The role of sociocultural factors in the continuation of Female Genital Mutilation in Nigeria

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Abstract

Despite many international and local attempts to end the practice of FGM/C, this practice continues to flourish in Nigeria and thus has a negative impact on the lives of girls and women on a daily basis. Furthermore, female genital mutilation is a serious form of violence against girls, women, and children that must be abolished worldwide. This study primarily sought to understand the sociocultural factors that influence the mothers’ attitudes towards the continuation of FGM/C in Nigeria. The study used the theory of planned behaviour developed by Ajzen which proposes three distinct constructs as drivers of intention. This theory was deemed to be suitable for the study since sociocultural factors that contribute to the continuation of FGM in relation to mothers’ attitudes toward the practice can be interpreted or linked to the determinants of intention. In addition, this study used secondary data analysis and relied largely on reliable secondary sources.

Keywords: female genital mutilation, FGM/C, Nigeria, mothers attitudes, marriageability, education, religion, social influence, sociocultural, theory of planned behavior, daughters

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1. Introduction

1.1. Background

1.1.1 Overview

Despite many years of advocacy and laws, female genital mutilation (FGM) is widespread in the countries where it has predominantly been practiced, yet it is still practiced among many girls from those same areas who mostly live in Europe. FGM/C refers to every procedure in which parts of the female genitals are severed for reasons other than medical reasons. The World Health Organization (WHO) defines female genital mutilation as “all procedures that involve partial or total removal of the external female genitalia, or other injuries to the female genital organs for non-medical reasons.” (WHO 2022).

Furthermore, WHO categorizes FGM/C into four types:

**Type 1:** this is the partial or total removal of the clitoral glans (the external and visible part of the clitoris, which is a sensitive part of the female genitals), and/or the prepuce/ clitoral hood (the fold of skin surrounding the clitoral glans) (WHO 2022).

**Type 2:** this is the partial or total removal of the clitoral glans and the labia minora (the inner folds of the vulva), with or without removal of the labia majora (the outer folds of skin of the vulva) (WHO 2022).

**Type 3:** Also known as infibulation, this is the narrowing of the vaginal opening through the creation of a covering seal. The seal is formed by cutting and repositioning the labia minora, or labia majora, sometimes through stitching, with or without removal of the clitoral prepuce/clitoral hood and glans (WHO 2022).
**Type 4:** This includes all other harmful procedures to the female genitalia for non-medical purposes, e.g. pricking, piercing, incising, scraping, and cauterizing the genital area (WHO 2022).

Female genital mutilation is performed in 27 African countries, mostly in northeast Africa, and in a belt reaching from east to west north of the equator. FGM has been performed on around 90% of the women in northern Sudan (Elmusharaf, Elhadi, and Almroth, 2006 p 1). Consequently, female genital mutilation is a practice with a variety of socio-cultural implications that are generally seen as critical for public acceptance. Notwithstanding, the procedure is invasive, extremely painful, and traumatic and poses both short- and long-term severe potential health issues, as well as a direct violation of girls' and women's basic human rights (Gudeta et.al, 2022, p. 2). Despite the fact that the exact figures are unknown, the United Nations Children's Fund (UNICEF) has estimated that at least 200 million girls and women in 30 countries have been subjected to the practice (Gudeta et.al, 2022, p.2).

In Nigeria, aside from being Africa's most populated country with over 180 million inhabitants, the statistic reflects more than 20 million circumcised Nigerian women (28 Too Many 2016, p.21). Furthermore, WHO, the United Nations International Children's Emergency Fund (UNICEF), the Federation of International Obstetrics and Gynecology (FIGO), the African Union, and the Economic Commission for Africa (ECA), as well as various women organizations, are addressing FGM in Nigeria. Despite the increased international and little national attention, the prevalence of FGM overall has declined very little (Okeke, Anyaehie, and Ezenyeaku 2012, pp.70-72). Nevertheless, FGM/C is a human rights issue because it undermines the autonomy of girls and women, who have limited control over their own bodies. The importance of FGM to human rights will be addressed further below.

**1.1.2 Relevance to Human Rights**

FGM is widely condemned across the whole world as an infringement of girls' and women's human rights and freedom. It demonstrates deeply embedded gender inequality and is a severe form of oppression against women. It is almost always performed on minors and therefore is a breach of
their rights. The procedure also further breaches a person's right to health, security, and bodily integrity, as well as the right to be free from torture and cruel, inhuman, or degrading treatment, as well as the right to life if the process results in death (WHO 2019). In addition, the practice of female genital mutilation (FGM) is illegal under various international human rights treaties. For example, Article 25 of the UDHR states the “right of all human beings to live in conditions that enable them to enjoy good health and health care,” and Article 12 of the ICCPR states that the “prohibition of discrimination on the grounds of sex, and universal right to the highest attainable standard of physical and mental health.” As well as CEDAW Article 2f, which requires states to “take all appropriate measures to modify or abolish customs and practices which constitute discrimination against women.” Furthermore, it breaches the Convention on the Rights of the Child (CRC) (Nedzi 2010, p.82).

Moreover, the international community has largely regarded it as a violation of children's rights because FGM is usually done on girls between the ages of four and twelve, those who are unable to provide full permission. Thus, the Convention on the Rights of the Child mandates States Members to adopt “all suitable effective measures to abolish traditional practices that are prejudicial to the health of children” (CRC 2000, p.15). Even if it is not intended to be violent, the practice of FGM/C is violent in reality. It is discriminatory in nature and places girls and women at a disadvantage in the family and society. It causes serious bodily and psychological suffering that is generally irreversible. Overall the practice of FGM/C has a wide range of repercussions that can harm girls and women throughout their lives (UNICEF 2010, p.3). The health consequences of FGM/C will be briefly discussed below to give an overview of the harmful practice of FGM/C that entail both long-term and short-term health issues as well as psychological problems that stays with the victims in their lifetime.

1.1.3 Health issues related to Female Genital Mutilation

FGM is practiced in a number of settings in many circumstances, practitioners may be untrained in antiseptic and surgical techniques. Under these conditions, the possible short-term difficulties
are more visible than the long-term consequences of FGM, which are less visible. Furthermore, the effects of FGM are not confined to the procedure itself but have had a long-term and traumatic influence on the lives of all victims. Furthermore, vaginal infections, persistent genital abscesses, and blood-borne illnesses such as hepatitis B and HIV are among the long-term health consequences of FGM (Reisel and Creighton 2015, p. 49). According to the World Health Organization (WHO), short-term complications might include great pain, profuse bleeding (hemorrhage), vaginal tissue edema, fever, tetanus, urinary problems, shock, and fatality (WHO 2022). Moreover, FGM/C is generally performed by traditional circumcisers, who are usually elderly women in the community known as traditional birth attendants/TBA. Special knives, scissors, razor blades, scruples, or glass are used to cut (Hussein, Adem, and Mohammed 2013, p.165).

For the time being, the following stage is to present the empirical case which has been chosen for this study. As previously stated, female genital mutilation has been recorded in various areas of the world; however, in this research, I will focus on the topic in Africa, notably Nigeria.

1.1.4 Prevalence of Female genital mutilation/cutting in Nigeria

Nigeria is claimed to have overall the highest cases of FGM in the world, contributing to around one-quarter of the approximately 200 million mutilated women across the globe (Daniyan et al 2018, p.2). FGM/C is prevalent in over 250 ethnic groups throughout 36 states. Therefore, even if the general prevalence of FGM/C in Nigeria remains unchanged, population expansion has the consequence of increasing the number of girls and women at risk of undergoing FGM/C in Nigeria (Kandala et al 2020, p.1). Furthermore, 19.9 million women and girls in Nigeria were subjected to FGM/C between 2004 and 2015, essentially making Nigeria thus the third-highest contributor to the worldwide FGM/C burden following behind both Egypt and Ethiopia, where the number of circumcised girls and women is estimated to be 27.2 million and 23.8 million, correspondingly (Kandala et al 2020, p.2).

