

Culture, Men's Perspectives And Attitudes In The Continued Practice Of Female Genital Mutilation/Cutting In South-East Nigeria: A Presentation Of The Field Methodology.

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ABSTRACT

Surveys on Female Genital Mutilation/Cutting (FGM/C) practice have targeted women alone while no attention has been paid to culture, men's perspectives and attitudes in FGM/C-persistence. This might be because most researchers tend to be skeptical about the right methodology to apply in such a study. This study therefore investigated culture, men's perspectives and attitudes in the continued practice of FGM/C in South-East Nigeria. The specific objectives included: to find out the influence of culture on the continued practice of FGM/C; to ascertain the perspectives of men about FGM/C; to examine the attitudes of men in sustaining the practice; and to identify how the practice can be eradicated in South-East Nigeria. The paper is therefore, a demonstration of the researchers' field experiences during the study. The design was a mixed- method research. Multi-stage sampling procedure was used to select 1,067 respondents for the quantitative data while 54 in-depth interviews were conducted to generate qualitative data. Some of the challenges encountered in the fieldwork included reluctance by respondents to partake in the exercise; some of the respondents did not believe in the total confidentiality assured them that their responses would be; Illiteracy; respondents' demand to be compensated for their time and poor road network. The challenges were however surmounted through the application of the researchers' classroom knowledge and by help of vibrant research assistants. It was therefore concluded that the fieldwork was an interesting exercise that exposed the researchers to field experiences that could not be gotten from the classroom.

Keywords: *Culture, FGM/C, men's perspectives, men's attitudes, challenges encountered.*

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Introduction:

Globally the practice of FGM/C had been mobilized against partly due to new medical findings that attribute such practice to harmful health effect. Though it tends to be culturally-oriented, however, the culture is perceived as patriarchy oriented that must be extricated from societies partly due to the fact that the process is mostly done with crude tools leading to severe detrimental health effect ranging from sexually transmitted diseases to death. In Nigeria, for example, 82 percent of females who had undergone FGM/C had it before their fifth birthday; 4 percent had it between age 4 and age 9; 5 percent between age 10 and age 14; and 15 percent had it at age 15 or older. It has been reported that ninety percent (90%) of females in the South-East Nigeria underwent FGM/C before age 5 and almost all the females who had undergone FGM/C in Imo, Enugu and Abia had it before their fifth birthday (NPC and ICF International, 2014).

The practice of FGM/C, apart from being one of the most persistent, pervasive and silently endured human rights violations, especially denial of girls and women the full enjoyment of their rights and liberties [1], is deeply associated with health, physical, sexual and psychological consequences to women and girls. The practice is not intended to harm women, but infringes on the health of women. This calls for investigations of certain socio-cultural complexities (such as gender roles in its sustenance) that hinder its eradication in Africa and in Nigeria especially in South-East Geopolitical zone. Furthermore, FGM/C has a wide range of consequences including obstetric and delivery complications, pregnancy complications, reproductive problems, infections including HIV/AIDS, adverse sexual and psychological effects and even death [2].

Apart from the health and other related consequences, there are a lot of information available in literature about those responsible for carrying out FGM/C and the study setting. For example, Akinsulure-Smith and Chu [3] conducted a survey of 107 West African immigrants including 36 men on Knowledge and attitudes toward Female Genital Mutilation/Cutting among West African male immigrants in New York City. They found that men have the knowledge of health implications of FGM/C as well as reject the practice like their female-counterparts, but a good number of them did not consider women's FGM/C status in their individual intimate relationship preferences. This is the gap in knowledge that this study could fill. This study would find out men's personal preferences for women in relationships in terms of FGM/C status in the study area. Conversely, Abathun, Sunday and Gele [4] did a work on "attitudes towards female genital mutilation/cutting among Somali and Harari people, Eastern Ethiopia" using a purposive sampling technique. The findings showed that there was a strong support for the continuation of FGM/C among female discussants in Somali region, while male discussants from the same region and Harari regions had a positive attitude toward the discontinuation of the practice. According to the study, young men in both regions prefer to marry girls who have not undergone FGM/C. It is important to note that this is different from what is obtainable in many African countries from much literature, but to

have women supporting the continuation of FGM/C more than men underscores hidden cultural factors, men's perspectives and attitudes that must be unraveled. This is the gap in literature that this study hoped to fill.

