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Contents

Knowledge of and Attitude towards Female Genital Mutilation among Mothers in Adeoyo Specialist Hospital, Ibadan

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Abstract

This study investigated mothers' knowledge of and attitudes toward female genital mutilation at Adeoyo Specialist Hospital in Ibadan's postnatal clinic. The descriptive research design was adopted. A total of fifty (50) subjects were used as the sample, and the data for this study were collected using a self-administered questionnaire. In general, (78%) of mothers cited cultural and religious reasons for the practise of female circumcision. Findings showed that mothers had a high level of knowledge, and despite having a high level of knowledge about female genital mutilation and its dangers, the respondents' overall attitude is negative. As a result, social workers will need to increase health education programmes, seminars, campaigns, and rallies to encourage active discouragement of harmful cultural practises, such as female genital mutilation.

Keywords: Knowledge, Attitude, female genital mutilation, mothers, Adeoyo specialist hospital

Introduction

Female genital mutilation (FGM) is the partial or total removal of the external female genitalia, ranging from prepuce to full excision of the clitoris, labia minora, and labia minora. It is the removal of varying amounts of tissues from the female external genitalia. It includes all non-medical procedures that involve partial or total removal of the external genitalia or other injury to the female genital organs. WHO (World Health Organization), 2010.

According to Braun (2005), when the procedure is performed on and with the consent of an adult, it is generally referred to as "Clitoridectomy," or it may be of labiaplasty or vaginoplasty. FGM is a barbaric tradition from the country's and the world's dark and ugly past that must be universally condemned and abolished. Some explain FGM as an ancestor's decree, while others consider it a requirement for all girls who want to marry. When it is not regarded as a puberty rite, it is justified as a means of making the female genitals more aesthetically pleasing or cleaner. It's also said to boost female fertility and make childbirth easier (Nnachi, 2007).

According to WHO (1998), as cited in chinwe (2006), despite the increasing civilization status of Africa's sub-regions, FGM poses numerous health problems in developing countries around the world. Regardless of educational or religious affiliations, the culture, beliefs, taboos, and unscientific assertions of various ethnic entities make it impossible to completely eradicate this act. Many parts of the vulva are similar to or specifically homologous to male organs, but have adapted to the vagina as a receptacle and canal for parturition.

The origins of FGM are unknown. FGM is used in places where extramarital sex is completely unacceptable to ensure that it does not occur by reducing sexual desire. A girl in Kenya, Uganda, and some West African countries, such as Sierra Leone, may have an unmarried child to prove her fertility. This procedure has been performed on an estimated 133 million people (girls and women), with an additional 2 million at risk each year. This procedure is used in 28 African countries, as well as the Middle East and parts of Asia, as well as North America, Latin America, and Europe.

FGM is typically performed by traditional circumcisers, who frequently play other important roles in their communities, such as attending childbirths. However, FGM is increasingly being performed by health care providers. It is internationally recognised as a violation of girls' and women's human rights. It reflects deep-seated gender inequality and constitutes an extreme form of discrimination against women. It is almost always carried out on minors and is a violation of children's rights. The practise also violates a person's right to health, security, and physical integrity, as well as the right to be free of torture and cruel, inhuman, or degrading treatment, and the right to life in cases where the procedures result in death. WHO (2010).

Statement of the Problem

Female genital mutilation is one of the most painful and emotional experiences for many women and young girls in developing countries. FGM has been a major issue in Nigeria because it is still practised as a part of the culture, as a necessary rite of passage to adulthood.

Despite efforts by the government and non-governmental organisations to eradicate this scourge, awareness and positive attitudes toward the cessation of FGM are still very low. This prompted this study to investigate mothers' knowledge and attitudes toward female genital mutilation.

Research Questions

The research sought to answer the following questions:

1. Do religious beliefs influence the mother's understanding of female genital mutilation?
2. Does mothers' knowledge of female genital mutilation affect their attitudes toward the practice?

Literature review

Female circumcision is one of the many cases of domestic violence in Nigeria, particularly in Igbo land. According to ancient folklore, FGM helped to prevent certain diseases in women in the past (Nnachi, 2009). In Igbo land, an uncircumcised female is not yet considered a woman. She is regarded as impure, impure, and unclean (Esere, 2006).

FGM is practised by the majority of Yoruba people in the western states during infancy and early childhood. The Abakaliki Ibos celebrate it as a pubertal rite of passage, whereas the Isoko ethnic group of Delta state and the Hausas of the Northern states circumcise their females just before marriage (Irregbulam, 1980 & Faleti, 1994 as cited in Esere, 2006).

Implications of FGM

FGM has no health benefits and causes irreparable harm (WHO, 2010). (Sharon, 2006).

Medical ramifications: When people with no medical training perform the procedure without anaesthetic, sterilisation, or the use of proper medical instruments, the procedure can result in death due to shock from excessive bleeding, infection, and unintended physical effects such as damage to the urethra and bladder, urinary infection and retention, broken bones in the pelvis and legs, and infertility. Boskey (2007)

HIV: There has been relatively little research into the impact of FGM on HIV prevalence. According to some studies, women who have had FGC are more likely to contract HIV (Wikipedia, 2010).

This could be due to the operation's use of contaminated instruments (Boskey, 2007)

Klouman, Manongi, and Klepp (2005) discovered that among women in Tanzania who had undergone FGC, the odds of being HIV positive were roughly twice those of women who had not.

Brewer, Potterat, and Roberts (2007) discovered that FGC was associated with a higher prevalence of HIV infection in virgins (3.2% vs. 1.4%), which the authors attributed to the unsterile procedure.

