

Prevalence, Knowledge and Attitude towards Female Genital Mutilation among Women in Abraka Community, Delta State.

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Abstract

Female Genital Mutilation(FGM) describes a range of harmful practices involving cutting, removing and sometimes sewing up the external female genitalia for non-medical reasons. The practice is seen as social norm that families have their daughters cut even when they are aware of the harm. A number of studies demonstrate significant association between FGM and various gynecological and pregnancy complications. The main objective of the study is to determine the prevalence, knowledge, and attitude towards female genital mutilation among women in Abraka community of Delta state. The study adopted a descriptive research design to establish the socio demographic characteristics, knowledge, attitude and perception of FGM by women. To achieve this purpose, the Government hospital, Abraka was used where reasonable number of women come for Antenatal health care services and immunization. Sample size of 207 women aged 15 to 65 years was determined using Cochran Formula. Simple random sampling technique was used. The instruments were subjected to face and content validity and reliability through Cronbach alpha of 0.89. Ethical approval was sought from University, permission from relevant authorities and consent from all respondents. The data collected using closed ended questionnaire. Study findings indicate that age and educational status were the socio demographic characteristics that influenced FGM practice. There is decrease in its prevalence among younger generation. Most women (93.24%) understood the meaning of the FGM. Majority of them had a favorable attitude against the practice of FGM(52.17%) and do not intend to allow their daughter to under the practice (91.79%). Mass education/enlightenment was highly affirmed as a way to curb the practice of FGM. The study recommends the development of a national strategic plan, supportive educational programs, and targeted training programs implemented at multiple levels

Keywords- *Female genital mutilation, knowledge, Prevalence, Attitude*

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I. Introduction

It is terrible that female genital mutilation, more commonly known as FGM, is still performed in many parts of the world. This is common in less developed nations, which place a strong emphasis on preserving their traditions and cultures (Chinawa et al., 2021). According to UNICEF (2019), the practice of female genital mutilation (FGM), which is most common in the 30 countries located primarily in Africa, South Asia, and the Middle East, has been performed on at least 200 million girls and women, and up to 30 million girls under the age of 15 are at risk of undergoing the procedure. In Nigeria, the prevalence of female genital mutilation (FGM) has increased and decreased throughout the years. According to data compiled by UNICEF and the United States Agency for International Development (USAID), the prevalence was 25% in 1999, 19% in 2003, 26% in 2007, 30% in 2008, and 27% in 2011. (Ahmed et al., 2017). In some groups, female genital mutilation (FGM) is performed with the expectation that it will improve a woman's chances of finding a husband or maintaining her virginity. Some people see it as a necessary step on the path to becoming a lady, while others see it as a way to repress a woman's libido and put her through a "rite of passage" (UNICEF, 2019). There are no known health benefits associated with female genital mutilation (FGM), and it commonly leads to acute as well as long-term physical and psychological discomfort, including problems following childbirth. As a consequence of this, a study is currently being carried out in the Abraka community of Delta State in order to determine the level of knowledge that women have regarding female genital mutilation, as well as their perspectives on whether or not they support the practice, as well as their general impressions of the procedure.

Female genital mutilation is common among all socioeconomic classes, including the wealthy and the impoverished, those with and without an education, and in both urban and rural settings. Regardless of a

person's social standing or level of education, the most essential determinant of female genital mutilation (FGM) frequency is ethnicity. Not only should we be concerned about protecting girls who are currently at risk, but we should also be concerned about preventing future generations from being exposed to the dangers that the practice poses (UFPA, 2022). The practice is on the decline as a direct result of the vigorous lobbying efforts that have been put forth by international, national, and grassroots organizations. But the rate of abandonment is not high enough, and the pace of change is not fast enough to meet the requirements. As a consequence of this, the researcher made the decision to carry out a study to learn more about the women of Abraka, Delta State, and their knowledge, attitudes, and perceptions regarding female genital mutilation.