Other issues that make this study desirable are the roles, views and attitudes of men about FGM/C that have been associated with a lot of negative implications [5]; [6]. Women who have not undergone FGM/C become outcasts and rejected in their communities. [5]; [6]. It has been noted, for example, that there is a connection between FGM/C and fistulae development and that the severity of the FGM/C-cut may cause a woman to develop pregnancy and other complications that result in fistula development, and thus, make their husband reject them because of their odour [5]; [7].

Available literature show that FGM/C decision in the past seemed to be an exclusive women affair, especially mothers and sometimes grandmothers, but the pattern has changed as men's participation in FGM/C decisions seems to have increased [8]. Men seem to have taken over the role of FGM/C decision-making from women and the major reason for this bothers mainly on the men's association of FGM/C with sexuality [9]; [8]. FGM/C tends to be mainly carried out by women but the purpose is to control women's body and sexuality, all for men's gain [5]; [10]; [11]; [12]. From available literature, men also tend to use women in maintaining FGM/C by making them place high regard for social approval more than the negative consequences of FGM/C [11]; [12].

Recent scholarly works demonstrate that the majority of men tend not to see anything wrong with the continued practice of FGM/C since, to them, it's a strong factor in keeping women faithful in marriage [13]; [14]; [15]. This perspective of men is influenced by ethnic tradition, beliefs, customs and religion [16]; [15]. Men seem to see FGM/C as a practice that helps them keep their superiority over women in terms of not being defeated in bed since men tend to place high value on sexual performance [9]; [16]. Some works also show that the attitude of men tends to favour the continued practice of FGM/C more than the attitude of women [17]; [18]; [8]. This is because, from the available information in literature, more women than men tend to support the criminalization of FGM/C [18]; [17]; more men than women tend to prefer continued performance of FGM/C on their daughter [19]. The attitude of men whose wives have undergone FGM/C seems to be retaliatory, in that, they want to also see other women go through the pains of FGM/C [18]. Relevant studies also show that some of the specific cultural factors likely to be responsible for FGM/C in Nigeria tend to hover around beliefs (cultural and religious), fear of going against customs and traditions, and respect for traditional values [20]; [13]; [21]; [22].

Furthermore, Female Genital Mutilation/Cutting is an invisible hand of patriarchy and gender inequality that tend to privilege the male and makes the practice a requirement for women's survival [10]. For example, some of the consequences of patriarchy and gender inequality that sustain the continued practice of FGM/C include: less participation of women in formal education and in paid jobs, male-child preference, promotion of polygyny, male violence, male dominance in socio-political sphere and infringement on women sexual rights [23]. It is, however, important to note that there are other vital information that still lack in literature, and such also constitute gaps in knowledge on this issue that can be filled by this study. For example, the information on the extent to which FGM/C is associated with infidelity. Men tend to believe that FGM/C prevents prostitution and promiscuity but failed to realize that a woman being faithful to her husband may be an issue of morality and not her FGM/C status since some genitalia-cut women do involve in infidelity too. This is a gap in knowledge that this study could fill by trying to find out the extent to which the practice of FGM/C is associated with infidelity and whether or not FGM/C do reduce infidelity. It is, therefore, against the backdrop of the foregoing problems that this study investigated the influence of culture, men's perspectives and attitudes in the continued practice of FGM/C in South-East Nigeria.

