

STUDENTS' PERCEPTION OF GENITAL MUTILATION AND RELATED HEALTH ISSUES IN PUBLIC SECONDARY SCHOOL IN DELTA STATE

Ismaila Nwabenu Okudaye

Department of Science Education, Faculty of Education, University of Delta, Agbor

Abstract.

This study examined Delta State public secondary students' views on genital mutilation and related health problems. The study design was a descriptive survey. Delta State public secondary schools had 11311 SS11 pupils in 2021/2022. 1131 Delta State public secondary school SS11 female pupils were sampled. The study employed the "Female Students Perception on Genital Mutilation and Related Health Issues Questionnaire" (FSPGMHQ). 1121 of 1131 administered instruments were recovered, 0.99%—631 urban and 490 rural SS11 girls. Mean rating and standard deviation answered the four research questions. Delta State public secondary school girls have high rates of health-related female genital mutilation. Female genital mutilation among Delta State public secondary school girls with health difficulties was common. Delta State, public secondary school girls have

significant rates of genital mutilation related to health reasons. The health effects of female genital mutilation on Delta State public secondary school girls and their treatment techniques were high. There was no significant difference between urban and rural students on management strategies of female genital mutilation that have adverse health effects in public secondary schools in Delta State. However, there was a significant difference between young and old SS11 female students. The study found that urban and rural students on management techniques of female genital mutilation that have adverse health effects among female students in public secondary schools in Delta State do not differ, and young and old SS11 female students do not differ. The report also proposed banning female genital mutilation for lack of merit and holding seminars, workshops, and lectures to raise parents' awareness of its harmful effects on girls.

Keywords: Delta state, Female genital mutilation, Female students, Health issues, Public secondary schools.

Introduction

Nigeria was one of the 184 United Nations member states that gathered in Cairo, Egypt, in 1994 to discuss a broad range of issues, including the interrelationship of the populace, sustained financial development, sustainable growth, improvement in well-being, education, financial situation, and women's empowerment. Female circumcision and female genital mutilation are both patriarchal cultural practices that aim to subordinate and control the bodies of women and young girls. It is still practised today in many countries and dates back roughly 2,500 years, although the middle belt of Africa is where it is most prevalent. In more than 60 countries worldwide, conventional circumcisers regularly carry out the procedure. 26 national teams from the African continent, including the inter-African team in Addis Ababa, Ethiopia, acknowledged February 6 as the worldwide day of zero acceptance against female genital mutilation. In Delta State, it is customary for well-intentioned parents to plan for the removal of some or all of their girl child's genitalia. Female genital mutilation is the term most doctors use to describe the procedure nowadays, although it has previously been referred to as female circumcision. According to The Hosken Account (2013), female genital mutilation is widespread in East to West Africa and nearby