Additionally, the south-south region of Nigeria has the largest proportion of Female genital mutilation (77%) among adult women, accompanied by the southeast (68%) as well as southwest
(65%) regions, whereas it is done on a lower scale in the north, which strangely tends to in a more severe form of FGM/C (Okeke, Anyaehie, and Ezenyeaku 2012, pp.70-72). However, prevalence numbers based on residency, on the other hand, may not be a reliable indicator of where FGM has really occurred. This is because the Nigerian population is growing more highly mobile, particularly economically and culturally, leading to more intermarriage and a merging of traditional locations of residency, ethnicity, and religious boundaries in FGM practice. Since numerous occasions have occurred in which girls and women have been moved from urban to rural regions to undergo FGM (Daly and Carson 2016).

1.1.5 The Nigerian anti-FGM/C legislation

Nigeria has a federal government made up of 36 states. Because the legal system is complicated, while the federal government is mainly accountable for implementing general laws, state governments should then endorse and enforce them in their individual states (28 Too Many 2018, p. 2). Due to increased international attention on FGM/C the Nigerian government has approved the Violence Against Persons (Prohibition) Act 2015 (VAPP Act), which outlaws female genital mutilation and other types of gender-based violence and includes measures for prosecuting abusers and reintegrating victims back into society. Nonetheless, it should be emphasized that the VAPP Act has seldom been implemented in Nigeria, and its application differs among the country's 36 states, with certain states, particularly those with high prevalence, yet to follow the law (Nnanatu et al., 2021,p.2). This might be because many Nigerians are ignorant or unaware of the VAPP Act. It is currently believed that only one in every 100 Nigerians is aware of the presence of this act. According to estimates, just 10 out of every 200 Nigerians are aware of the VAPP Act (Nnamdi, 2019). Despite the fact that the VAPP Act identifies FGM as a harmful practice, it is nevertheless insufficient to achieve rigorous compliance (Nnanatu et al., 2021,p.2).

Furthermore, it is more difficult to enforce the anti-FGM/C legislation in regions where law enforcement agents are small in number, such as rural parts of the country. Besides that, since the offenders are virtually always close family members, the percentage of reporting has been low, and it is likely that law enforcement authorities may dismiss such complaints as nothing more than a family or community concern aimed at safeguarding someone's own socio-cultural norms.
and opt not to intervene (Nnanatu et al., 2021,p.2). Secondly, the VAPP Act seeks to abolish any form of gender-based abuse both in private and public spheres through which it criminalizes and prosecutes offenses such as rape but not marital rape, incest, domestic abuse, harassment, and extremely damaging traditional practices, as well as FGM ( 28 Too Many 2018, pp. 2-3).

Thirdly because of the VAPP Act's ambiguousness and the lack of a precise definition of FGM/C, it does not clearly punish failure to disclose FGM/C which has occurred or is about to occur, nor does it cover FGM/C performed by many healthcare workers or in a medical environment (Obiora, Maree and Nkosi-Mafutha 2021, p.3). However, according to UNFPA, FGM is never “safe” and there is absolutely no scientific or medical rationale for the procedure. Therefore, even if this is done professionally or in a sterile setting by a healthcare practitioner, there is a danger of immediate and long-term health repercussions. The UNFPA further emphasizes that FGM breaches “the right to health, the right to be free from violence, the right to life and physical integrity, the right to non-discrimination, and the right to be free from cruel, inhuman, or degrading treatment” under any given circumstances (UNFPA 2018).

This change from traditional circumcisers to health workers is popular in Nigeria because it is assumed that it would reduce or eliminate medical dangers while simultaneously preserving and benefiting from the practice. According to the most current Nigeria Demographic and Health Survey (2013), 11.9 percent of girls aged 0–14 and 12.7 percent of women aged 15–49 in Nigeria had undergone FGM/C by health workers, the majority of whom were midwives and nurses ( 28 Too Many 2018, p4). In reality, given the wide scope of the VAPP Act, clearly indicates that any person in the medical field who performs or aids in FGM would be guilty of a criminal violation and subject to punishment ( 28 Too Many 2018, p4).

Finally, the VAPP Act does not explicitly address cross-border FGM. Nigeria shares borders with several countries where the presence and implementation of laws vary greatly, namely Niger, Cameroon, and Benin. In nations where FGM has become outlawed, the practice has been taken to underground and across borders in order to evade prosecution. Generally, the VAPP Act does not cover cross-border FGM explicitly, and so it neither prosecutes nor penalizes FGM performed on or by Nigerian nationals within other states ( 28 Too Many 2018, p4). Because of the differences in
degrees of dedication to eradicating FGM/C at the government level in Nigeria, as well as the widespread belief that FGM/C is firmly rooted in cultural and social norms, more study on the influence of sociocultural norms on the practice's persistence in Nigeria is needed (Nnanatu et al., 2021, p.2). This brings us to the main purpose of the study, which is to identify these sociocultural dimensions of FGM/C in connection to mothers' attitudes toward the continuation of FGM/C in Nigeria.

1.2 Purpose of the Study and Research Questions

As previously stated, despite increased international and little national attention, the prevalence of FGM/C in Nigeria remains relatively high, and the ineffectiveness of the law against FGM necessitates a deeper understanding of sociocultural factors that maintain the practice in order to abolish the practice of FGM/C. Therefore, the main purpose of this study is to highlight the socio-cultural factors influencing the attitudes of the mothers towards the continuation of the practice of FGM/C in Nigeria. The aim of this study is relevant because understanding the underlying social-cultural factors that uphold the practice is important for enacting or proposing effective yet inclusive legislation to ban the practice of FGM/C. Besides this study is relevant in the field of human rights because FGM/C is globally regarded as a violation of the human rights of girls and women. Moreover, it stems from a deep-rooted inequality between the sexes and constitutes an extreme form of discrimination against women. The practice also violates a person’s rights to health, security, and physical integrity. FGM/C infringes the children's rights as the majority of the victims are performed FGM/C during childhood in the absence of consent. Therefore this is a highly relevant topic in the field of human rights that warrants its investigation in order to curb the practice everywhere in the world.

Furthermore, I specifically chose to explore the socio-cultural aspects of the practice in relation to the mothers' attitudes because most of the strategies/approaches targeted to end FGM/C have oftentimes mainly focused on the prevalence and the medical issues related to FGM/C. Hence the sociocultural factors that sustain the practice and the mothers' attitudes toward the FGM/C, especially in Nigeria remain understudied. Therefore, the main objective of this thesis is to
bridge this gap by examining the role of sociocultural factors influencing the mother’s attitude towards the continuation of FGM in Nigeria. In order to achieve this objective, this thesis relies on the already existing research to demonstrate how FGM endangers the lives of hundreds of millions of girls and women as well as infringes their fundamental rights.

While several African nations, where most FGM/C-practicing communities reside, have passed laws to criminalize the practice. However, because FGM/C is deeply entrenched through long-standing social norms and has cultural/customs significance for some people, the threat of legal action is ineffective in getting people to stop doing it. As a result, more research into the sociocultural components of FGM/C is necessary to understand how these factors play a role in the continuation of the practice and how they exact factors influence the attitudes of mothers in Nigeria. Finally, a research question is formulated to direct the study, as well as three sub-questions based on the theory of planned behavior constructs, in order to answer the main research question.

1.3 Research Question

This thesis seeks to understand the sociocultural factors that contribute to the existence of FGM/C while also examining how these factors influence the attitudes of mothers towards the continuation of the practice. Thus this study is guided by the following research question;

- What are the sociocultural factors influencing the attitudes of mothers towards the continuation of FGM/C in Nigeria?