Research Questions:

The following research questions were put forward to guide this study:-

- 1) What is the influence of culture on the continued practice of Female Genital Mutilation/Cutting (FGM/C) in South-East Nigeria?
- 2) What are the perspectives of men about Female Genital Mutilation/Cutting (FGM/C) in South-East Nigeria?
- 3) What are the attitudes of men in sustaining the practice of Female Genital Mutilation/Cutting (FGM/C) in South-East Nigeria?
- 4) How can the practice of Female Genital Mutilation/Cutting (FGM/C) be eradicated in South-East Nigeria?

Objectives of the study:

This study has both general and specific objectives. The general objective of the study is to investigate the influence of culture, men's perspectives and attitudes in the continued practice of FGM/C. The specific objectives include:

- 1) To find out the influence of culture on the continued practice of Female Genital Mutilation/Cutting (FGM/C) in South-East Nigeria.

- 2) To ascertain the perspectives of men about Female Genital Mutilation/Cutting (FGM/C) in South-East Nigeria.
- 3) To examine the attitudes of men in sustaining the practice of Female Genital Mutilation/Cutting (FGM/C) in South-East Nigeria.
- 4) To identify how the practice of Female Genital Mutilation/Cutting (FGM/C) can be eradicated in South-East Nigeria.

Hypotheses:

The following hypotheses were put forward to guide this study:-

1. Men with more than one wife are more likely to support the continued practice of FGM/C than men with only one wife in South-East Nigeria
2. There is a significant relationship between religious belief and support for continued practice of FGM/C
3. Men who associate FGM/C with foetal death are less likely to encourage the continued practice of FGM/C in South-East Nigeria than men who do not do so.
4. Men who view FGM/C as part of initiation into womanhood are more likely to support the continued practice of FGM/C in South-East Nigeria than men who do not do so.
5. Males who associate FGM/C with faithfulness in marriage are more likely to support its continued practice than females who do so.

Study Design:

This study adopted a mixed research design. The design was considered appropriate and adopted because it enabled a large population to be studied at a relatively less time and it allowed the researcher to use both quantitative and qualitative methods to generate extensive data for the study.

Area of the Study:

This study was carried out in South-East Nigeria which is presently one of the six geopolitical zones in Nigeria, others being North-East, North-West, North-Central, South-West and South-South. South-Eastern Nigeria used to be one of the 12 states created during the Nigerian Civil War which was later broken down into the present Akwa Ibom and Cross-River States, before it became the name of one of the six geopolitical zones in Nigeria in 1990s. The South-East Nigeria is presently made up of five states, namely, Abia State, Anambra State, Ebonyi State, Enugu State, and Imo. It is an Igbo speaking region with 95 Local Government Areas that cut across its five states (Abia State has 17 LGAs; Anambra 21; Ebonyi, 13; Enugu, 17; and Imo, 27), and the majority of its people are Christians.

The socio-cultural organization of the South-Eastern people of Nigeria is mainly based on membership in kinship groups and parallel but complementary dual-gender associations which are important to societal integration. The associations take several forms including age grades, men's societies, women's societies, and prestige-title societies such as "Nze" or "Ozo" for men and the "Omu", "Ekwe", or "Lolo" for women. The interaction among these groups prevents the concentration of authority in any one association [24].

Population of the Study:

The total population of South-East Nigeria based on 2006 National Population and Housing Census is 16,395,555 people (8,184,951 for male and 8,210,604 for female). The population is projected to 2017 and shown by gender and states in the table 1 (please see appendix V for the calculations of the projection)

Table 1: Projected Population of South-East Nigeria by Gender and States

States	2006 Male Population	2017 Projected Male Population	2006 Female Population	2017 Projected Female Population	2006 Total Population	2017 Projected Total Population
Abia	1,430,298	2,022,568	1,415,082	2,001,052	2,845,380	4,023,620
Anambra	2,117,984	2,995,017	2,059,844	2,912,802	4,177,828	5,907,819
Ebonyi	1,064,156	1,504,811	1,112,791	1,573,585	2,176,947	3,078,396
Enugu	1,596,042	2,256,945	1,671,795	2,364,067	3,267,837	4,621,012
Imo	1,976,471	2,794,905	1,951,092	2,759,017	3,927,563	5,553,922
Total	8,184,951	11,574,246	8,210,604	11,610,523	16,395,555	23,184,769

Source: National Population Commission [25]. *2006 population and housing census priority table volume iv. Population distribution by age and sex (state and local government area). Table DS5, Abuja: NPC*

However, the target population of the study is 26,895 being the population of some nine (9) relevant population categories for this study which cut across the study area. The population categories were as follows:- traditional titled

men, native doctors/herbalists, religious leaders, teachers, market women association, umuada association, men's union/association, women's union/association, health workers. The target population is shown in the table 2.