This study is particularly important since it places an emphasis on the contributions made by the profession, health providers, and society as a whole. It will be useful in appreciating the breadth of knowledge about female genital mutilation as well as how this knowledge influences views regarding the practice. The findings of this study will also help to understand individuals', particularly women's, perceptions of reducing the practice as well as reducing the advancement or evolution of the practice overall through the medicalization of female genital mutilation. This understanding will be aided by the findings of this study. There have been significant advancements made toward eradicating the despicable practice, but we still have a ways to go before we can say for certain that we have put an end to it for good. Additionally, the study will contribute to the material that is already available in this field and serve as a resource for future research on topics associated with female genital mutilation.

II. Aim and Objectives

The main objective of the study is to determine the knowledge, attitude and perception of women towards female genital mutilation in Abraka, Delta State.

- i. To assess the knowledge about female genital mutilation.
- ii. establish the prevalence of FGM among women
- iii. To determine the attitude of women towards female genital mutilation.
- iv. To determine the perception of women towards female genital mutilation
- v. To ascertain the factors influencing the practice of female genital mutilation.

III. Methodology

A descriptive research design was used for this study. The research design is considered suitable as it describes a phenomenon that is the focus of the study and also involves detailed information that may lead to an intervention. The target population comprises women living in Abraka community in ethiopia East Local Government Area of Delta state. The sampling technique used for this study was a probability sampling technique particularly the Simple Random sampling, which is a reliable method of obtaining information where every single member of a population is chosen randomly. This was done to ensure equal opportunity of being selected to be part of the sample. A sample of 207 women which was determined using the Cochran formula was used for the study. A validated self-structured instrument with a reliability index of 0.8 was used for data collection. The data collected was analysed using descriptive and differential statistics and carefully represented using frequency and percentage distribution.

IV. Results

Socio-Demographic Characteristics

Table 1: Socio-demographic data of respondents

Response variable	Categories	Frequency (n=207)	Percentage
Age(years)	15-25	86	41.55
	25-35	82	39.61
	35-45	29	14.01
	45-55	6	2.90
	5-65	4	2.93
Marital status	Married	132	63.77
	Single	64	30.92
	Widowed	-	-
	Cohabiting	11	5.31
Religion	Christianity	204	98.55
	Islam	2	0.97
	Traditional religion	1	0.48
Tribe	Urhobo	122	58.94
	Hausa	2	0.97
	Igbo	36	17.39
	Others	40	19.32
	Primary	10	4.83

Educational status	Secondary	55	26.57
	Tertiary	132	63.77
	Nil	10	4.83
Number of children	None	78	37.68
	1-3	96	47.34
	4-5	26	12.56
	6&above	5	2.42
	One	57	27.54
Number of female children	Two	34	16.43
	Three	12	5.80
	More than 3	10	4.83
	None	94	45.41

The socio-demographic characteristics of the respondents are shown in Table 1. Majority of the women 86(41.55%) were aged between 15-25 years, 82(39.61%) were aged between 25-35 years, 29(14.01%) were aged between 35-45 years, 6(2.90%) were aged between 45-55 years and 4(1.93%) of the respondents were aged between 55-65 years. Most of the women were married (63.77%), 64(30.92%) were single and 11(5.31%) were cohabiting. 204(98.55%) out of 207 respondents are Christians, 2(0.97%) are Muslims with one respondent, a traditional worshipper. Most of the respondents are Urhobo; 0.97% are Hausa, 17.39% are Igbo; other tribe including Isoko, Ijaw, Edo, Rivers, Kwale made up the remaining 19.32% of the respondents. 63.77% of the respondents had a tertiary level education, with 4.83% with no level of education. 98(47.34%) of the respondents have 1-3 number of children, 26(12.56%) have 4-5 number of children, 5(2.42%) have 6& above number of children with 27.54% having at least one female child and 4.83% having more than three female children and 94(45.41%) having no female child.

