

## **Attitudes of youths towards female circumcision in Nigeria: Implications for future practice**

Female circumcision, the traditional operations that involve cutting away parts of the female external genitalia or other injury to the female genitals, whether for cultural or any other non-therapeutic reason; the practice persists despite a growing body of knowledge about its health and psychological harm. In recent times, efforts had intensified locally and internationally to eradicate this cultural practice. Legislations were made in several countries to prohibit the practice while many other countries embark on massive campaigns in the media to educate their citizenry. The 1994 International Conference on Population and Development (ICPD) held in Cairo also highlighted the issue in its conference. At the time the circumcision is carried out, pain, shock, haemorrhage and damage to the organs surrounding the clitoris and labia can occur. Afterwards urine may be retained and serious infections develop. A possible additional problem resulting from all types of female circumcision is that lasting damage to the genital area can increase the risk of HIV transmission during intercourse (Lightfoot-Klein, 1989; Amnesty International, 1997). The 2008 Nigeria Demographic and Health Survey (NPC and ICF Macro, 2009) showed that the practice was common in southern part of Nigeria especially in the mainly Yoruba Southwest and predominantly Igbo Southeast regions where about 53% of women in each region reported that they have been circumcised.

Circumcision among the Yorubas, and in many parts of Nigeria, is done almost universally during infancy, when the infants absolutely have no choice on whether or not they are circumcised. It is thus arguable that the attitude/disposition of today's youths towards female circumcision will be an important factor for either the eradication or the perpetuation of this harmful traditional practice. This paper thus seeks to address a number of issues: What proportion of youths (females)

are currently circumcised? Among youths who are already parents, what proportion circumcised their daughters? What proportion are willing to circumcise their daughters in future? How supportive of female circumcision are the youths? What are the social and demographic variables associated with their attitude/disposition to female circumcision? Understanding these and several other dynamics could be crucial in shaping interventions to halt the transfer of the harmful practice to the next generation.

The data for the study was obtained from the most recent DHS survey in Nigeria, NDHS 2008. Analysis for the paper was based on only youths (aged 15-24 years) who have heard of female circumcision, 6661 females.

The study found that of the 12, 626 young women (15-24 years) surveyed, more than half (53%) have heard of female circumcision. About 45% of the young women (age 15-24 years, who have heard of circumcision) were themselves circumcised. The overall circumcision rate among all young women in the country was 24%, compared to the overall circumcision rate among women in the country (30%), this rate among young women show a slight decline in the practice among the younger generation. The change in attitude that resulted in this slight decline is however attributable to parents and not to the youths themselves as almost all circumcision in the country is done in infancy, implying the decision is entirely in the hands of only the older generation. There are however regional variations; while more than half of the female youths, who have heard of female circumcision, in the South-South (60%), Northwest (55%) and Southeast (53%) regions were circumcised, only about a third of their counterparts in the North-central and

South-West regions (32% each) and just a tenth (10%) of female youths in the North East region were circumcised. However, the perpetuation of the practice is largely dependent on the present generation of youths who will not only determine whether their children are circumcised or not, but also significantly influence the perception of their children's generation towards the practice – it is plausible to assume that the practice is handed down to every generation by the generation preceding it.

The study showed that about a quarter of the youths (27%) who had given birth to at least a female child had circumcised at least one of these female children while about a tenth are willing to circumcise their daughters in future. The youths generally do not see any benefit in female circumcision.

One worrying dimension of these circumcisions is that more than 4 in 5 of the daughters' circumcisions were performed by traditional circumcisers, thus exposing the infants to risks of infection, including tetanus and HIV/AIDS through the use of unsterilized instruments or unhealthy environment.

The region of residence was a significant factor ( $p < 0.05$ ) in female circumcision. On the intention to circumcise daughters in future, the proportion that wish to continue the practice reduces with educational level, place of residence (urban/rural), and the geographical region of residence. Most of the respondents said they would not circumcise their daughters in future.

The study thus recommends that if the fight against this harmful practice is to be won soon, there must be a special focus on the women (age 15-24 years). Given that female circumcision is done almost universally in infancy in the country, and not as a rite of passage into adulthood as is the case in some countries, the next generation of parents if properly enlightened could bring about a dramatic decline in the rate of female circumcision nationwide.