communities. According to The Standard Newspaper of Kenya (2013), secrecy has been the key constraint on female genital mutilation. Parents who want to stop the practice have found it difficult and often dangerous to voice their opposition. They are frequently accused of questioning and rejecting their people's traditions, values, and lifestyles. In research, the United Nations International Children's Emergency Fund (2013) found that female genital mutilation was common among many religious groups in many countries worldwide, including Nigeria. Women between the ages of 45 and 49 are more prone than not to mutilate girls. According to 2013 research by the Nigerian National Demographic Health Survey, 45 out of every 100 adult women living in Lagos State have had their female genitalia cut. In a related study, Onohwosafe (2017) discovered a strong relationship between age and the degree of awareness of the health effects of female genital mutilation among diploma students. According to Nina (2017), the success of women and girls depends on how well they carry out and see themselves primarily as members of the same sex. In a separate study, Onohwosafe and Moronkola (2014) found that the practice of female genital mutilation was caused by social and cultural ignorance, poor social status of women, poverty, psychosexual variables, and spiritual reasons. In a related investigation, Igbokwe (2012) discovered a substantial relationship between characteristics that encouraged the practice of female genital mutilation and the level of education, knowledge, cultural influences, and religious commitment. In a related investigation, Carter (2015) discovered that countries including Sierra Leone, Sudan, Somalia, Ethiopia, Nigeria, and other African countries have a victimization rate of more than 80% for female genital mutilation. In a related investigation, the London Independent Newspaper (2012) found that female genital mutilation was more common than previously thought in the United Kingdom. More than 10,000 girls in Britain, most of whom were 8 years old or younger, were thought to be at risk of the practice. In Delta State, female genital mutilation has developed into a public health issue, and its practice violates a person's rights. Many organizations and people in the state tried unsuccessfully to educate parents about the risks associated with this practice. The number of long-term, painful impairments and reported deaths has alarmed Delta State's health officials and administration. The degree of harm brought on by the practice varies amongst neighbourhoods. The procedure is often carried out on young girls between the ages of 5 and 15 and sometimes on adult women. It results in significant bleeding and various health problems, including but not limited to cysts, illnesses, infertility, obstructions, and death. It is an archaic, outmoded, and repulsive act of antagonism toward women that hurts their security, survival, and development and can pose serious health risks. Due to social expectations, many moms still get their daughters' hair cropped. Information that could be obtained from the media, the police, and women's organizations that provide maintenance services revealed that violence against girls is on the rise. In September 1990, world leaders and African presidents from Nigeria, Senegal, Uganda, and Zimbabwe met in New York to sign the conference on children's rights, resulting in a historic agreement. Female genital mutilation was mentioned in this paper, along with persecution and sexual abuse. It was absurd and confusing to link the heinous behaviour to respect for family, cleanliness, fruitfulness, virginity preservation, and promiscuity avoidance. Female genital mutilation is still a problem and has evolved into a creative framework that makes the societal changes and financial crises that cause and perpetuate inequality obvious. Additional conceptualized dichotomies of these locations seem to express the level of government activity or inaction and establish initiatives meant to combat violence against women and girl children. Even though laws against female genital mutilation have been in place for almost a decade, the cutting

of young girls continues in the majority of communities and ethnic groups despite the risks that are present. Families of female genital mutilation victims frequently consult with fortune tellers, participate in strange rituals and customary rites, and pay a set amount to medical professionals who profit from female genital mutilation, including paramedics and physicians.

Female genital mutilation is risky since it is linked to medical and psychological problems, such as secondary infections and severe haemorrhages that can cause anaemia and even death in haemophiliac patients. Due to the seizure that results from a tetanic attack when the "aseptic technique" is not followed or contaminated equipment is used, it reduces sexual feelings, the healing of the incision leaves a scar, keloid formation, and stricture, all of which pose a risk during child delivery, the researcher decided to look into the issue. Although many researchers have examined female genital mutilation, they have not done so in the context of the study; as a result, the researcher is aiming to fill this knowledge gap with the investigation results.

Research Questions

- (1) What are the forms of genital mutilation that relate to health issues among female students in public secondary schools in Delta State?
- (2) When is the period of performance of genital mutilation that relates to health issues among female students in public secondary schools in Delta State?
- (3) What factors are responsible for genital mutilation related to health 2issues among female students in public secondary schools in Delta State?
- (4) What consequences does female genital mutilation have on health-related issues among female students in public secondary schools in Delta State.?
- (5) What are the management strategies for female genital mutilation that have a negative health influence among female students in public secondary schools in Delta State?

Method

The inquiry made use of the descriptive survey design. The investigation's target population consisted of 11311 SS11 students enrolled in public secondary schools in Delta State during the 2021–2022 school year. The researcher selected 1131 pupils, 10% of the SS11 female students, in Delta State's public secondary schools. Female genital mutilation and health issues among female students' questionnaire (SPGMRHIQ) was the name of the tool used in the study. An expert's judgment served as the instrument's validation. The split-half approach with pilot testing with pilot testing 50 SS11 students from public secondary schools in the state of Edo received the instrument, which was used to test the instrument's reliability. The Pearson Product Moment Correlational Coefficient (r) determined the instrument's dependability. In Delta State's public secondary schools for female pupils, the Pearson Product Moment Correlational Coefficient (r) value for female genital mutilation and health problems was 0.81. In Delta State's public secondary schools for female pupils, the significance of Pearson Product Moment Correlational Coefficient (r) for the causes causing female genital mutilation that relate to health concerns was 0.77. For the effects of female genital mutilation on health-related concerns among female students in public secondary schools in Delta State, the Pearson Product Moment Correlational Coefficient (r) was significant at 0.69. The significance of Pearson Product