Knowledge about FGM

Table 2: Frequency table showing respondents knowledge about female genital mutilation

Variable	Response	Frequency (n=207)	Percentage (%)
Do you know what FGM is	Yes	193	93.24
	No	14	6.76
Is FGM still in practice	Yes	145	70.05
	No	54	26.09
	I don't know	8	3.86
Do you know any female who has been circumcised	Yes	113	54.59
	No	94	45.41
Are there any harmful effects associated with FGM	Yes	132	63.77
	No	30	14.49
	I don't think so	45	21.77

A section of 93.24% of the respondents knew and had an idea of what FGM is with about 70.05% stating it's still in practice, 26.09% stating it's no longer in practice and a minor section of 3.86% stating they are not aware if FGM is still in practice. Out of 207 respondents, 113(54.59%) knew a female that have been circumcised while 94(45.41%) did not know anyone who was circumcised. Most of the respondents, 88(42.51%) affirmed that removal of clitoris/clitoral hood is the extent of FGM in the community with a higher number of respondents not knowing the extent of circumcision in their community.

Prevalence of FGM among respondents

Table 3: Frequency table showing prevalence of FGM among respondents

Variable	Frequency	Percentage
Circumcision status		
Circumcised	47	22.71
Uncircumcised	160	77.29
Age at circumcision(years)		
0-5	17	36.17
5-10	13	27.66
10-15	9	19.15
15-20	5	10.64
20 and above	3	6.38
Total	47	100

Complications experienced		
Yes	12	48.94
No	35	51.06
Place of circumcision		
At home	10	21.28
At a traditional birth attendants	28	59.57
Health center	9	19.15

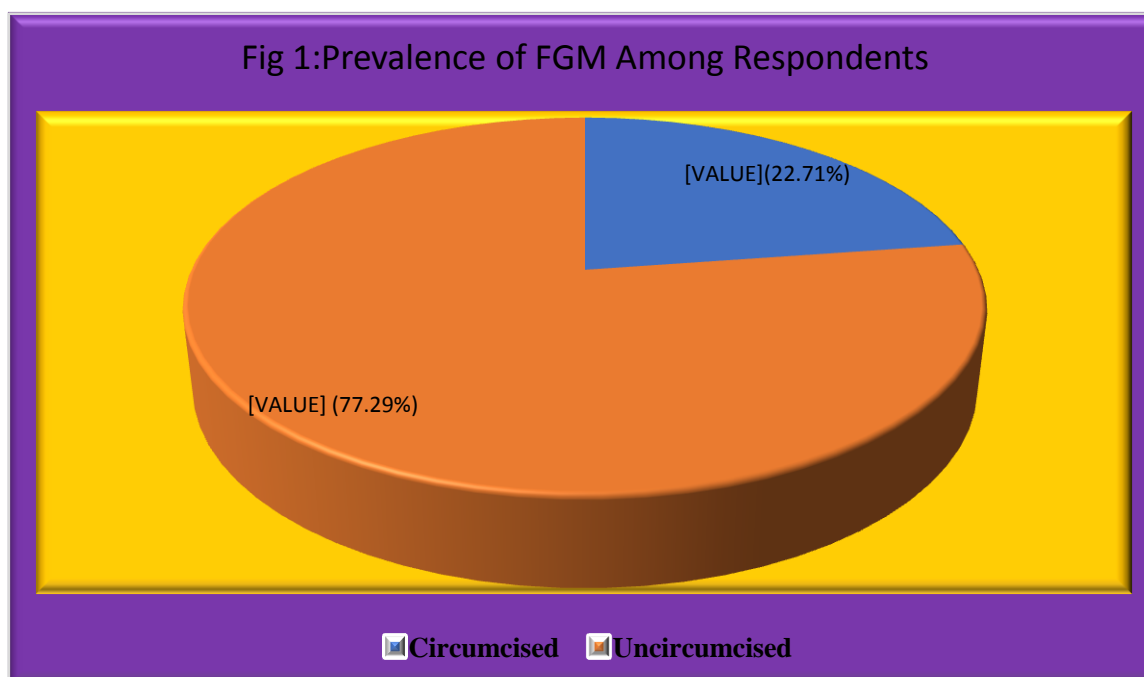


Fig 1: Prevalence of FGM among respondents

From the table and fig 1, the prevalence of FGM among respondents was 47(22.71%) with 17(36.17%) disclosing that they were cut between 0-5 age group, 13(27.66%) at 5-10 age group, 9(19.15%) at 10-15 age group, 5(10.64%) at 15-20 age group and 3(6.38%) at 20 and above age group. Most circumcised respondents, 35(51.06%), did not report any complications after undergoing FGM. Some of the complications reported includes Infection, bleeding during birth, inhibited sexual desire, vaginal tear during delivery. 59.57% of respondents who were circumcised reported that it was done at a birth attendant's place, 21.28% was done at home while 19.15% was done at the health center.