Table 2: Target population for the Study

States & Communities	Traditional Titled men	Herbalists/Native Doctors	Religious Leaders	Teachers	Market Women Association	Umuada Association	Men's Union/Association	Women's Union/Association	Health Workers	Total
Ebonyi State										
Ugwuegu	162	33	72	122	400	255	1580	2720	42	5386
Okue	27	26	125	290	205	285	745	958	41	2702
Enugu State										
Amoli	180	92	71	65	650	2200	789	1224	34	5305
Arum Inyi	200	32	76	71	420	780	568	865	29	3041
Imo State										
Egberemiri Eziudo	229	26	66	105	170	281	1080	1310	38	3305
Atta	62	28	57	154	800	1250	2090	2670	45	7156
Total	860	237	467	807	2645	5051	6852	9747	229	26,895

Sources: Official records/registers of primary health centres/hospitals/clinics, official records/registers of community unions/associations, official records/registers of traditional rulers/titled men/women, official records/registers of schools, official records/registers of market women associations, and official records/registers of churches in the study area.

Scope of the Study:

The study was limited to culture, men's perspectives and attitudes in continued practice of FGM/C in South-East Nigeria focusing on Ebonyi, Enugu and Imo states. The main reason for the choice of these three states was due to the relatively high prevalence of FGM/C in the chosen states based on the 2013 NDHS report. The 2013 NDHS report on the FGM/C prevalence rates in the South-Eastern states were: Ebonyi, 74.2%; Imo, 68.0%; and Enugu, 40.3% (NPC and ICF International, 2014). The study participants were drawn from relevant population categories in the study area.

Sample Size:

The sample size for this study is 1,067 persons. This is statistically generated by using Taro Yamane Statistical method of determining sample size; as thus:

$$n = \frac{N}{1+N(e)^2}$$

where: n = Sample size

N = Target Population

e = error of sample (it could be 0.10 down to 0.01, but in this work, 0.03 is used)

1 = unity or constant

Therefore;

$$n = \frac{26895}{1+26895(.03)^2}$$

$$n = \frac{26895}{1+26895(0.0009)}$$

$$n = \frac{26895}{1+24.2055}$$

$$n = \frac{26895}{25.2055}$$

$$n = 1067.029021$$

$$n = 1,067$$

Sampling Technique:

The Multi-stage sampling procedure involving purposive sampling, cluster sampling technique, simple random sampling, proportionate stratified sampling and availability sampling techniques was adopted to select respondents for this study. At first, three (3) out of five states in the South-East Nigeria were purposively selected based on the prevalence rate of FGM/C in zone.

Secondly, the selected States were clustered into three senatorial districts and one senatorial district was selected through simple randomly sampling from each of the chosen states. Thus a total of three senatorial districts were selected for the study. The senatorial districts were Ebonyi-South, Imo-East and Enugu West.

Thirdly, the Local Government Areas in the selected senatorial districts were numbered. Then, two Local Government Areas were selected with simple random sampling from each of the three selected senatorial districts, making a total of six LGAs. The selected local government areas were: Ivo, Afikpo-North (Ebonyi State), Awgu, Oji-River, (Enugu State), Ikeduru, and Ezinihitte (Imo State).