Moment Correlational Coefficient (r) for female students in public secondary schools in Delta State who suffer female genital mutilation that has a detrimental impact on their health was 0.75.

The canvasser was at the various gatherings utilized in the investigation to administer the instrument to SS11 students employed in the study and instructed them on how the instrument was filled. She did this with the assistance of competent study assistants. Strongly Agree (4 points), Agree (3 points), Disagree (2 points), and Strongly Disagree were the four-point scales used to evaluate the items on the test (1 point). 1121 copies, or 0.99%, of the 1131 administered copies of the instrument were recovered. There were 490 female SS11 pupils in rural areas compared to 631 in urban areas. The four study topics were addressed using the mean rating and standard deviation. The substantial degree of recognition was considered 2.50 and above, whereas mean ratings below 2.50 were disregarded. The two null hypotheses developed to direct the research were tested using the z-test at 0.05 significance levels.

Presentation of Results.

Research Question 1.

What are the forms of genital mutilation that relate to health issues among female students in public secondary schools in Delta State?

Table 1: Mean Rating of Respondents on the Forms of Genital Mutilation Related to Health Issues Among Female Students in Public Secondary Schools in Delta State.

S/N	Forms of Genital Mutilation that Relate with Health Issues Among Female Students in Public Secondary Schools in Delta State?	Urban SS11 Female Students				Rural SS11 Female Students			
		N	\bar{X}	SD	Decision	N	\bar{X}	SD	Decision
1	Reduction of the prepuce with or without excision of part or all the clitoris	631	4.09	0.77	+	490	3.97	1.13	+
2	Excision of the clitoris and prepuce together with partial or total excision of the clitoris and prepuce.	631	4.01	1.17	+	490	3.89	1.09	+
3	Pharaonic or Sudanese mutilation, which includes the excision of part or all the external genitalia and stitching or narrowing of the virginal opening	631	3.91	0.81	+	490	3.83	0.79	+
4	Unclassified mutilation, which includes clitoral pricking, piercing, stretching, cauterisation, scraping	631	3.87	0.75	+	490	3.73	1.15	+
	Total		15.88	3.5			15.42	4.16	
	Grand Mean		3.97	0.86			3.86	1.04	

+ = Agreed, - = Disagreed

The data in Table 1 shows the mean rating from items 1 to 4 on the forms of genital mutilation related to health issues among female students in public secondary schools in Delta State. The respondents agreed on all the 4 items.

The subsequent was noted by The subsequent were noted by applying the details in Table 1 and the mean rating from items 1 to 3. The sample for Urban SS11 female students was were 631, with a mean rating of 3.97 and a standard deviation of 0. The sample for rural SS11 female students was 490, with a mean rating of 3.86 and a standard deviation of 1.04. Applying the considerable level of acceptance for the study as 2.50, the ratings of urban and rural SS11 female students were higher than the significant level of acceptance. This signifies that the forms of female genital mutilation related to health issues among female students in public secondary schools in Delta State were high.

Research Question 2.

When are the periods of performance of genital mutilation that relate to health issues among female students in public secondary schools in Delta State?

Table 2: Mean Rating of Respondents on the Period of Performance of Genital Mutilation related to Health Issues Among Female Students in Public Secondary Schools in Delta State.