Three sub-questions are developed which are mainly based on the chosen theory of the study in order to break down the main research question and narrow the study. These three sub-questions will be used to carry out a more nuanced analysis and eventually reach a conclusion. These sub-questions are as follows:

1. What are the sociocultural factors that influence mothers’ attitudes concerning
1.4 Terminology considerations

Female Genital Mutilation (FGM) is the current terminology used by the World Health Organisation (WHO) and is familiar to most NGOs and healthcare providers. The term “female circumcision” is inappropriate as it implies that the procedure is analogous to male circumcision when in fact a much more extensive amount of tissue is removed (UNFPA, 2022). However, in this thesis, the term female genital mutilation/cutting will be used since in some situations, the term female genital/cutting is a more sensitive term to use.

1.5 Delimitations

To narrow down my study, I will solely be looking at various sociocultural and their characteristics, which means that interventions or initiatives targeted at eliminating FGM will not be closely studied. Furthermore, I believe that Identifying or closely examining the underpinning sociocultural norms and attitudes that sustain adherence to this detrimental practice will cause a reduction in FGM over time. Moreover, to further limit the scope of this thesis research, the study will not be focusing on the government action or response because in societies where FGM
is a social norm this practice legal restrictions against FGM may be less important than social constraints resulting from non-compliance with this tradition (Refaei 2016, pp. 808-809).

1.6 Disposition

To guarantee a systemic flow, the thesis is divided into chapters and subsections. The first chapter introduced the thesis topic, in this case, the practice of FGM/C, along with the purpose and research question of the study. The following is how the remaining chapters are organized: The previous studies are presented in Chapter 2, the theoretical framework is explored in Chapter 3, followed by method and material in Chapter 4, and the analysis in Chapter 5. The last chapter concludes with a summary and final remarks.

2. Previous studies

This section of the thesis will focus on previous research conducted by researchers and experts on the subject of FGM/C. There have been several studies on the practice, the major emphasis of this study will be on the research that addresses the socio-cultural aspect of FGM/C. Given this, it is critical to identify themes in order to accommodate the study's context and to try to present the public discussion surrounding the practice, which will eventually serve as the basis for comprehending the sociocultural variables supporting the continuation of FGM/C in Nigeria. This section will start by giving a comprehensive summary of prior research on the variables that contribute to the continuation of FGM/C in African countries as there are various justification and reasons associated with the FGM/C practice.

Every given community has norms based on life stage, gender, age, and socioeconomic status all influence the behavior and attitude. In that sense, most traditional practices, as well as other social norms, can sometimes be good or destructive. Oftentimes girls and women are severely harmed by most conventional behaviors pertaining to women, children, female-male relationships, marriage, and sexuality (Asekun-Olarinmoye and Amusan 2008, p.290). As a consequence, over the last decade, there has been quite an increasing world concern regarding
FGM as a cultural practice and a major human rights problem (Gibeau 1998, p.85). According to Gibeau (1998), understanding the persistence of FGM and the obstacles to eradication involves first acknowledging it as a cultural practice. Female genital mutilation is a cultural/ethnic phenomenon rather than a geographical phenomenon. Therefore, classifying which nations practice FGM is certainly challenging because boundaries are not always sensitive to ethnic background and geographical distinctiveness (Gibeau 1998, pp.85-86).

Furthermore, while FGM/C is often seen as a means of subjugating women, the accompanying ritual may serve as an essential rite of passage for women, making it very appealing to them. Female genital mutilation is a patriarchal practice that encourages female sexuality control, marital chastity, and societal honor in patriarchal countries. Furthermore, it signifies a deeply ingrained social custom that grants the infant as well as her family social status (Abdulcadir, Margairaz, Boulvain and Irion 2011, p.8). Female circumcision is ingrained in cultures where patriarchal power and control over female sexuality and reproduction exist (Althaus, 1997, p.131). Female genital mutilation has always been performed for generations in parts of Africa, mainly as a critical component of a transition to adulthood preparing young girls for femininity and marriage (Althaus, 1997, p.130). The rite basically guarantees dignity, value, identity, pride, and even a sense of membership to the cultural and social group. It is nonetheless considered to safeguard virginity and modesty, prevent women from sexual desires, and ensure marriage (Abdulcadir, Margairaz, Boulvain, and Irion 2011, p.8). In many FGM/C practicing communities, marriage is one of the main reasons that sustain/contribute to the continuation of FGM/C practice.

Various previous literature has found a link between marriage and the continuation of FGM/C in many African nations where FGM/C is performed. Kimani et al (2020), for example, discovered in their study that FGM/C is seen as a significant condition for marriage. In fact, circumcised women and girls are seen as mature, courteous, and devoted in marriage. Women and girls who have been circumcised are regarded to have greater marriage possibilities compared to uncircumcised women and girls (Kimani, Kabiru, Muteshi, and Guyo 2020, p.9). This finding is congruent with the findings of Masho and Matthews (2009), who discovered that young women were subjected to intense societal pressure to embrace circumcision as a method of gaining
esteem and attractiveness for marriage. It was also revealed that married women supported the
continuation of FGM. Women who were already married think that they have benefitted from
getting circumcised and, as a result, are much more inclined to support the practice's
continuation (Masho and Matthews 2009, p234).

According to studies, FGM/C is also utilized to suppress the sexual urge of girls and women. It
was emphasized that a woman's sexuality is unrestrained in this regard, FGM/C is employed as a
method to reduce the sexual urge of girls and women. The notion of virginity is extremely
important in many practicing societies since the honor of a family, and perhaps the entire larger
group is dependent on the chastity of females (Berg and Denison 2013, p.850). In a patriarchal
culture, the greatest measure of a family's prestige, according to Lightfoot-Klein (1989), is the
sexual purity of its women any kind of misbehavior by a woman brings shame to the entire
married women who had experienced FGM/C. The results indicate that overall sexual
functioning was poorer among women who already had received FGM/C compared to those who
had not (Esho et al., 2017 p.6). Conversely, Andersson et al (2012) did case-control research in
which they compared the sexual quality of life of women who had undergone FGM to that of a
similar group. This study found a statistically substantial disparity in sexual quality of life scores
among women who had FGM and those who had not, with FGM women scoring lower than
control women (Andersson et al 2012, p.1608).

Gebremariam, Assefa, and Weldegebreal (2016) investigated the incidence of female genital
cutting and its related variables among young adults. In the research area, religious obligations for
the practice were a strong predictor of FGM/C. Female circumcision was 2.3 times more prevalent
in individuals who believed FGC was needed by their faith than in those who did not believe. This
might be due to religious and sociocultural factors instilling profound beliefs in FGM/C.
Meanwhile, FGM/C may sometimes be mistakenly linked to particular religion without even any
reasonable or strong justification (Gebremariam, Assefa, and Weldegebreal, 2016, p.363). Besides
many parents who are debating whether to perform FGM/C on their daughter are uneducated or
people without access to a religious text (Berg and Denison 2013, pp.850-851).
Consequently, social acceptance/social identity appears to be playing a part in the continuation of FGM/C, which is practiced out of fear of being labeled or rejected by their society. For instance, Gajaa et al. (2016) carried out an empirical study to determine the prevalence and related determinants of circumcision among daughters of reproductive-aged women in Ethiopia. The findings revealed that the most prevalent reasons provided by parents for circumcising their daughters were to avoid embarrassment, to avoid a violation of traditional and religious respect, to retain virginity, to maintain cleanliness condition in the vulva area, and to lessen sexual desire (Gajaa, Wakgari, Kebede, and Derseh 2016, p.6). The study also noted that the choice for the daughters' circumcision was reached mostly by their mothers owing to the gender stereotype that the mother should cater to the needs of the daughters' difficulties in numerous aspects. For example, mothers are expected to actively monitor their daughters' behavior, including sexual desire and relationships, and they are expected to perpetuate FGM/C as a tradition passed down from their mothers. Subsequently, the study discovered that attitude is another component that influences FGM/C (Gajaa, Wakgari, Kebede, and Derseh 2016, p.6).