Attitude of women towards FGM

Table 4:Frequency table showing attitude of women towards FGM

Variable	Frequency (n= 207)	Percentage
Do you consider FGM a good practice		
Yes	26	12.56
No	168	81.16
I don't know	13	6.28
Husbands sexually enjoy wives who were circumcised		
Yes	35	16.91
No	64	30.92
I don't know	108	52.17
Is there any discrimination against girls who did not undergo FGM		
Yes	41	19.81
No	150	72.46
I don't know	16	7.73
What attitude is attributed towards girls who undergo FGM		
They are respected	28	13.53
Husbands honor them more	12	5.80
They are stigmatized	30	14.49
I don't know	100	48.31
No special treatment	337	17.87

Do you intend to allow daughter(s);to undergo FGM in the future		
Yes	-	-
No	190	91.79
It depends	17	8.21

From the table below, questions which were designed to measure the attitude of respondents towards the practice of FGM showed that about 81.16%(168) of respondents believed that it is not a good practice, 12.56%(26) stating that it is a good practice and 6.28%(13) stating they are not sure it's a good practice or not. About 64(30.92%) respondents believed that husbands do not sexually enjoy wives who were circumcised, 35(16.91) agreed and a major section of the participants, 108(52.17%) do not know if husbands sexually enjoy wives who were circumcised. Among respondents, 150(72.46%) stated that there isn't any discrimination against girls who did not undergo FGM, 41(19.81%) stated that there exist discrimination and 16(7.73%) do not know if there's any discrimination against girls who do not undergo FGM. Only about 28(13.53%) believe that girls who undergo FGM are respected with a higher proportion, 100(48.31%) not knowing what attitude is attributed to girls who were circumcised and 37(17.87%) stating that there is no special treatment attributed. None of the respondents intends to allow daughter(s) to undergo FGM in the future with about 17(8.21%) respondents having an intention that depends on the choice of their daughter(s).

Factors influencing the practice of FGM

Table 5:Frequency table showing factors influencing the practice of FGM

Reasons for FGM practice	Frequency	Percentage
Custom and tradition	128	61.84
Husband insisted	12	5.80
Check promiscuity	60	29.00
Religion	6	2.90
Marriageability	10	4.83
Other reasons	10	4.83
I don't know	20	9.66

* Percentages do not add up to because of multiple response

Majority affirming that the reason for the female being circumcised is Custom and tradition (61.84%), 29% to check promiscuity, 5.80% husband insisted, 2.90% religion, 4.83% marriageability and 4.83% other reasons including reduce sex drive, prevent curse, family insisted, prevent complications during delivery and 9.66% did not know why the female was circumcised.

V. Discussion of findings

This study on the knowledge, attitude and perception of female genital mutilation among women in Abraka, Delta State used a sample of 207 women. The FGM prevalence was at 22.71% of the women who were circumcised while 77.29% were uncircumcised. This decrease which has also been reported in similar studies by Awar et.al. (2020) and Kandala et.al. (2018) may be associated with several factors, for example the advances in women's education and improvements in the awareness of health issues may have played a role in this decrease. The age of the women was between 15-65years and the majority were aged 15-25 years. This finding is slightly similar to the study conducted in Somalia where majority of the women were aged 30 and below. In this study, the uncircumcised women have a lower age distribution as compared to circumcised. This might be an indication that the FGM practice was slowly fading away in the community as observed in other countries like Kenya and Ethiopia (Mitike&Deressa, 2009). Most women had attained a tertiary education and minority had not attended school; with a greater portion of uncircumcised women having attained tertiary education. This is in conjunction with a study by Yasin et. al. (2013) among Iraqi Kurdish women which established that the women's education may have contributed to a reduction of the practice of FGM. Although Most of the women were married with about 5.31% cohabiting and 30.92% single, this is in contrast to a study by Ayan (2017) where most of the uncircumcised women were single, as the women identified that there is no special preference for circumcised women as wives being that times are different.

