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FEMALE GENITAL MUTILATION: A THREAT TO FEMALE SPORTS PARTICIPATION IN EKITI STATE

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Abstract

Female Genital Mutilation is widespread among the various ethnic groups and socio-economic groups and classes and it is usually practice for cultural, religious, and ritual purposes, often as part of initiation rite into womanhood. Noting that the health of a girl-child is paramount to effective sport participation among elites. Without an optimal healthy living among female or girl-child, sports participation will be male gender focused, leading to gender inequality in sports. Hence, the researcher seek to examine female genital mutilation as impediment to sports participation amongst girl-child in Ekiti State. Descriptive survey research design was adopted for this study and two hundred (200) respondents were selected using multi-staged sampling techniques. A self-constructed questionnaire was developed by the researcher to collect data for the study. The instrument was validated by experts and a reliability coefficient of 0.86 was obtained using split half method of reliability. All data collected was analysed using inferential statistics of Analysis of Variance (ANOVA) and Regression to test the hypotheses set for the study at 0.05 level of significance. From the results of the study, that female Genital Mutilation had significant impact on health of a girl-child/women in the society and thereby affecting female sport participation in Ekiti State. Majorly, psychological trauma and health implications of FGM tends to have significant impact on sport participation of females in sport. The researcher therefore recommended that planned health education campaigns are mandatory to elude the drawbacks of female genital mutilation and hazards of continuation of the practice so as to promote the healthy living of female in order to facilitate their participation in sport as well as maintain a balance of gender equality in sport.

Keywords Female Genital Mutilation, Girl-Child, Infections, Sport, Psychological.

INTRODUCTION

Female Genital Mutilation (FGM) locally or commonly known as circumcision is a local/traditional occasion, which is done in some regions and countries in the world. FGM is the process of excluding certain part or all parts of the external female genitalia which are done by local circumcisers. Common tools used for this process

are blade or straight-razor. World Health Organization (WHO) (2013) broadly defined FGM as the processes that involve the partial or total removal of the external feminine genital organ or other damage to the feminine genital organs for non-medical reasons. UNICEF (2013) analytically posit that FGM occurred mostly in 30 countries in

Africa and more than a few countries in Asia and the Middle East. In Nigeria, subjecting female child to obscure traditional/local practices is perceived to be legendary. FGM is perceived to be an unhealthy traditional/customary practice inflicted on female child worldwide.

FGM is globally acknowledged to be as a procedure which violates a female child rights, as well as increasing her risk for health complications. UNICEF (2013) frantically stated that FGM is mostly practiced in Nigeria with its large population; it is recorded that Nigeria has the highest number of FGM cases in the world which accounts for about one quarter of the total estimated 115 to 130 million circumcised women in the world. Adegoke (2005) noted that South-south region in Nigeria has the highest prevalence of FGM with almost seventy-seven percent (77%) of adult women in the region, followed by the south-east region with sixty-eight percent (68%) and south-west with sixty-five percent (65%); but rarely practiced in the north region and paradoxically tending to in a more dangerous form. Nigeria with a total population of 212,410,436 people with the women population forming 49.64%. The national occurrence rate of FGM is 41% amongst adult women.

Okeke et al (2012) opined that FGM is a practice whose origin and significance is shrouded in secrecy, uncertainty, and confusion. The derivation of FGM is uptight with controversy either with the initiating ceremony of young female child into womanhood/adulthood or to ensure virginity and prevent promiscuity in the society, or to protect female humility and chastity.

WHO (2016) classifies FGM/C into four types namely:

- Type I: this involves partial or total removal of the clitoris (clitoridectomy) or prepuce
- Type II: this includes the incomplete or total removal of the clitoris and labia minora, with/without excision of the labia majora (excision).
- Type III: this involves the narrowing of the vaginal orifice with the creation of a covering seal by cutting and appositioning the labia

minora or labia majora, with or without excision of the clitoris (i.e infibulation). Re-infibulation is a process which narrow the vaginal opening after a woman has been de-infibulated (for example, after childbirth), also known as re-suturing

- Type IV: it is all other harmful procedures done to the female genitalia for non-medical purposes (for example pricking, pulling, piercing, incising, scraping and cauterization).