This finding is consistent with the findings of Hussein, Adem, and Mohammed (2013), who sought to analyze knowledge, attitude, and practice toward FGM/C among women in Jigjiga town, Ethiopia. The study's findings revealed that, despite appropriate knowledge and a negative attitude about FGM/C, many respondents supported the milder form of the procedure being continued in their daughters. The study also revealed that the majority (67%) of the respondents had the intention to expose their daughters to FGM/C practice regardless of the good knowledge and attitude they have against the practice they favor the FGC practice (Hussein, Adem, and Mohammed 2013, p.168).

3. Theoretical Framework

The theory of planned behavior (TPB) proposed by Ajzen is used in this thesis. The theory of planned behavior proposes three distinct constructs as drivers of intention. Firstly, the first
construct of TPB is the “attitude” toward the behavior, which normally relates to whether or not a person thinks the activity is good or bad as well as having a favorable or unfavorable opinion or assessment of the behavior in question. Furthermore, the second predictor is a social component known as the subjective norm, which relates to perceived social pressure to do or refrain from performing the activity. Finally, the third predictor of intention is the extent of perceived behavioral control which often relates to the perceived ease or difficulty of doing the activity, and it is believed to mirror previous experience and also predict obstructions and challenges (Ajzen 1991, p. 188).

Therefore, this theory is deemed to be suitable for this thesis since sociocultural factors that contribute to the continuation of FGM in relation to mothers’ attitudes toward the practice can be interpreted or linked to the determinants of intention. Simply put, this theory is primarily concerned with understanding human behavior or what drives a person's intention to engage in a particular practice. In that case, the study will first identify the main sociocultural factors that are associated with FGM/C and analyze mothers' attitudes/behavior through these three determinants of TPB.

Henceforth, understanding mothers' intentions/attitudes regarding the practice of FGM/C in the context of cultural influences is critical. Because it will lead to the development of proper policies or approaches strong enough to end this detrimental inhumane practice that has put the lives of countless young girls and women throughout the world in jeopardy. In particular, the theory of planned behavior extends the theory of reasoned action by including the construct of perceived behavioral control, which is defined as an individual's assessment of the ease or difficulty of doing a certain activity. Moreover, the primary key aspect of the theory of planned behavior is the person's intention to do or engage in a specific action/behavior. On the contrary, intentions to execute various types of actions may be accurately estimated using attitudes toward the behavior, subjective norms, and perceived behavioral control therefore these intentions, coupled with perceptions of behavioral control, contribute to a significant variation in actual behavior (Ajzen 1991, p. 181). More importantly, the theory identifies potential background elements that may impact people's perspectives, such as personal traits like character and broad
values in life; demographic factors including schooling, gender, age, as well as wealth; and access to media and even other forms of information (Ajzen, 2011, p.1123).

As previously stated, this study employs Ajzen's theoretical model to examine mothers' attitudes toward the practice of FGM/C in Nigeria. Thus, FGM/C will be applied to Ajzen’s theory model in order to determine whether the mothers' intention to perform FGM/C on their daughters is shaped by attitudes, subjective norms, and perceived behavioral control. For that reason, three operational sub-questions are developed to investigate the key factors that encourage mothers to adhere to the practice. With that being said, the first subquestion inquires about the broad perspectives or beliefs that determine women's perceptions and attitudes towards FGM/C. Here the main purpose is to see if mothers have positive or negative views regarding FGM/C. To reiterate the primary focus of this research is to determine what sociocultural factors influence the attitudes of mothers toward the continuation of FGM/C in Nigeria, hence it is critical to observe whether mothers have favorable or unfavorable views on the practice. The second sub-question addresses whether mothers choose to perform FGM/C on their daughters due to social pressure despite holding opposing views. The third sub-question seeks to ascertain how often mothers are able to prevent/protect their daughters from undergoing FGM/C and deviating from the norm.

Therefore, these three operational questions are formulated as the following:

1. What are the sociocultural factors that influence mothers’ attitudes concerning FGM/C?
2. Do mothers choose to perform FGM/C on their daughters due to social pressure?
3. Do mothers have the ability to prevent their daughter from undergoing FGM/C despite the difficulties?

Again it is important to clarify that these three sub-questions are based upon the three determinants /concepts of Ajzen's model such as attitudes, subjective norms, and perceived behavior control. These concepts will help to address the main research question by breaking it
down into three stages, however, it will also certainly assist to conduct a detailed analysis that will finally lead to a conclusion.

There have been several studies that applied the theory of planned behavior to explain health-related behaviors, for instance, alcohol consumption and smoking cessation. However, studies that directly apply the theory of planned behavior to FGM/C cases to examine mothers' intentions/attitudes towards the practice in Nigeria are scarce. Simultaneously, a study in Iran employed the theory of planned behavior to FGM/C hence, it will be interesting to apply this theoretical model to the phenomenon of female genital mutilation in Nigeria. Therefore this paper will use the existing literature and attempt to apply the Ajzen theory model to the specific case of FGM/C in Nigeria in order to explain the mothers' intent to cut their daughters. Finally, the method and materials employed for the purpose of the study will be addressed more in the next chapter.

4. Method & Material

The chosen method for this study is secondary data analysis which mainly depends on secondary materials. In addition, secondary data analysis is the technique of using existing data to find answers to research questions that are not quite the same as the ones stated in the original study. One advantage of using this method is that it enables researchers to maximize data utility, which in itself is particularly valuable when working with hard-to-reach populations (Tate and Happ, 2018). Also, there are numerous benefits of using existing data, for instance, evaluating new theories or finding solutions to new research questions. At the same time, it requires less time and expense, poses no danger to participants, and provides access to large amounts of information and longitudinal data. Other advantages of secondary qualitative analysis involve the means to obtain in-depth relevant information from difficult-to-reach respondents as well as data about highly contested or sensitive subjects hence minimizing the burden on participants, while also maximizing the value of respondents' participation in to study through the reuse of existing data once suitable (Chatfield 2020, p.835).
In this thesis, secondary data analysis is chosen as a methodology for these particular reasons. Firstly, it is owing to the highly delicate nature of the case of interest, along with time and space limits but, it will also give an in-depth overview of the issue related to FGM/C as well as the role of socio-cultural drivers that influence mothers to cut their daughters in Nigeria. Secondly, as previously noted, this method allows researchers to employ secondary materials to study new research issues and add to existing knowledge by generating new insights or theories into the intended study at hand. It also makes it possible to use secondary data in an efficient and effective manner, as well as have access to advanced material from databases. The study’s reliability may have been improved by undertaking a primary data analysis during which you control the variables and instruments of your research. In certain situations, variables utilized in the original research, including geographical locations and some other factors related to aspects of FGM/C do not apply or address the actual problem of this study.

Finally, this study will rely on secondary sources and wishes to add to existing knowledge and lay the foundations for more detailed and thorough studies to eliminate the practice worldwide in the near future. In this thesis, the material is obtained from multiple databases. These databases include Google Scholar, ProQuest, EBSCOhost, and JSTOR. Subsequently, these databases were chosen to collect appropriate information since they encompass the bulk of social scientific studies books and also publications that are useful and relevant to the main topic of this paper. In order to collect studies that are closely connected to my research among the plethora of publications provided in the FGM/C field, a list of keyword phrases has been created and applied throughout all databases.