Furthermore, the communities in the selected local government areas were also numbered. Then, one community was selected using simple random sampling from each of the chosen local government areas. Thus, a total of six (6) communities were chosen for the study. The selected communities were: Ugwuegu, Okue, Amoli, Inyi (Arum Inyi), Egberemiri Eziudo, and Atta. In order to collect appropriate data for the study, nine relevant population categories were created in each community. The members of each population category formed the respondents for the study.

The stratified proportionate sampling technique was used in selecting the respondents from each population category in view of the fact that the population categories did not have equal size. The availability sampling technique was used to select the actual respondents from each population category as shown in table 3.

Table 3: Proportionate Stratified Random Sampling Technique for the Study

State/Community	Population Category	Total	Percentage	Proportionate Calculations
EBONYI STATE:				
UGWUEGU	Traditional titled men	162	0.60	$162/26895 \times 1067/1 = 7$
	Herbalists/Native Doctors	33	0.12	$33/26895 \times 1067/1 = 1$
	Religious leaders	72	0.27	$72/26895 \times 1067/1 = 3$
	Teachers	122	0.45	$122/26895 \times 1067/1 = 5$
	Mkt Women Asso.	400	1.49	$400/26895 \times 1067/1 = 16$
	Umuada Asso.	255	0.95	$255/26895 \times 1067/15 = 10$
	Men's Union/Asso.	1580	5.88	$1580/26895 \times 1067/1 = 63$
	Women's Union /Asso	2720	10.11	$2720/26895 \times 1067/1 = 108$
	Health Workers	42	0.16	$42/26895 \times 1067/1 = 2$
OKUE	Traditional titled men	27	0.10	$27/26895 \times 1067/1 = 1$
	Herbalists/Native Doctors	26	0.10	$26/26895 \times 1067/1 = 1$
	Religious leaders	125	0.47	$125/26895 \times 1067/1 = 5$
	Teachers	290	1.08	$290/26895 \times 1067/1 = 11$
	Mkt Women Asso.	205	0.76	$205/26895 \times 1067/1 = 8$
	Umuada Asso.	285	1.06	$285/26895 \times 1067/1 = 11$
	Men's Union/Asso.	745	2.77	$745/26895 \times 1067/1 = 30$
	Women's Union /Asso	958	3.56	$958/26895 \times 1067/1 = 38$
	Health Workers	41	0.15	$41/26895 \times 1067/1 = 2$
ENUGU STATE				
AMOLI	Traditional titled men	180	0.67	$180/26895 \times 1067/1 = 7$
	Herbalists/Native Doctors	92	0.34	$92/26895 \times 1067/1 = 4$
	Religious leaders	71	0.26	$71/26895 \times 1067/1 = 3$
	Teachers	65	0.24	$65/26895 \times 1067/1 = 3$
	Mkt Women Asso.	650	2.42	$650/26895 \times 1067/1 = 26$
	Umuada Asso.	2200	8.18	$2200/26895 \times 1067/1 = 87$
	Men's Union/Asso.	789	2.93	$789/26895 \times 1067/1 = 31$
	Women's Union /Asso	1224	4.55	$1224/26895 \times 1067/1 = 49$