S/N	The Period of Performance of Genital Mutilation that Relates to Health Issues Performed Among Female Students in Public Secondary Schools in Delta State	Urban SS11 Female Students				Rural SS11 Female Students			
		N	\bar{X}	SD	Decision	N	\bar{X}	SD	Decision
1	Infancy	631	4.15	1.13	+	490	4.09	1.07	+
2	Puberty	631	4.03	1.09	+	490	4.05	1.13	+
3	Shortly before marriage	631	3.97	0.77	+	490	3.93	0.81	+
4	During first pregnancy	631	3.91	0.69	+	490	3.85	1.01	+
5	Dead, Uncircumcised girl child	631	2.39	1.11	-	490	2.33	0.71	+
	Total		18.45	4.79			18.25	4.73	
	Grand Mean		3.69	0.96			3.65	0.95	

+ = Agreed, - = Disagreed

Table 2 shows the mean rating from items 1 to 5 on when genital mutilation relates to health issues among female students in public secondary schools in Delta State. The respondents agreed on 4 items.

The subsequent were noted by applying the details in Table 2 and the mean rating from items 1 to 5. The sample for Urban SS11 female students was 631, with a mean rating of 3.69 and a standard deviation of 0.96, and the sample for rural SS11 female students was 490, with a mean rating of 3.65 and a standard deviation of 0.95. Applying the considerable level of acceptance for the study as 2.50, the ratings of urban and rural SS11 female students were higher than the significant level of acceptance. This signifies that the period of performance of female genital mutilation that related to health issues among female students in public secondary schools in Delta State was high.

Research Question 3.

What factors are responsible for genital mutilation related to health issues among female students in public secondary schools in Delta State?

Table 3: Mean Rating of Respondents on the Factors Responsible for Female genital Mutilation that Relate to Health Issues Among female students in public secondary schools in Delta State.

S/N	Factors Responsible for Genital mutilation related to health Issues Among Female Students in Public Secondary Schools in Delta State?	Urban SS11 Female Students				Rural SS11 Female Students			
		N	\bar{X}	SD	Decision	N	\bar{X}	SD	Decision
1	Preparing girl child for marriage	631	4.11	1.13	+	490	4.15	0.77	+
2	To ensure the cleanliness of the girl child	631	4.05	1.09	+	490	4.07	1.15	+
3	To prevent labia hypertrophy	631	4.01	0.75	+	490	4.03	0.68	+
4	To improve fertility	631	3.97	1.21	+	490	3.97	1.13	+
5	To give more pleasure to the husband	631	3.93	1.07	+	490	3.93	0.83	+
6	Preservation of virginity	631	3.89	0.83	+	490	3.87	1.11	+
7	For religious rights	631	3.85	0.75	+	490	3.78	0.79	+
8	Marital virginity	631	3.81	1.09	+	490	3.75	1.15	+
9	Marital fidelity.	631	3.77	0.69	+	490	3.71	0.83	+
10	Traditional rights	631	2.73	1.13	+	490	3.67	1.05	+
	Total		38.12	9.74			38.93	9.49	
	Grand Mean		3.81	0.97			3.89	0.95	

+ = Agreed, - = Disagreed

The data in Table 3 shows the mean rating from items 1 to 10 on the factors responsible for genital mutilation related to health issues among female students in public secondary schools in Delta State. The respondents agreed on all the 10 items.

The subsequent were noted by applying the details in Table 3 and the mean rating from items 1 to 10. The sample for urban SS11 female students was 631, with a mean rating of 3.81 and a standard deviation of 0.97; the sample for rural SS11 female students was 490, with a mean rating of 3.89 and a standard deviation of 0.95. Applying the considerable level of acceptance for the study as 2.50, the ratings of urban and rural SS11 female students were higher than the significant level of acceptance. This signifies that the factors responsible for genital mutilation related to health issues among female students in public secondary schools in Delta State were high.

Research Question 4

What consequences do female genital mutilation have on health-related issues among female students in public secondary schools in Delta State.?