Therefore, the search phrases include “the sociocultural aspects of FGM/C” “Female genital mutilation in Nigeria” “what are the mother and daughter experiences of FGM/C” “Mothers beliefs and attitudes towards FGM in Nigeria” and “Female genital mutilation cultural phenomena” “mothers intentions to allow daughters undergo FGM/C”. Furthermore, to acquire as much information as possible, FGM/C-related terminologies such as Female genital cutting and Female genital circumcision are employed, however Female genital mutilation/cutting would
be used throughout the study since it is regarded as appropriate terminology by FGM scholars. Following the use of the keywords, a variety of material addressing the issues of female genital mutilation was generated.

Therefore, in order to locate the most relevant material in the most efficient manner, titles and abstracts were scanned. This has been implemented to see if the articles retrieved are adequate for the analysis. During the screening process titles and abstracts that showed more than one key term such as “mother” “attitudes” FGM” “Nigeria” and “sociocultural factors” which are the main components of the research question were scanned first. Studies that mainly include intervention or deal with eradication initiatives of FGM/C though of importance were however excluded because they are not directly answering the actual question of the study. However, articles that studied the sociocultural aspects of FGM, as well as beliefs and attitudes of mothers towards the practice of FGM/C were included because it is directly related to the research question.

Referring back to the theory, it is necessary to explain how the concept contributed or helped in determining what type of material to search for. As mentioned earlier in the theory chapter TPB is composed of three constructs in order to determine human behavior/intentions toward a given practice. To begin with, the attitude predictor of the model looking at the questions researchers ask in a survey can assist uncover mothers' attitudes toward FGM/C. For example, one can assess someone's attitude by observing if they are in favor or against certain behavior. Therefore, the sort of response participants offer will establish their attitude toward that practice. Usually, interviewers ask the participants questions such as “will you prefer for the practice to end?” or straightforward ones such as “what are your attitudes toward FGM/C?” “Is FGM/C good or bad?” In certain circumstances, the researcher will employ bipolar scales to assess attitudes. The bipolar scale is a sort of rating scale that has a continuum between two opposed ends (Lavrakas 2008, p.2). For example “unlikely/likely, disagree/agree, and good/bad” are used to assess the attitudes and behavior of the participants towards the phenomena.

Furthermore, the subjective norm predictor of the model can be assessed by the external influences or expected behavior that directly or indirectly affect the person’s intention to conform
to behavior, such as social pressure, grandparents, extended relatives, peers, as well as partners/husbands. In this situation, this construct assists the researcher by understanding how mothers feel about social acceptance or condemnation of Female genital mutilation/cutting in particular communities, as well as the significance of indulging in the activity. Finally, in order to discover the perceived behavior control construct one might look at instances where mothers depart from adhering to the practice and prevent their daughters from undergoing FGM/C. In other words, control over household decision-making or bodily autonomy. Overall, the theory will be applied to examine the relationship between sociocultural factors and the mothers' attitudes toward the continuation of the practice of FGM/C. The sociocultural factors that lead to the persistence of FGM/C operate as antecedent beliefs that may encourage or discourage the practice.

It is worth noting that some factors are sometimes directly or indirectly connected to the practice of FGM/C. For example, religion has been identified as a direct factor associated with the persistence of FGM/C in several studies. Therefore, both direct and indirect factors associated with the practice are explored in this study to better understand the persistence of FGM/C in Nigeria. In addition, during the search process, the selection of articles was limited to studies that investigated factors related to FGM/C in Nigeria. However, it is important to acknowledge that this study will not paint a full picture of the sociocultural factors that influence mothers' attitudes towards the practice in Nigeria. Hence, it can not be generalized since various states/regions in Nigeria are not given closer attention due to the limited scope of this study. Besides FGM/C is a complex issue that requires careful attention and investigation to draw an accurate conclusion.

### 4.1 Contribution to the existing studies

The scarcity of application of the theory of planned behavior into the practice of FGM/C to determine what sociocultural factors influence mothers' attitudes towards the continuation of the FGM/C in Nigeria opens the gap for my paper. Therefore by using the existing literature my hypothesis is that sociocultural factors that contribute to the continuation of FGM in relation to mothers' attitudes toward the practice can be interpreted or linked to the determinants of intention.
5. Analysis

As presented in the previous studies chapter there are numerous studies around the practice of FGM/C. The practice of FGM/C has a complex nature and many scholars have tried to understand this practice from different angles. However, it is not easy to pinpoint the reasons why those who practice FGM/C adhere to this harmful tradition. Therefore, this paper hopes to provide insights by analyzing the existing literature to establish an understanding of the underlying sociocultural factors that influence the attitudes of mothers toward the practice of FGM/C in Nigeria. In this analysis chapter, I will first briefly explain how the theory will be applied to the existing material in order to carry out an analysis and reach the objective of the study. Secondly, in order to stay focused and not deviate from the actual question and keep the main analysis engaged the three operational sub-questions based on the theoretical model will be used. Finally, a conclusion of the findings will be provided.

5.1 Theory application

It is of relevance to explain how the theory will be applied to the material I have gathered by testing whether the attitude or subject normative is the strongest predictor of mothers’ intention to let their daughter undergo FGM/C. The results will then show if the attitude of the mothers in Nigeria (positive or negative) towards the continuation of the FGM/C is the main reason why mothers intend to circumcise their daughter or if it is the subjective norms (family, peer, partner/husband) is stronger than the attitude which in turn leads to mothers to adhere to the practice. Followed by the perceived control behavior and their overall control of the behavior. Intentions are believed to represent the motivating variables that impact an action; they are signs of how hard individuals are willing to try and how much effort they plan to put in to accomplish the activity. Therefore, as a general rule “the stronger the intention to engage in a behavior, the more likely should be its performance” (Ajzen 1991, p.181).
5.2 What are the sociocultural factors that influence mothers’ attitudes concerning FGM/C?

To begin with, identifying the sociocultural drivers that sustain the practice and mainly influence mothers' attitudes and beliefs to support the continuation of the FGM/C is critical to understanding mothers' behavior within its social-cultural context. There are many social and cultural that are attributable to the practice of FGM/C however, several will be considered in this study. These are marriageability, virginity preservation, religion, social influence, education, and decision-making.

5.2.1 Marriageability

The practice of FGM/C is such a pervasive social norm that although families seem to be aware of the risks, their girls are cut. Due to the fact that if families discontinue practicing on their own, they potentially jeopardize their daughter's marital chances as well as the family's prestige (Goodluck and Rosemary 2020, p. 14). Furthermore, Bicchieri (2006) defines social norms as a phrase used to describe a wide range of behaviors and associated expectations. Furthermore, the existence of a social norm is dependent on a substantial number of individuals acknowledging that it exists and applies to a certain type of scenario, and anticipating that enough other people would follow it in those instances. Adherence to a social norm is contingent on assumptions about other people's behavior and perhaps even beliefs. Thus the feelings of worthlessness and regret that can sometimes accompany a mistake simply increase one's inclination to conform (Bicchieri 2006, pp.2-8). In this instance, marriage has been cited as one of the key reasons why diverse cultures adhere to the practice of FGM/C, as well as the cause for its persistence in Nigeria. Awusi (2009) conducted research to evaluate the extent of the practice and factors influencing decisions on female circumcision among the Isokos of Delta State Nigeria. The study discovered that marriage may be a significant cultural factor motivating the women's favorable attitude toward female genital cutting since marriage and childbearing are deemed to be significant events for most women (Awusi 2009, p.6).
Similarly, another study was done by Omigbodun et al (2019) focused on the views of psychological experiences linked with FGM/C throughout the lifespan of women among different subgroups of Izzi women in Southeastern Nigeria. According to the findings, FGM/C was an initiation process entwined with the Izzi marriage rite among Izzi communities, and therefore, it was mandatory for all women (Omigbodun et al 2019, p.222). As a result, the priority of a daughter's marriageability trumped the necessity of health, consent, and maintaining body integrity (Omigbodun et al 2019, p.222). Furthermore, the study's findings revealed that 80 percent of respondents thought FGM/C was a good custom (Omigbodun et al 2019, p.213).