WHO (2016) concludes that FGM/C is always traumatic and has no identified health benefits. In support of the aforementioned statement, Anderson et al. (2012) stated that FGM/C complications are rather physical (ranging from bleeding and infection to death), psychological (such as anxiety and post-traumatic stress). Excision of the clitoris and/or other sensitive parts of the female genitalia reduces the female sexual response, may lead to anorgasmia and even frigidity, cases of tight infibulations, where the husbands are unable to penetrate into the vagina, resort to anal intercourse or even used the urethral meatus as an opening and consummation of marriage may take several weeks.

1.1 Statement of the Problem

It was observed by the researchers that FGM is widespread among the various ethnic groups and socio-economic groups and classes and it is usually practice for cultural, religious, and ritual purposes, often as part of initiation rite into womanhood. It is one of the cultural and traditional practices that persist in contemporary Nigerian society, despite significant increase in level of literacy and other modernization values. Based on the researcher overview and perception, the prevalence of FGM is high in Ekiti state being one of the state with Yoruba African tradition. With this, the researcher observed that most parents argued on the continuation of female genital mutilation with the thinking that it has no any other known effect other than the psychological effect (shock), health related injury and hemorrhage that occurred after the operation. Noting that the health of a girl-child is paramount to effective sport participation among elites. Without an optimal healthy living among female or girl-child, sport participation will

be male gender focused, leading to gender inequality in sports. Hence, the researcher seek to examine female genital mutilation; a threat to sport participation amongst girl-child in Ekiti State.

1.2 Objective

The following objectives was set for this stud:

1. To investigate if psychological trauma resulting from FGM will affect girl-child participation in sports in Ekiti State.
2. To investigate the relationship between health implications of FGM and active sports participation among females in Ekiti State.

1.3 Hypotheses

The researcher formulates the following hypotheses for the study:

1. Psychological trauma resulting from FGM will not significantly affect sports participation among females in Ekiti State.
2. There will be no relationship between health implications of FGM and active sports participation among females in Ekiti State.

LITERATURE REVIEW

2.1 Conceptual Literature

. FGM is the process of excluding certain part or all parts of the external female genitalia which are done by local circumcisers. Common tools used for this process are blade or straight-razor. World Health Organization (WHO) (2013) broadly defined FGM as the processes that involve the partial or total removal of the external feminine genital organ or other damage to the feminine genital organs for non-medical reasons. UNICEF (2013) analytically posit that FGM occurred mostly in 30 countries in Africa and more than a few countries in Asia and the Middle East. In Nigeria, subjecting female child to obscure traditional/local practices is perceived to be legendary. FGM is perceived to be an unhealthy traditional/customary practice inflicted on female child worldwide.

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Female participation in sports has been a controversial issue all over the world and Nigeria is not an exception. Involvement in sports has taken a new turn in which those who engage in sports have various reasons for participation. In recent times, the concept of Female participation in sports has been an emerging area of research as efforts have been and are being made in getting more females to participate in sports. However, a lot more effort is still required to generate greater female participation in the world of sports (LeUnes & Nation, 2012).

Nigerian society still experiences significant gender inequality in sports, despite recent international class performances by women sprinters and football players in national teams. Girl's participation in sport and physical activities is quite poor in present age therefore the rate of their achievements is very poor. There are many causes of poor participation of females in sports, but in spite of this reality many researchers fully agree with this statement that a healthy mind lies in healthy body (Jabeen et al, 2017).

It was observed by the researchers that the major challenges hindering female participation in sports are lack of family guidance, religion, lack of sports materials, socio-cultural problem and the existence of little researcher in the area. It was also noted that in the study area, women find it difficult to

expose certain parts of their body because of their religion, family background policy and thus, women in this categories cannot engage in sports because they have to put on dresses that would make them free to participate in sports, such as bikini for swimming, pants for athletics, shorts and vests for games.

2.2 Theoretical Literature

This study adapt the theory of planned behaviour by Ajzen (1991). The theory of planned behavior builds on evidence indicating that declared intentions are a better predictor for behavior than attitude. However, this can depend on the situation. In a country where FGC is illegal and intention to subject someone to FGC could cause legal repercussions, attitude—especially if assessed indirectly might be more reliable than intention. However, when assessing deinfibulation in diaspora, intention might be more reliable, as such intentions would not challenge the law. Thus, the applicability of the theory is likely to vary with the cultural, moral, and legal sensitivity to the aspect of FGC studied.