Table 4.**Mean Rating of Respondents on the Consequences of Female Genital Mutilation on Health-related issues among Female students in public secondary schools in Delta State.**

S/N	Consequences of Female Genital Mutilation on Health-Related Issues among Female Students in Public Secondary Schools in Delta State	Urban SS11 Female Students				Rural SS11 Female Students			
		N	\bar{X}	SD	Decision	N	\bar{X}	SD	Decision
1	Damaging the sex organs	631	4.13	1.09	+	490	4.13	1.15	+
2	Guide to re-opening of the vulva during childbirth	631	4.07	0.83	+	490	4.07	0.85	+
3	Cause vesicle vaginal fistula, which guides to the unrestrained outflow of urine, feces, and foul odour from the ostracises	631	4.03	1.17	+	490	4.01	1.12	+
4	Prolong labour among mothers	631	3.97	0.83	+	490	3.93	0.69	+
5	Shock	631	3.95	1.09	+	490	3.89	1.09	+
6	Inflicting pain	631	3.91	0.77	+	490	3.81	0.75	+
7	HIV	631	3.87	1.11	+	490	3.75	1.06	+
8	Death	631	3.85	0.69	+	490	3.68	0.81	+
9	Recurring urinary infection	631	3.81	1.17	+	490	3.61	1.11	+
10	Cysts	631	3.79	0.83	+	490	3.55	0.83	+
11	Infertility	631	3.75	1.07	+	490	3.53	1.15	+
12	Increased risk of childbirth complications	631	3.71	1.15	+	490	3.45	0.87	+
	Total	631	46.84	11.8	+	490	38.43	11.48	+
	Grand Mean		3.90	0.98			3.20	0.97	

+ = Agreed, - = Disagreed.

Table 4 on the consequences of female genital mutilation on health-related issues among female students in public secondary schools in Delta State. The respondents agreed on all the 12 items. The subsequent were noted by applying the details in table 3 and the mean rating from items 1 to 12. The sample for Urban SS11 female students was 631, with a mean rating of 3.90 and a standard deviation of 0.98. At the same time, the sample for rural SS11 female students was 490, with a mean rating of 3.20 and a standard deviation of 0.97. Applying the considerable level of acceptance for the investigation of 2.50, the ratings of urban and rural SS11 female students were higher than the criterion level of acceptance. This signifies that the consequences of female genital mutilation on health-related issues among female students in public secondary schools in Delta State were high.

Research Question 5.

What are the management strategies to reduce the negative health situation due to female genital mutilation.?

Table 5.**Mean Rating of Respondents on the Management Strategies of Female Genital Mutilation that Have Negative Health Influence among Female Students in Public Secondary Schools in Delta State.**

S/N	Management Strategies of Female Genital Mutilation among Female Students in Public Secondary Schools in Delta State.	Urban SS11 Female Students				Rural SS11 Female Students			
		N	\bar{X}	SD	Decision	N	\bar{X}	SD	Decision
1	laws should be initiated against female genital mutilation	631	4.05	0.75	+	490	4.11	1.17	+
2	support towards total abolition of female genital mutilation should be increased	631	4.01	1.09	+	490	4.07	0.86	+
3	Communications of information on implications of female genital mutilation through enlightenment programmes.	631	3.97	0.83	+	490	3.97	1.13	+
4	Eradication programme by the government at all levels.	631	3.93	1.13	+	490	3.91	0.85	+
5	Eradication programme by all women's group	631	3.87	1.07	+	490	3.85	1.11	+
6	Formal education on implications of female genital mutilation.	631	3.81	0.85	+	490	3.79	0.77	+
7	Eradication programme by nongovernmental organization	631	3.75	1.15	+	490	3.74	1.13	+
8	Development of a national reproductive health policy	631	3.71	0.73	+	490	3.68	0.83	+
9	Raising public consciousness on infringement of the rights of the girl child.	631	3.65	1.13	+	490	3.63	1.15	+
10	Communications of information on the abolition of female genital mutilation through enlightenment programmes.	631	3.61	0.81	+	490	3.57	0.77	+
	Total		38.36	9.67			38.32	9.77	
	Grand Mean		3.84	0.97			3.83	0.98	

+ = Agreed, - = Disagree

The data in Table 5 shows the mean rating of 2.50 on the management strategies of female genital mutilation among female students in public secondary schools in Delta State. The respondents agreed on all the 10 items.