Majority of the women had knowledge about FGM but had little or no information about what it entails stating that it was due to the fact that they were not circumcised and so did not know much about it. This is in conjunction with UNICEF, 2015 that the increased knowledge on FGM procedures can be attributed to the continuation of FGM practice as it has been noted that increased exposure to potential knowledge and awareness does not necessarily translate into a change in behavior. In the same wise, a decrease as it is seen in this study. Majority of the women (63.77%) in this study were aware of the existence of the harmful effects of FGM, a figure that is much higher than the 8.8% obtained in a study in Sapele Local government area, Delta State (Ikechukwu et. al., 2021). There are no stated or mandatory custom or tradition for the practice of FGM and so the practice is influenced by attitude of women towards the practice. This also accounts for the decreased

prevalence in Abraka. This is opposed in a study by Mohammed, Seedhom, Mahfouz (2018) which revealed that the participants were trapped in customary traditions, and found out controversy and divergence between the participants' perception of the harmful effects of FGM and their inclination towards maintaining FGM, giving an impetus to advance strong measures against the harmful practice.

A high number of respondents do not think FGM is a good practice and as such do not intend to allow their daughter(s) be circumcised in the future. These findings were in agreement with Pashaei et al. who examined the determinants of women's intentions to subject their daughters to FGM, and it was found that attitude was the strongest predictor of perpetuation of FGM. This is inconsistent with the study done in Oromia region, Ethiopia in 2017. The possibly explanation for this difference might be due to the time gap and the socio-demographic background.

Most of the respondents believed that mass enlightenment should be employed to curb the practice with a significant number stating that there should be anti-FGM legislature. In a different study (2017) similarly shared the same view.

Most of the respondents were against the maintenance of the practice. Similar findings were made in a study by Matsuoke (2011) which was found that continuation of FGM tradition in new generation was not seen necessary.

Implications of findings to nursing

The high prevalence of medicalization of FGM found in this study with nurses as the majority of practitioners indicate that the use of health workers as practitioners of FGM may be on the increase. This makes for increased enlightenment and training of nurses, in different levels, on how to handle pressure from customs and tradition and management strategies when faced with FGM situations. It's important to train health care providers on how to address the complications of FGM and to make sure that the concerned health services are able to deal with these. Nurses have to give attention during antenatal care, post-natal care and other maternal health services in creating awareness about the ill health effects of FGM.

VI. Conclusion

FGM is a common practice among women in developing countries. Although there is a high prevalence of FGM among older generations of women, there is a decrease in its prevalence among younger generations. Most women understood the meaning of FGM but had little to no knowledge about it and majority of them had a favourable attitude against the practice of FGM.. Most of the respondents were against FGM and do not intend to allow their daughter (s) to undergo the practice.

VII. Recommendations

From the study objectives and conclusions, the study recommends as follows:

Women's knowledge, attitude and status are proved to be significant predictors of the women's future intentions to carry out FGM practice on daughters, thereby, concrete efforts need to be exerted in these specific areas, particularly through securing and realizing quality education to the fullest potential

The development of a national strategic plan, supportive educational programs, and targeted training programs implemented at multiple levels, such as schools, universities, and especially among health care providers and scholars in religious studies and legislation, who are uniquely positioned to support the eradication of FGM but are unfortunately likely to lack the necessary awareness and knowledge.

Since FGM has been shown to be slowly fading away as indicated by its high prevalence among the old as compared to the young women, there is need to continue with community awareness campaigns to ensure that young women do not continue with the practice especially on their girls.

5.1 Suggestions for further studies

Further qualitative research should be carried out.

This study can be replicated in another setting, involving male perception and health workers perception to compare results.

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