	Health Workers	34	0.13	34/26895	x 1067/1	=	1
ARUM-INYI	Traditional titled men	200	0.74	200/26895	x 1067/1	=	8
	Herbalists/Native Doctors	32	0.12	32/26895	x 1067/1	=	1
	Religious leaders	76	0.28	76/26895	x 1067/1	=	3
	Teachers	71	0.26	71/26895	x 1067/1	=	3
	Mkt Women Asso.	420	1.56	420/26895	x 1067/1	=	17
	Umuada Asso.	780	2.90	780/26895	x 1067/1	=	31
	Men's Union/Asso.	568	2.11	568/26895	x 1067/1	=	23
	Women's Union /Asso	865	3.22	865/26895	x 1067/1	=	34
	Health Workers	29	0.11	29/26895	x 1067/1	=	1
IMO STATE							
E./EZIUDO	Traditional titled men	229	0.85	229/26895	x 1067/1	=	9
	Herbalists/Native Doctors	26	0.10	26/26895	x 1067/1	=	1
	Religious leaders	66	0.25	66/26895	x 1067/1	=	3
	Teachers	105	0.39	105/26895	x 1067/1	=	4
	Mkt Women Asso.	170	0.63	172/26895	x 1067/1	=	7
	Umuada Asso.	281	1.05	281/26895	x 1067/1	=	11
	Men's Union/Asso.	1080	4.02	1080/26895	x 1067/1	=	43
	Women's Union /Asso	1310	4.87	1310/26895	x 1067/1	=	51
	Health Workers	38	0.14	38/26895	x 1067/1	=	2
ATTA	Traditional titled men	62	0.23	62/26895	x 1067/1	=	3
	Herbalists/Native Doctors	28	0.10	28/26895	x 1067/1	=	1
	Religious leaders	57	0.21	57/26895	x 1067/1	=	2
	Teachers	154	0.57	154/26895	x 1067/1	=	6
	Mkt Women Asso.	800	2.98	800/26895	x 1067/1	=	32
	Umuada Asso.	1250	4.65	1250/26895	x 1067/1	=	49
	Men's Union/Asso.	2090	7.77	2090/26895	x 1067/1	=	82
	Women's Union /Asso	2670	9.93	2670/26895	x 1067/1	=	105
	Health Workers	45	0.17	45/26895	x 1067/1	=	2
TOTAL		26,895	100				1,067

For the qualitative data (in-depth interview data), 54 people will be purposively selected for interview, 9 from each of the 6 communities based on their leadership positions in the relevant qualitative population categories as follows:

1. Six traditional rulers (one from each of the communities)
2. Six village heads (one from each of the communities)
3. Six clergy men (one from each of the communities)
4. Six women leaders (one from each of the communities)
5. Six men's union chairpersons (one from each of the communities)
6. Six youth leaders (one from each of the communities)
7. Six doctors/senior matrons (one from each of the communities)
8. Six head teachers/principals (one from each of the communities)
9. Six traditional birth attendants (one from each of the communities)

Instruments for Data Collection:

The instruments for data collection of this study were questionnaire and in-depth interview because of the need for a mixed-method research (in this case, 50% quantitative and 50% qualitative) for an investigation of culture, men's perspectives and attitudes in the continued practice of Female Genital Mutilation/Cutting in South-East Nigeria. The questionnaire, specifically, was used to collect quantitative data, and it was highly structured with only few unstructured questions. It also had two different sections. The first section contained the socio-demographic characteristics of respondents while the other section addressed the substantive issues in culture, men's perspectives and attitudes in the continued practice of Female Genital Mutilation/Cutting in South-East Nigeria, derived from the research questions, specific objectives and hypotheses

The in-depth interviews on the other hand, were employed to gather qualitative data to complement the quantitative data for deeper understanding of the roles that men play in the sustenance of FGM/C in the area of study. The IDIs were anchored mainly on unstructured questions with necessary probes.

Administration of Instruments:

The questionnaire was administered by the researchers themselves with the help of 6 research assistants. The research assistants were recruited on the basis of ability to read and write, speak and understand both English and the local dialects of the communities. They were people (males and females) that hail from either the communities or LGAs of the study. They were trained for three (3) days on the objectives of the study, relevance of the study, administration and retrieval of questionnaire.

The in-depth interviews were conducted by the researchers themselves with the help of any three of the research assistants who were drawn from the community or LGA whose community and religious leaders were to be interviewed at appropriate time. This means that all the six research assistants were involved in the in-depth interviews at one point in time or the other depending on the community to be interviewed. The reasons for the large number of research assistants were to close the gap of dialect differences between the researchers and the interviewees, to ensure easy distribution and retrieval of the questionnaire, and to ensure that every bit of information given by our interviewees was captured. One researcher moderated each interview, while the three assistants and one of researchers in most cases, did the note-taking and recordings respectively.