As such, the theory of planned behavior combines elements from both theories of individual behavioral change and the theory of FGC as a social convention (Mackie, 2000). The theory of FGC as a social convention claims that once FGC has become a social convention, it is locked into place, and no individual or family member can abandon the practice due to the high social costs. Some studies, however, have called for more theoretical nuance, pointing toward variation in how norms are perceived (Sulaiman, Kipchumba, & Magan, 2017) and the degree to which people adhere to the local social convention (Efferson, Vogt, Elhadi, Ahmed, & Fehr, 2015).

METHOD

3.1 Research Design

The research design used for this study was a descriptive survey type of research. The design was adopted from related previous study of Alade et al. (2021). The reliability of a descriptive survey's result depends on whether the sample of people form when the information has been collected is free from been bias and sufficiently large,

according to Saunders, (2007) descriptive survey is the general plan of how the research question would be answer. It is the conceptual structure within which research is conducted. Research design provides guard lines that direct the research toward solving the research problems.

3.2 Sample and Instrument

The sample size of two hundred (200) respondents was used for the study. Multi-stages sampling technique was used to select respondents. Purposive sampling technique was used to select health personnel's, sport stakeholders and adolescent females as respondents. Random sampling technique was used to select hospitals and health personnel's used for the study while purposive sampling technique was used to select Ekiti state sport council and female students from tertiary institutions in Ekiti State as respondents. The simple random sampling technique of fish bowl without replacement was used to select fifty (50) health personnel's, twenty (20) sport stakeholders and one hundred and thirty (130) female students as respondents for the study. The instrument that was be used for the study was self-constructed questionnaire. The face and content validity of the instrument was done by two experts.

3.3 Reliability and Data Analysis technique

The reliability of the instrument was carried out. The test-retest method of reliability was use. Twenty (20) respondents which do not form part of the final respondents was used for the study. The instrument was administered to respondents and after two weeks the second administration of the instrument was done. While Cronbach's Alpha was used to analyse the sets of data gathered. Spearman Brown's formula was used to further analyse the coefficient (r) of 0.86 obtained at 0.05 level of significance. For analysis of data, inferential statistics of Analysis of Variance (ANOVA) and Regression was used to test the hypotheses postulated for the study at 0.05 level of significance.

RESULT

The following results were obtained for this study

4.1 Hypothesis 1

Psychological trauma resulting from FGM will not significantly affect sports participation among females in Ekiti State.

Table 1: ANOVA analysis of data on effect of psychological trauma as a result of FGM on sport participation among females in Ekiti State

	Sum of Squares	df	Mean Square	F _{cal}	F _{tab}	Sig.
Between Groups	2.408	1	2.408	17.560	3.92	.001
Within Groups	16.183	198	.137			
Total	18.592	199				

P<0.05

Note: df –Degree of Freedom, F_{cal} - ANOVA Calculated Value, F_{tab} - ANOVA Calculated Value, Sig-Significance
Source: Field Survey (2021).

Table 1 above showed the effect of psychological trauma as a result of FGM on sport participation among females in Ekiti State. The result of analysis presented in table 1 above revealed that F-Cal (1, 198) = 17.560 was greater than F-table (3.92) and the P (0.001) < 0.05 level of significance. This implies that the null hypothesis was rejected, hence

psychological trauma resulting from FGM will significantly affect sports participation among females in Ekiti State.

4.2 Hypothesis 2

There will be no relationship between health implications of FGM and active sport participation among females in Ekiti State.