The subsequent were discovered by applying the details in table 5 and the mean rating from items 1 to 10. The sample for Urban SS11 female students was 631, with a mean rating of 3.84 and a standard deviation of 0.97, while the sample for rural SS11 female students was 490, with a mean rating of 3.83 and a standard deviation of 0.98. Using the significant level of acceptance for the investigation of 2.50, the ratings of urban and rural SS11 female students were higher than the criterion level of acceptance. This signifies that the management strategies of female genital mutilation that have negative health influence among female students in public secondary schools in Delta State were high.

Discussion of Results.

The discussion portion of this study attempts to offer a thorough analysis and explanation of the results regarding the students' perspectives on female genital mutilation (FGM) and its related health concerns in public secondary schools in Delta State. The research's conclusions shed light on several features of FGM, including its types, length, causes, effects, and management tactics. Let's look more closely at each discovery and its ramifications. First, the results show that SS11 female students from both urban and rural areas acknowledged the presence of different types of FGM that are directly related to health problems. The average evaluations received from the study showed agreement among the respondents, indicating a common awareness of the harmful FGM procedures. This result highlights the pressing need for interventions and educational initiatives to address the specific types of female genital mutilation (FGM) common among Delta State students (Ruiz et al., 2017).

The survey also shows that pupils were aware of the long-term repercussions of FGM on health. The participants agreed with the frequency of FGM and its effects on various health issues. This research suggests that female pupils in Delta State's public secondary schools are aware of the long-term effects of FGM. It emphasizes the significance of putting in place extensive support networks and healthcare options tailored to the particular requirements of those who have experienced FGM (Putranto, 2022). The research's findings also imply that many students knew the variables influencing FGM practices and their connection to health problems. The agreement among SS11 female students from urban and rural areas suggests a common awareness of the underlying social, cultural, and traditional elements that support FGM. Designing targeted treatments and educational efforts that challenge and modify these harmful behaviours will need an understanding of the underlying causes of FGM (Ruiz et al., 2016).

The survey also shows that students overwhelmingly agreed that FGM negatively affected health-related concerns. The interviewees acknowledged that FGM had negative impacts on several facets of health. This study underlines the need for swift action to address these effects and underscores the need to offer suitable healthcare, counselling, and support systems for FGM-affected female students. It also emphasizes how crucial it is to educate the general public about the need to safeguard and care for young girls. Additionally, the results show that students believe there is a need for efficient management techniques to lessen the harmful effects of FGM on their

health. The SS11 female students from both urban and rural areas agree that it is critical to develop all-encompassing interventions that strongly emphasize support, education, and prevention. To end FGM practices, these programs should empower female students, give them access to healthcare, and encourage social and cultural change (Rouzi et al., 2016).

Additionally, the survey discovered no appreciable variations in how young and older female students and urban and rural students perceived management options for FGM and its impact on health. This implies that FGM is a problem that affects people of all ages and from different geographical regions. The lack of notable distinctions suggests the necessity for a coordinated strategy to eradicate FGM in Delta State. To implement comprehensive interventions that address FGM-related health concerns worldwide, it urges cooperation among legislators, educators, healthcare professionals, and community leaders (Fazari et al., 2013). This survey offers insightful information on how female students in Delta State's public secondary schools feel about FGM and related health problems. To end FGM practices and protect young girls' health and well-being, the findings highlight the urgent need for focused interventions, educational programs, and extensive support networks that empower female students, create awareness, and encourage positive change. The study's findings provide the groundwork for upcoming investigations and legislative actions to end FGM in Delta State and elsewhere.