Methods of Data Analysis:

The quantitative data collected through the questionnaire were processed with Statistical Package for Social Sciences (SPSS) Version 20.0. The socio-demographic characteristics of respondents and the substantive issues in all sections of the questionnaire were analyzed using descriptive statistics such as simple frequency distribution tables, percentages, graphs and charts. Inferential statistics, particularly, ANOVA, Chi-Square and Spearman's Rho were used to test the stated hypotheses while regression analysis was used to predict the relationship between the independent and dependent variables in the study as shown in table 4.

Table 4: Dependent and Independent Variables

<i>S/N</i>	<i>Hypotheses</i>	<i>Dependent Variables</i>	<i>Independent Variables</i>
1.	Men with more than one wife are more likely to support the continued practice of FGM/C than men with only one wife in South-East Nigeria.	Support for the continued practice of FGM/C	Having more than one wife (polygyny) Having only one wife (Monogamy)
2.	There is a significant relationship between religious belief and the continued practice of FGM/C in South-East Nigeria	continued practice of FGM/C	Religious belief
3.	Men who associate FGM/C with foetal death are less likely to encourage the continuing practice of FGM/C in South-East Nigeria than men who do not associate FGM/C with foetal death.	Encouraging the continued practice of FGM/C	Associating FGM/C with foetal death Not associating FGM/C with foetal death
4.	Men who view FGM/C as a part of initiation into womanhood are more likely to support the continuing practice of FGM/C in South-East Nigeria than men who do not view FGM/C as a part of initiation into womanhood.	Support for continued practice of FGM/C	Viewing FGM/C as initiation into womanhood Not viewing FGM/C as an initiation into womanhood
5.	Males who associate FGM/C with faithfulness in marriage are more likely to support its continued practice than female who do so	Supporting the continued practice of FGM/C	Males Associating FGM/C with women's faithfulness in marriage Females associating FGM/C with women's faithfulness in marriage

The qualitative data collected through in-depth interview were carefully edited/cleaned, sorted, translated and transcribed. Open code content analyses were adopted. The data were isolated into various responses in accordance with the objectives of the study. It involved the categorization of responses into objectives of the study where they match. The interview transcripts were further analyzed using the qualitative data software (QDA Miner). Extracts of verbatim quotes were used to complement the quantitative data analysis. The qualitative and quantitative data generated are presented

sequentially. This is to enable appreciation of areas of convergence and divergence. The findings were thereafter related to literature and theories to support or disapprove the assumptions of the study.

Field Work Experiences and Challenges:

Questionnaire Administration

The following challenges were encountered in the administration of questionnaire:

(1). Financial Challenge

The first challenge the researchers encountered was financial challenge. This is because the copies of the questionnaire had to be ready before the field work. A huge amount of money was required to print 1067 copies of questionnaire of 8 pages each. Again, these communities cut across different states of south East Nigeria and the issue of logistics was a huge challenge. Huge amount of money was required to convey the research assistants to the study communities. Money was also required for accommodating the research assistants in these communities in some of the days. The researchers also spent a lot in feeding the research assistants.

(2). Lack of Trust by the Respondents

One of the major challenges the researchers faced in the administrations of the questionnaire was that some of the respondents lacked trust in the researcher and the research assistants. They did not believe in the total confidentiality assured them that their responses will be. It however, took the researchers and the research assistants time to convince the respondents by stating repeatedly that their names are not required on the questionnaire and no one would know what each person has said.

(3). Reluctance by Respondents to Partake in the Exercise

Another challenge encountered during the session was the reluctance and in some cases refusal of most people to partake in the exercise especially in Ebonyi State. They argued that people always attribute Ebonyi people with negative social issues, backwardness and underdevelopment. It took the researcher and the research assistants time and efforts to convince them that the study was not peculiar to them and that it was for academic purpose not to indict them in any way. The researchers and his assistants were able to explain to them that the findings would not be attributed to their community but to south-east Nigeria. They were made to understand that other areas in the zone were selected just like their community on the basis of random selection. This affected some of the responses gotten from some of them, some were not being straight forward and some were too secretive. This challenge was not peculiar to the respondents but to the interviewees also in the course of the administration of IDI guide

(4). Illiteracy

Another challenge was that some of the respondents were illiterates. The researchers and the research assistants had to adopt order administration of questionnaire to such respondents. Although some of the technical words in the questionnaire such as views, roles, eradication, category etc warranted the use of the native languages to make the respondents comprehend what the question was all about before either writing for them or guiding them to write.

