Health Survey: 2003	

Appendix v: Questions for focus group discussion and Interview

1. How do your community view female genital mutilation, what meaning, value and importance is attached to the rituals?
2. Why do you practice female genital mutilation?
3. In your understanding, why do some girls choose to be circumcised and others don't?
4. What are the procedures for the practice of female circumcision?

Probe for:

- Age of circumcision
 - Who makes the decision?
 - Who performs the circumcision?
 - Where is the circumcision done?
5. Is there any benefit for female circumcision?
 6. Are there any consequences of the practice on the female?
 7. In your own opinion how do you feel the government view female circumcision?
 8. In your opinion, do you feel the practice should be continued?