Siddhanta and Sinha (2016) conducted an empirical study to investigate the perception and attitudes of women about the continuation of circumcision in Nigeria and Kenya. According to the study, 8% of Nigerian women thought that circumcised women are most likely to have higher marriage prospects, and 26% of Nigerian women stated that circumcision should remain, compared to 10% of Kenyan women (Siddhanta and Sinha 2016, p.37).

Overall these outcomes from these studies carried out in some regions in Nigeria suggest that FGM/C is essential for preparing girls and women for marriage which in turn implies the continuation of the practice in Nigeria. This is also consistent with the attitude construct of the theory of planned behavior model since the majority of the participants expressed and perceived the practice as a good or positive tradition. This favorable attitude among mothers increases the possibility of many daughters undergoing the procedure, therefore this finding adds to the existing body of literature that marriage may be interpreted in terms of sociocultural factors that impact mothers' attitudes toward the practice of FGM/C in Nigeria. According to a UNICEF research (2013), data revealed that in certain surveys, women and men were questioned whether they knew the stance of the opposite sex about the continuation of the practice of FGM/C. In Nigeria, for example, a substantial percentage of respondents, particularly women, claimed they had no idea what the other gender believed (UNICEF 2013, p.63).

This evidence of the lack of communication between men and women can also be interpreted through the lens of TPB's attitude predictor of intention. The lack of knowledge about the opposite sex's view on the continuation of FGM/C may have a considerable impact on mothers' attitudes regarding the maintenance of FGM/C. Since getting circumcised is seen as critical to
improving their daughters' marriage prospects, mothers could have a positive attitude toward the practice and hence encourage its continuance.

Marriage, on the other hand, is particularly crucial because of the socioeconomic situations that can be found in many practicing communities. As Mackie (2009) points out, patriarchal economic norms and structures make marriageability important to ensure the long-term economic security of girls and their families in many countries where FGM/C is prevalent (Mackie 2009, p.8).

As a consequence, economic reliance may be another reason why mothers favor FGM/C, and a lower economic position may increase mothers' intentions to cut their daughters in order to improve economic security. This interpretation is supported by Mackie (2009) households with daughters think that families with sons anticipate girls to be circumcised as a prerequisite of marriage, therefore FGM/C reasonably enhances the girl's and her family's interests (Mackie 2009, p.8). Similarly, Grose et al. (2019) explicitly claim that FGM/C has helped to regulate women's admission into marriage. As a result, the total importance of FGM/C is connected to the importance of marriage as a source of economic stability (Grose et al., 2019, p.86).

This is when FGM/C comes into the picture as a tool for restricting girls' and women's sexuality. Preserving daughters' virginity in order to obtain a suitable future spouse is nevertheless somewhat related to marriageability, but it is also a significant motivator for mothers to cut their daughters. This brings us to the next factor, which focuses on the sexual aspects of FGM/C in Nigerian communities.

5.2.2 Preservation of chastity/virginity

In general, the improvement of marriage possibilities and the determination of many mothers to inflict FGM/C so they are not shunned and can make decent successful marriages, are all attributed to female virginity and purity, especially in a culture where males are usually absent (Hopgood 2016, p.263). A UNICEF report showed that the most common response by Nigerian
women is preserving and protecting their virginity in order to improve their marriage prospects (UNICEF 2013, p.68). Several studies conducted in Nigeria have discovered a link between virginity preservation and FGM. For example, according to research by Garba, Muhammed, Abubakar, and Yakasai (2012), FGM is thought to diminish a woman's libido and hence assist her to avoid engaging in deviant sexual practices. Thus it is related to cultural values of femininity and modesty, such as the view that females are clean and attractive following the removal of masculine or filthy bodily parts (Garba, Muhammed, Abubakar, and Yakasai 2012, p.426). Similarly, Ahanonu and Victor (2014) state that in Nigeria, FGM/C is frequently performed at birth, adolescence, childhood, or even as a "rite of passage" to maturity, and sometimes it may even be performed on the woman just prior to her weddings, during her first pregnancy, or even when she passes (Ahanonu and Victor 2014, p.684).

Moreover, the findings of the study further revealed that 44.2% of participants thought that girls who are not circumcised will become sexually promiscuous. In addition, approximately a third of respondents (30.5%), in the study said that FGM/C also enhances a woman's commitment to her husband, and a similar proportion of participants said that FGM/C prevents sexual promiscuity. According to the authors, there is hardly any concrete evidence to back up the claim that FGM stops women from indulging in sexual promiscuity (Ahanonu and Victor 2014, p.687). Additionally, another study by Omorodion (1989) investigated the reasons for female circumcision in five Nigerian communities. One of the reasons mentioned by respondents was to reduce women's sexual desire (OMORODION and MYERS 1989, p.197).

Notwithstanding, the majority of the respondent claimed that if women are not circumcised, they will be quickly aroused and attracted to easy intercourse. This indicates that women are thought to be incapable of controlling their sexuality. The rise in sexual proneness is said to lead to extramarital relationships, which are perceived as a man's failure to meet his sexual responsibilities and dominance as well as a woman's vulnerability. The study further explains that the given justifications for female genital mutilation are categorized under the issue in particular of patriarchy or male dominance (OMORODION and MYERS 1989, p.197).
In reality, female circumcision serves to prove that men are the superior and stronger gender, while women are the lesser or inferior gender highly vulnerable to male dominance, control, and command. Men do not feel the need for women to display their sexuality in the same way that men do. Female circumcision is thus used to limit female sexuality, which in turn ensures the paternity of offspring (OMORODION and MYERS 1989, p.204).

Owojuyigbe, Bolorunduro, and Busari (2017) conducted an in-depth interview in Akure, Ondo State, Nigeria, focusing on topics such as the sociocultural reason for FGM/C and victims' perceptions of how FGM/C affected their sexual relationships. The majority of interviewees cited the necessity to reduce promiscuity among young women before and after marriage as justification for performing FGM/C, as stated by several of the respondents:

“It is believed that if the female is not circumcised, she will have a strong urge for sex. The sexual drive is located in the clitoris and that is why it is cut off. It is to curb promiscuity by reducing the libido” Male, 41 (Owojuyigbe, Bolorunduro and Busari 2017,p.84).

In addition, another respondent mentioned:

“It is done to stop promiscuity. Also, when a woman wants to give birth if she is not circumcised the baby’s head may break. This is according to Yoruba tradition” (Owojuyigbe, Bolorunduro, and Busari 2017,p.84).

“A girl who was not circumcised was kind of ostracized, she was seen as a promiscuous lady or one who had promiscuous tendencies” (Owojuyigbe, Bolorunduro, and Busari 2017,p.84).

On the contrary, it is commonly assumed that the practice secures and maintains a girl's or woman's virginity. It is assumed to ensure marital fidelity in such patriarchal environments, as indicated by one of the respondents:
“Clerics tell us not to be involved in any extramarital sexual practices, that is, in marriage to stay faithful. I have never denied my husband sex, whenever he needs it and I always oblige, even when I am feeling pains” (Owojuyigbe, Bolorunduro, and Busari 2017,p.86).

These statements indicate that one of the main reasons many people continue to perform FGM/C is to maintain virginity, which reinforces the patriarchal attitudes of FGM/C. The authors also stated that it is vital to highlight the fact that, despite contemporary rhetoric and shifting morality, virginity is still valued in many regions of patriarchal Nigeria (Owojuyigbe, Bolorunduro, and Busari 2017,p.81).

Ultimately, the correlation between FGM/C and control of female sexuality was studied by Mpofu et al. (2016) found no correlation between FGM/C and sexual behavior outcomes in Kenya and Nigeria, concluding that sexual chastity is inadequate to legitimize the procedure. The results of this study, on the other hand, showed that circumcised and uncircumcised women had the same proportion of lifetime sexual partners and there were no/less significant differences between them (Mpofu et al., 2016, p.771).