(5). Demand for Compensation by respondents

Some respondents wanted to be compensated for their time. It took the researchers time to explain to them that it is unethical for researchers to give them money. Convincing compensation-demanding people to respond to the questionnaire without giving them anything was a herculean task that the researchers and the research assistants overcame. A respondent once told “You people will pay me because it’s your work I’m about helping you do”

(6). Poor Road Network

The difficult terrain was a serious challenge. The Okwelle axis on the way to Attah was completely broken down, in fact, the researchers and the research assistants had to join bypass inside the community which made the journey longer and stressful. The researcher had to pay the youths who formed a road block within their community road to be allowed to pass. The road to Enyimba village in Amoli was another serious challenge encountered. The researchers’ vehicle had to pass stony and bushy areas to locate research destinations. The topography of Amoli was another challenge in itself because it is located at the mountain top, in fact, at the centre of the mountain and the area is stony. This caused damage to the tyres of the vehicle used for the field work and made both the administration of questionnaire and the IDI exercise very stressful. This also affected the way people live in that community, in some areas people live together and in some areas, they houses are far from one another, this made the location of respondents very stressful as well.

Administration of In-depth Interview (IDI) Guide

The following experiences and challenges were encountered in the administration of IDI guide:

(1). The Skepticism that the Researchers and the Research Assistants were Government Officials

The challenge of people thinking that the researcher and research assistants were government officials and as such withdrew their cooperation was encountered. This was because of the rate and force with which governments were all out to stop the practice of female in the recent time especially in Imo State and Ebonyi State. For example, a traditional birth attendant (TBA) at Attah Imo State refused to grant the researchers audience due to her skepticism. At a hospital in Attah, the doctor also resisted participation in the interview suspecting the researcher wanted to incriminate their hospital as the government is against the practice. The head teachers in the same area, in a government school to be specific, initially refused to be granted interview thinking the researcher was sent by government. It took much time to explain to them in order to have their consent. At Amoli, in Enugu State, at the point of granting interview to a village head, a man came to him, drew him by the corner and told him not to participate but the researcher was smart enough to overcome the challenge especially with the help of one of the research assistants that was from the place. The researcher with the help of that particular research assistant took some time to convince him that the purpose of research was not for indictment but for academic purpose.

(2). The Coincidence of the Field Work and Electioneering Campaign

The field work was done at a period of electioneering campaign in Nigeria. Thus made it difficult to find some of our interviewees at home even on appointment. For example, in Attah Ikeduru Imo State, it took the researchers time to find the traditional ruler at home because of political meetings even on appointment. In fact, there was one village head that gave the researcher appointment three times because of political meetings, yet at the end of the day declared he was not interested.

(3). The Challenge of Understanding and Speaking English Language by Some Interviewees

Some of our interviewees had challenge in understanding and speaking English. This made the researcher to use Igbo language in most cases to conduct interviews. Over 70 percent of the interviews the researchers conducted were done in Igbo language and in most cases interpreted in their local dialects by a research assistant from the area.

Conclusion:

The field-work was an interesting exercise that exposed the researchers and the research assistants to field experiences that cannot be gotten from the classroom. It was also full of challenges as already highlighted. The research as earlier stated, was strenuous especially in Imo State due to poor road network, and easier in Enugu than in other areas as some of the roads are smooth except for Amoli Community in Awgu local Government area that has bad road because of the stony nature of the place. The challenges were however surmounted by the researchers through the help of vibrant and resourceful research assistants; and through the application of the skills acquired during the coursework and participation in departmental seminars and defences.

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