This study has several limitations that should be addressed despite its merits. First, the study's focus was only on public secondary schools in Delta State, which may limit how broadly the results may be applied to other locales or educational environments. Therefore, care should be used when extrapolating these results to a larger setting. Second, memory bias and social desirability bias are possible because the study used self-reported data. It's possible that students withheld or provided false information because they were scared to share some sensitive details. Future research may use other techniques like focus groups or interviews to get more detailed and nuanced data. Another drawback is the only focus on female students, which ignores the viewpoints of male students, which could potentially impact how people view FGM. Future research with male students would result in a more thorough grasp of the subject and aid in creating all-encompassing remedies.

The study also used a cross-sectional design, restricting the capacity to draw conclusions about causal correlations or spot long-term patterns. Insights regarding the dynamic character of students' views over time and changes in attitudes and behaviours linked to FGM may be captured using a longitudinal approach. The study did not thoroughly examine the cultural, social, and economic circumstances that can impact how students perceive FGM. A deeper knowledge of the underlying dynamics and more successful solutions would result from thoroughly investigating these contextual elements. The study's sample size may also affect how generalizable the results are. Although significant effort was made to enroll participants, a bigger and more varied sample would improve the study's representativeness and boost the reliability of the results.

Implications of the Study

1. The discussion portion of this study offers a thorough analysis and interpretation of the data regarding the students' perspectives on female genital mutilation (FGM) and its related health concerns in public secondary schools in Delta State. The research's findings include

information on various characteristics of FGM, including its types, duration, causes, effects, and management techniques. Let's dive further into each discovery and its consequences. First, the results show that SS11 female students from urban and rural areas agreed that many types of FGM are directly related to health problems. The survey's mean scores revealed agreement among the respondents, indicating a common awareness of the detrimental FGM-related behaviours. This research highlights the urgent requirement for interventions and educational initiatives to address these particular types of female genital mutilation (FGM) common among female students in Delta State (Ruiz et al., 2017).

2. Second, the study shows that students were aware of how FGM has a long-term impact on their health. The interviewees agreed on the frequency of FGM and its effects on health problems. This result suggests that female secondary school pupils in Delta State's public schools are aware of the long-term effects of FGM. It emphasizes the significance of establishing thorough assistance programs and healthcare options tailored to the specific requirements of those who have experienced FGM (Putranto, 2022). The research's findings also imply that students understood the causes of FGM practices and how they related to health problems. Female SS11 students from urban and rural areas appeared to agree on the underlying social, cultural, and traditional elements supporting FGM. Understanding the underlying causes of FGM is essential for developing focused treatments and educational initiatives that oppose and alter these harmful practices (Ruiz et al., 2016).
3. The survey also shows that students firmly recognized the effects of FGM on health-related concerns. The participants were aware of the harmful effects of FGM on several facets of health. The necessity of providing adequate healthcare treatments, counselling, and support networks for female students affected by FGM is highlighted by this research, which also stresses the pressing need to address these repercussions. It also emphasizes how important it is to educate the general public about the need to protect and ensure young girls' welfare. The results also suggest that students believe there is a need for efficient management techniques to lessen the harmful effects of FGM on their health. The majority opinion among female SS11 students from both urban and rural areas underlines the significance of putting in place comprehensive interventions that strongly emphasize support, education, and prevention. These programs should work to empower female students, give them access to healthcare, and encourage social and cultural change to end FGM (Rouzi et al., 2016).
4. The survey also discovered no discernible variations in how young and older female students perceived management options for FGM and its impact on health, in addition to no disparities between urban and rural students. This implies that there is a widespread worry about FGM throughout all age groups and regions. The lack of notable distinctions suggests that fighting FGM in Delta State requires a coordinated strategy. It encourages governments, educators, healthcare professionals, and community leaders to collaborate to develop comprehensive interventions that address global FGM-related health concerns (Fazari et al., 2013). This study offers important new insights into how female secondary school pupils in Delta State's public schools feel about FGM and related health problems.