This is consistent with the TPB’s attitude construct, which is how an individual perceives and assesses a certain behavior, such as whether they consider it to be good or bad. In this instance, FGM/C was justified or considered a beneficial procedure that preserves and secures the virginity of the daughters by the majority of women/mothers in the research. This implies that, despite studies illustrating that there are no significant differences between circumcised and uncircumcised women, in terms of the number of sexual partners in their lifetime, the strong belief that it will preserve and protect virginity usually leads mothers/women in several communities in Nigeria to adhere to the practice of FGM/C, thereby supporting its continuation. As stated above by Owojuyigbi et al. (2017, p.81) the fact that many mothers decided to engage in this practice and inflict FGM/C on their daughters to prevent them from engaging in sexual activities before marriage demonstrates that FGM/C is a patriarchal issue (Owojuyigbe, Bolorunduro, and Busari 2017,p.81).
Therefore, virginity preservation may be one of the sociocultural factors influencing mothers' attitudes toward the continuation of FGM/C practice in Nigeria. In the meantime, other sociocultural factors that are frequently referred to as the primary reasons that uphold and perpetuate the practice of FGM/C will be explored in the following subsections to determine if these factors impact mothers' attitudes toward the practice of FGM/C in Nigeria.

### 5.2.3 Religion

Those focusing on cultural elements, such as ethnicity and religion, are among the most often referenced justification of the origins and maintenance of FGM/C (Mackie 2009, p.6). According to Siddhanta and Sinha (2016), women's attitudes toward the continuance of female circumcision were strongly influenced by their religious beliefs. Despite the fact that no religious texts mandate the practice, many practitioners feel it has religious justification (Siddhanta and Sinha 2016, p.46). Several studies have shown that religion is mostly associated with the practice of FGM/C however, there where no evidence that supports that belief. Many studies have claimed an association between FGM/C and Islam, according to Omigbodun et al (2019), although there is no evidence to back up this claim. There is no justification for the practice in Islamic texts, and it is practiced by individuals among many religions and cultures throughout Nigeria and most of Africa. In fact, in Nigeria, prevalence estimates are lower in mostly Muslim northern regions and higher in dominantly Christian southeast regions. Moreover, FGM/C is practiced by Christians, Muslims, Jews, and followers of traditional African faiths all throughout the African continent (Omigbodun et al 2019, p.213-214). Although it is incorrect according to religious references, however, the perpetrators gave many reasons to justify their involvement in this dehumanizing practice, which includes satisfying religious obligations in Christianity and Islam (Awolola and Ilupeju 2019, p.3).

This evidence suggests that even if no religion supports this harmful practice, girls are still likely to undergo FGM/C, and religion plays a significant role in influencing mothers' attitudes toward the continuation of FGM/C in Nigeria.
5.3 Do mothers choose to perform FGM/C on their daughters due to social pressure?

5.3.1 Social influence/pressure

In a recent study Obiora, Maree, and Nkosi-Mafutha (2020) looked at the experiences of young Nigerian women who have undergone FGM/C. The study showed that even if individuals who did not favor FGM/C nonetheless had the procedure since so many individuals in their communities were undergoing it, thus they opted to accept and follow the norm. In addition, because they were circumcised as infants, not all of the women could remember their circumcision experience. FGM/C, on the other hand, was a traumatic experience that the participants were compelled to go through, and they felt powerless since they had no choice but to do the “right thing” (Obiora, Maree, and Nkosi-Mafutha 2020, pp. 4112-4113). In line with the Subjective norm construct of the TPB model, this empirical evidence suggests that FGM/C is performed despite having different preferences due to community influence. Hence this evidence attributes social pressure to the likelihood of girls undergoing FGM/C despite them having differing opinions. Here, one can note that society views FGM/C as a social norm in which everyone is expected to partake in order to fit in. The subjective norm construct explains how if people within a society approve of the behavior/action, in this case, FGM/C then it will have a positive effect on a person’s intention for the practice and therefore they are more likely to carry out the practice.

This finding is consistent with the findings of Siddhanta and Sinha (2018), who discovered that families adhere to tradition owing to great social pressure and fear of rejection from society. Besides the social benefits acquired following the ceremony are thought to outweigh the negatives (Siddhanta and Sinha 2018 p.46). Conversely, according to the study, females who have not undergone FGM/C are deemed to be unworthy of getting married and unhygienic in many countries, and it is a societal stigma. Uncircumcised females are usually mocked or generally frowned upon by society. Unfortunately, many girls eventually desire to comply with peer pressure and societal pressure because they are terrified of being ostracized and rejected by their own communities. Eventually, they embrace it as an essential and natural aspect of life.
(Siddhanta and Sinha 2018 p.46). This evidence suggests that girls eventually have to engage in the practice due to societal pressure since FGM/C is regarded as an essential component of a girl's life and social identity. Furthermore, these results are congruent with another African practicing community research done in Senegambia by Shell-Duncan et al., (2011) revealed that FGM/C is actively sought among people who participate in it. Therefore, those who choose not to circumcise their daughters face significant pressure from both family and friends. On the one hand, FGM/C is depicted as part of a family's obligation to their own children; thus, having a girl circumcised is a decision to make as a responsible parent. Uncircumcised girls and women, on the other hand, are therefore subjected to truly awful maltreatment from circumcised women of all ages (Shell-Duncan, Wander, Hernlund and Moreau 2011, p.1279).

Ashimi and Amole (2014) conducted a study to learn about the perceptions and attitudes of pregnant women living in a rural community in northern Nigeria toward FGM/C. They discovered that one in every five respondents who were knowledgeable of female circumcision were willing to expose their daughters to the procedure despite its complications. Moreover, many times, this decision is beyond the immediate family because it is usually deemed necessary by the extended family as a way of bringing up the girl to conform to the tradition of the community, and non-conforming with this would bring shame upon the family (Ashimi and Amole 2014, p.699).

This was corroborated by Obiora, Maree, and Nkosi-Mafutha's (2021) study, in which the girls were taught by their elders that FGM/C was required for cultural purposes, which nobody ever tried to dispute because it meant questioning the wisdom of the elderly. So any girl who questions her parents' decision is labeled "stubborn," which is a derogatory term in Nigerian society for a female. Using this label to females agreeing to get circumcised in order to be accepted by their families and communities. Because FGM/C is a strongly ingrained cultural and societal obligation, the desire for social approval and a positive reputation surpasses the fear, uncertainty, and suffering of FGM/C (Obiora, Maree, and Nkosi-Mafutha 2021, pp.286-287).

Looking at this through the subjective norm construct lens it can be interpreted that girls and women adhere to the practice because, in this situation, one might infer that mothers want to
subject their daughters to FGM/C because they allegedly worry their girls would become outcasts within their own society. They claim they are concerned about their girls being socially ostracized therefore they are pressured to conform to the norms.

5.4 Do mothers have the ability to prevent their daughter from undergoing FGM/C despite the difficulties?

5.4.1 Education & decision-making

A study by Amodu et al. (2019) which aimed to understand the knowledge and thoughts of women towards female genital mutilation in Nigeria revealed that the majority of FGM/C was carried out before the victims reached adulthood or reached an age at which they could grasp adequately and choose for themselves. In essence, it was indeed up to the parents to ultimately determine whether or not their children should be circumcised (Amodu et al 2019, p.8). In a similar sense, a study conducted by Mandara (2003) discovered that the women in the study exhibited varying attitudes on female genital mutilation based on their educational background. Women without no schooling 38 percent were much more likely than women with tertiary education 8 percent to say they would conduct FGM/C on their daughters. It shows that education, especially tertiary education, has an impact on these women's attitudes toward FGM/C. since the more educated the women were, the more probable it was that they disapproved of FGM/C practice altogether. However, a noteworthy discovery is that in Nigerian communities where female genital mutilation is acceptable, it is performed even by educated women (Mandara 2003,p.297).