Table 2: Regression analysis showing the relationship between health implications of FGM and active sport participation among females

Model	Unstandardized Coefficients		Standardized Coefficients Beta(β)	t	Sig.
	B	Std. Error			
(Constant)	5.821	.402		14.484	.000
Active sport participation	.055	.012	.301	4.435	.000

Multiple R=0.301, Multiple R²=0.090, Adjusted R²=0.086, F_{1,198}=19.673

***p<0.05**

Source: Field Survey (2021)

Table 2 showed the relationship between health implications of FGM and active sport participation among females (F_{1,198} =19.673, p<0.05). The null hypothesis is rejected. The result shows that there is significant positive multiple correlation between the predictors variable (health implications of FGM) and sports participation among female (R=0.090, p<0.05). This implies that the predictor variable is a factor that can exert influence on sports participation among females in Ekiti State. The coefficient of determination (R² =0.086) indicated that the variable of health implications of FGM accounted for about 8.6% of the observed variance in sports participation among females while the remaining 91.4% unexplained variance can be attributed largely to other factors outside the regression model other than the health implications of FGM.

The finding of this study for hypothesis 1 which stated that psychological trauma resulting from FGM will not significantly affect sports participation among females in Ekiti State was rejected. This implies that psychological trauma resulting from FGM will significantly affect sports participation among females in Ekiti State. The finding showed that phobia and anxiety which are indices of psychological traumatism of FGM among females may inhibit sports participation among females. An optimal health of an individual which tends to be the primary distinctive factor to sport predication among females. Hence, the result of the finding was in support of the study of Alagbu et al. (2015) which examined the perceived effects of FGM (female genital mutilation) on gender sports performance: implications to sports administration and management in Nigeria. A total of 250 purposively selected regular female athletes

4.3 Discussion of Findings

from five Nigerian universities (two federal universities, two state universities and one private university), in the south-East Geopolitical zone of the country. A self-structured questionnaire with reliability value of 0.73. The test retest method was used for data collection. Data collected were subjected to descriptive statistics of frequency, percentage and Chi-square inferential statistics at 0.05 level of significance. Findings revealed that majority perceived FGM as harmful and detrimental to excellent sports performance, administration and management.

In expository, the findings was further supported by the evaluation of Ahmed et al. (2017) that the psychological impact of FGM/C among 204 adolescent girls aged between 14 and 19 years, demonstrating a significantly higher level of somatization, depression, anxiety, phobic anxiety, and hostility compared with girls without FGM/C. However, as stated by Berg et al. (2010) the studies analyzing the psychological consequences of FGM/C are characterized by low-quality designs, small sample sizes, and inconsistent results, thus precluding the drawing of firm conclusions.

The finding of this study for hypothesis 2 stated that there will be no relationship between health implications of FGM and active sport participation among females in Ekiti State was rejected. The researcher concluded that there was relationship between health implications of FGM and active sports participation among females in Ekiti State. The finding revealed that some of the long term effect of FGM which is retention of urine and menstrual flow a medical condition known as hematocops may hinder active sport participation among females. Also, tetanus and other infections which are long term such as clitoral cyst contracted from the operation of FGM may lead to low level of sport participation amongst female and dislocation of hip joint due to FGM may also prevent girl-child sport participation. Hence, the result of this finding was supported by the assertion of Alagbu (1999) cited in Alagbu et al. (2015) that the health status of the girl-child is one of the major reasons why parents would not allow their female children to participate in competitive sports in secondary schools, which may is connected with the FGM

aftermath health conditions of their female offsprings.

A systematic review by World Health Organization (2000) on health complications of FGM/C identified a range of obstetrical problems, the most common being prolonged labour and/or obstruction, episiotomies and perineal tears, post-partum haemorrhage and maternal and foetal death. All these health complications may hinder the continuous participation of women in sport on a long run which may therefore change attitude of such women towards sport participation.

CONCLUSION

FGM is globally acknowledged to be as a procedure which violates a female child rights, as well as increasing her risk for health complications. Based on the findings, the researcher concluded that Female Genital Mutilation had significant impact on health of a girl-child/women in the society and thereby affecting female sports participation in Ekiti State. Majorly, psychological trauma and health implications of FGM tends to have significant impact on participation of females in sports.

The researcher therefore recommended that

1. Parents should be educated on the health implications of FGM on their child and therefore prevent the occurrence among their offspring towards healthy living.
2. Workshop should be introduced to inform the youths on the emotional and psychological implications of female genital mutilation and probable way to overcome such implications.
3. Planned health education campaigns are mandatory to elude the drawbacks of female genital mutilation and hazards of continuation of the practice so as to promote the healthy living of female in order to facilitate their participation in sport as well as maintain a balance of gender equality in sport.

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