The results highlight the urgent need for focused interventions, educational initiatives, and all-encompassing assistance programs that empower female students, increase awareness, and foster positive change to end FGM practices and protect the health and well-being of young girls. The study's findings provide a basis for further analysis and legislative actions targeted at ending FGM in Delta State and elsewhere.

5. Despite its benefits, this study has several limitations that need to be noted. The first limitation is that the study's focus was solely on public secondary schools in Delta State, which may limit the findings' applicability to other locales or educational environments. Therefore, care should be used when extrapolating these findings to a larger setting. Furthermore, memory and social desirability biases might have been introduced because the study used self-reported data. It is possible that students were reluctant to share certain sensitive information, which resulted in underreporting or incorrect answers. Future research may consider using additional techniques like focus groups or interviews to acquire more detailed and nuanced data. Another drawback is the exclusive focus on female students, which ignores the opinions of male students and may potentially impact how attitudes and ideas about FGM are shaped. Future research with male students would create all-encompassing treatments and a deeper knowledge of the subject.
6. Furthermore, the study's cross-sectional nature made drawing conclusions about causality or spot long-term patterns difficult. A longitudinal method may be able to capture changes in attitudes and actions about FGM and shed light on how dynamically students' perspectives change over time. The study also didn't detail the cultural, societal, and economic circumstances that can impact how students perceive FGM. The underlying dynamics would be better understood, and treatments would be more successful with a more thorough investigation of these environmental elements. Finally, the study's sample size may affect how generalizable the results are. A big and varied sample would improve the study's representativeness and boost the validity of the results obtained even though attempts were taken to enroll a significant number of individuals.

Conclusion.

In public secondary schools in Delta State, this study looked at how pupils felt about female genital mutilation (FGM) and the health problems it raises. The findings provided important new information about the prevalence of FGM, its effects on health, and the variables that support its persistence. The findings show that female students in Delta State's urban and rural areas frequently undergo different types of FGM. It was discovered that these activities were highly linked to detrimental health effects, highlighting the urgent need for intervention and assistance for impacted kids. The study also emphasized the elements, such as cultural beliefs, societal standards, and ignorance, that contribute to the persistence of FGM. Designing successful treatments and educational initiatives aimed at avoiding FGM and encouraging good attitudes toward women's health and rights requires understanding these underlying variables. The study's conclusions significantly impact multidisciplinary cooperation, healthcare services, policy formulation, and community participation. Legislators may use these findings to create laws and regulations that forbid FGM and healthcare professionals to create comprehensive programs

catering to the impacted pupils' unique requirements. Community engagement and promoting multidisciplinary teamwork are key to addressing ingrained FGM attitudes and practices. Educators, healthcare professionals, lawmakers, and community leaders may create comprehensive strategies to combat FGM and its negative health effects. Although the study offers insightful information, it is crucial to recognize its flaws, such as the geographical focus, self-reported data, and the exclusion of male students. Future studies have to make an effort to get over these constraints and investigate the subject more thoroughly and inclusively. The study's result emphasizes the significant frequency of FGM and its adverse effects on the health of female pupils in Delta State's public secondary schools. It emphasizes how urgent it is to address the health effects of FGM through comprehensive treatments, awareness campaigns, and support networks. It is feasible to improve the environment for students, eradicate FGM in the area, and make it safer and healthier by addressing the root causes and involving numerous stakeholders.

Recommendations

- (1) Because it is unjustified, female genital mutilation should be prohibited.
- (2) To raise parents' awareness of the negative effects of female genital mutilation among girls, stakeholders in the problem should organize programs, seminars, conferences, and lectures.
- (3) Health implications of female genital mutilation should be incorporated into the curriculum at all educational levels.
- (4) It is important to promote public awareness about female genital mutilation through mass media education.
- (5) Through media hints of female genital mutilation, women and young girls should be educated.
- (6) The Delta State government ought to pass legislation outlawing female genital mutilation.
- (7) The mindset of the elderly ladies in Delta state neighborhoods who are behind the practice has to be changed by stakeholders.

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