Moreover, Freymeyer and Johnson (2007) examined four models in Nigeria, one of which looked at the impact of modernizing variables like education and urbanization, and discovered that education and age have minor statistically significant effects on a woman's attitudes toward the practice of FGM/C. Contrary to their preconceptions, every additional year of schooling increases the probability of supporting FGM/C by around 2%. General education is insufficient for women to notice potential health hazards and abstain from the activity. Specific health
education regarding the dangers might be more effective in shifting attitudes (Freymeyer and Johnson 2007, p.77). Furthermore, the study discovered that elderly women are more likely to advocate for the continuation of the practice of FGM/C. Probably, older women are more bound to tradition because they are more conventional in family life, marriage, and stereotypical gender role expectations (Freymeyer and Johnson 2007, p.77).

This is consistent with the findings of Adeniran et al. (2015) to determine the experience of schoolteachers with FGM/C and their possible role in contributing to its eradication in north-central Nigeria. In their study, Adeniran et al. (2015) found that the majority of teachers desired FGM/C knowledge and ramifications to be taught in schools, corresponding to the United Nations Children's Fund (UNICEF) advice to promote chances for debate about the practice in both regional and international. This, however, was not a determinant of acceptance for its abolition, possibly indicating the interaction of moral, legal, and social norms regarding FGM/C, which is something the society may control, thereby neutralizing the predicted impact (Adeniran et al 2015, p.42). According to the findings of this study, 39 women had exposed their daughters to FGM/C, and mothers-in-law were responsible for the female teachers' daughters being cut. The involvement of mothers-in-law in initiating and supporting FGM/C and its continuance corroborates that elder women are sometimes resistant to giving up the practice and could be important proponents of the practice (Adeniran et al 2015, pp.40-41). In a vast number of instances, it has been established that girls are exposed to FGM/C by their own family members, particularly their grandmothers, family members, and mothers, who are indeed the perpetrators of FGM/C. To defend their personal experience with genital cutting, older women frequently become the moral gatekeepers in support of this practice, and they tend to perceive any move to eradicate the practice as a danger to their society as well as their culture (Siddhanta and Sinha 2018 p.46).

This can be viewed through both subjective norm construct and perceived behavior control because the mothers-in-law who are part of the extended family push the mother to perform FGM/C on their daughter which mothers even though educated and know the complications of the practice still go with it can be interpreted through perceived behavior control. Perceived behavior control entails to what extent a mother can refuse or allow her daughter to undergo the
procedure despite the difficulties. Clearly, the evidence indicates the age of the mother-in-law gives the control over the practice which in turn implies that age and FGM/C as well as the social status give the mothers-in-law the authority to decide and other close family members hence contribute to the continuation of FGM/C in Nigeria. This indicates that husbands/spouses and other family members' opinions about the mothers' intention to allow their daughters to undergo FGM/C and the mothers' perceived control about FGM/C performance have a significantly high influence on their behavior towards the practice.

This interpretation is supported by Ogunlola, Orji, and Owolabi, (2003) study that examined the risk of female genital mutilation to a female child in southwest Nigeria the study found that 17.2% of the women in the study were willing to perform FGM/C on their daughters. The women were asked who made the choice to circumcise a female infant. The findings reveal that the choice is made by both the husband and the wife, but mostly by the husband. The study also discovered that the decision to circumcise a female infant is made before the child is conceived because the child's father may be the only decision-maker (Ogunlola Orji and Owolabi 2003, pp.143-144). Similarly, Asekun-Olarinmoye and Amusan (2008) discovered that a higher proportion of males than females wanted to have their daughters circumcised. This is understandable given that males are the primary decision-makers in most African communities. Tradition, power disparities such as male domination, female economic dependency, and women's subsequent conformity with community mandates are the major explanations offered for the practice. Nevertheless, FGM/C evolved in patriarchal communities where women's sexuality had to be regulated and unequal gender interactions persisted from a psychosexual standpoint (Asekun-Olarinmoye and Amusan 2008, p. 294).

This is consistent with the TPB's perceived behavior control construct because, based on the findings of the studies presented above, the mothers do not have full control over the action/behavior, which in this case is allowing or denying their daughter to undergo FGM/C. As a result, departing from what is deemed as "norm" has its own set of consequences due to the deeply ingrained traditional nature of the practice. As noted by Nnamdi, (2018) FGM/C is commonly performed on the eighth day after birth in most communities in Enugu State, it, therefore, corresponds with the child's naming ceremony, which is a celebratory occasion with
presents and refreshments “ mothers could not openly resist their girls undergoing FGM/C because it would also mean that there is no naming ceremony” (Nnamdi, 2018).

6. Conclusion

The purpose of the study was to highlight the socio-cultural factors influencing the attitudes of the mothers towards the continuation of the practice of FGM/C in Nigeria. Hence this paper attempted to answer the research question which was “what are the sociocultural factors influencing the attitudes of mothers towards the continuation of FGM/C in Nigeria?”

The theory of the planned behaviour model proposes three constructs as a predictor of intention to interpret the determinants of mothers' intention to let their daughters undergo FGM/C. While the previous studies have established the basis for the narrative of the study and identified the sociocultural factors that motivate the majority of the practicing communities in different areas in Africa. However, the specific sociocultural drivers that contribute to the continuation of the practice in Nigeria that the study has highlighted include marriageability, religion, virginity preservation, social influence/pressure, education, and finally decision-making.

The results found that FGM/C is considered important for marriage prospects which in turn contributed to mothers having favorable attitudes towards the continuation of FGM/C in Nigeria. Therefore the attitude construct of the theory of the planned behaviour was strong among Nigerian mothers which increases the likelihood of many girls undergoing the procedure.

Another factor that influenced the mother's favorable attitude towards the practice is safeguarding the virginity of their daughters. FGM/C is believed to reduce the sexual urges of girls and women and is therefore considered to be a useful method to keep them from engaging in unwanted sexual activity. This also led many mothers in Nigeria to adhere to the practice in order to secure their daughters' virginity under the pretexts of promoting marriage prospects. As a girl's purity is measured by her virginity many mothers conform to the practice and advocate for its continuation in Nigeria. Another sociocultural factor that influences mothers is religion.
Although many studies have revealed that there are no religious studies or text that gives justification for practicing FGM/C. However, many girls are at risk to undergo the practice under the belief that it’s a religious obligation. Furthermore, social influence/pressure is also found to be a factor that influences mothers' attitudes towards the practice.

It has been established that in some cases mothers may not support the practice and hence will not want to perform FGM/C on their daughters. However, since FGM/C is seen as a social norm everyone is expected to participate in order to be accepted in the community. The subjective norm construct was also a strong predictor of mothers' intention to circumcise their daughters to prevent them from being excluded by their own communities. Lastly, education is attributed to having an impact on mothers' attitudes toward FGM/C. Educated mothers are more likely to disapprove of the practice and not allow their daughters to undergo the procedure. However, it has been shown in the studies that education and age have a small statistically significant influence on mothers' attitudes towards the practice in Nigeria. Moreover, older women are more likely to advocate for the continuation of the practice compared to younger mothers. Oftentimes mothers-in-law, as well as fathers/husbands, are the ones that decide to circumcise the girls. Therefore, their opinions about the mothers' intention to allow or refuse their daughters to undergo FGM/C have a significantly high impact on their intentions towards their perceived behavior control. In other words, mothers due to difficulties can not prevent their daughter from undergoing the practice of FGM/C and that can be linked to the patriarchal nature of the society as mentioned in one of the studies.
7. Bibliography


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