Sexual ramifications: The impact of FGC on a woman's experience varies depending on a variety of factors. FGC does not eliminate all sexual pleasures for women who have it done, but it does reduce the likelihood of orgasm (Mah,2005).

Psychological and psychiatric consequences: In February 2010, a study conducted by Pharos in the Netherlands, which collects data on refugees and health, discovered that many women who have undergone FGC suffer from psychiatric problems. The study found that 66 Dutch African women who had been subjected to the practise were stressed, anxious, and aggressive (Wikipedia, 2010).

FGM may leave a lasting impression on the life and mind of the women who have undergone it; in the long run, women may experience feelings of incompleteness and depression.

Long-term effects include cysts and abscesses, Keliod scar formation, dyspareunia (painful sexual intercourse), sexual dysfunction, difficulty giving birth, vesico-vaginal fistula (VVF), and recto-vaginal fistula (RVF) (RVF).

Egypt has the highest rate of FGM in the world. Despite the Egyptian high count being banned in 1997, 22 recent reports show that 95 percent of Egyptian Health Survey of 203, out of 9,159 women, 1,658 (18 percent) chose to discontinue FGM. Currently married women were more likely than formally married women to choose divorce. Women's attitudes toward FGM were related to their social status. Women who lived in cities, had a higher level of education/literacy, and worked were more likely to support the abolition of FGM. Dala et al. (2010).

Afifi (2010) discovered that 96.5 percent of subjects were cut, and 12.4 percent had no intention of perpetuating FGC for their daughter in a study using data from the 20 Egypt Demographic and Health Survey Data and national representative

community-based samples of 15, 572 ever married Egyptian women. 31 percent of those in the study had completed secondary or higher education. 15% were working for money, and 46.1 percent lived in cities. The sample's most common belief was that FGC was an important part of religious tradition (71.2 percent). The least common was that FGC resulted in a difficult pregnancy and childbirth (74%). The majority (75.1 percent) believed that there were no benefits to not having FGC, with voiding pain (9.5 percent) being the most commonly reported benefit.

According to a 2008 study on the prevalence of FGM among Egyptian girls, there is no doctrinal basis for the practise of FGM in either the Islamic or Christian faiths. The education of the female's parents and the practise of FGC had a clear negative correlation. Parents with little or no education are the most likely to have circumcised their daughters, with prevalence rates ranging from 59.5 percent to 65.1 percent, whereas parents with a higher level of education are the least likely, with prevalence rates ranging from 19.5 percent to 22.2 percent (Tag-Eldin, Gadallah, Al-Tayeb, Adbel-Aty, Mansour & Sallem, 2008).

According to Dattijo, Nyanmgo, and Osagie (207), there is a 29 percent prevalence of FGM in Nigeria, accounting for 14 percent of circumcised women worldwide. In a study conducted at Jos University Teaching Hospital (JUTH) to determine the level of awareness, perception, and practise of FGM among pregnant mothers, a sample of 260 participants was used, and 94.6 percent were aware of FGM, with mass media serving as the primary source of information. The majority (83.8 percent) wanted the practise to end, while only 16.2 percent wanted it to continue. (31.3 percent) reported having had FGM, the majority of which were performed by traditional healers, and (14.6 percent) intend to circumcise their daughters for reasons including tradition, marriage prospects, and faithfulness to husband. There was a significant relationship between respondents' ethnicity and the practise, confirming culture's influence. Religion appears to have no effect on practise in the study population. Those in favour of the practise cited good culture, tradition, marriage prospects (14.3 percent), and chasity (31.3 percent). Those who opposed the continuation of FGM cited bad culture and medical complications. Traditional birth attendants (TBA) were responsible for 50.6 percent of FGM, while health workers were responsible for 8.2 percent. Sharon (2006) stated that 36 percent of women in North Central Nigeria, 40.1 percent in the North East, 87.7 percent in the South East, 21.1 percent in the Northwest, 82.5 percent in the South South, and 85.7 percent in the South West have heard about FGM.

According to abukar, Iliyasu, Kadir, Uzoho, and Abdulkadir (2004), in a study conducted among 201 antenatal mothers at the Kano Teaching Hospital in Kano, Nigeria on Knowledge, Attitude, and Practice of FGM, 21.4 percent of the respondents had heard about FGC, while 36.3 percent and 5.2 percent of the respondents had heard about Clitoridectomy and infibulations, respectively. FGC methods could transmit HIV/AIDS and Hepatitis, according to 60 (5.2 percent) of respondents. Other issues mentioned included sexual dissatisfaction (25.7 percent) and difficult delivery (8.6 percent). Furthermore, 16 percent of respondents wished FGC would continue, primarily for cultural reasons; this opinion was associated with a low level of education (20.5 percent). FGM was prevalent (23.3%), with Clitoridectomy being the most common type (36.7). It was concluded that while awareness of FGC has increased, attitudes toward it remain generally negative.

In a cross-ethnic study of married women's attitudes toward FM in Nigeria, Esere in 206 discovered that 628 respondents (99.705) disagreed with the notion that an uncircumcised female is not yet a woman. FGM is a very harmful and inhuman practise that should be prohibited, according to a majority of respondents (98.20 percent). Furthermore, 98.4 percent believed that FGM should be discouraged, and 90.9 percent did not believe that FGM promotes chastity or should be practised on a religious basis.

Chinwe (2006) discovered that educationally qualified civil servants had a positive attitude toward female genital mutilation in a study of 280 female cicil servants in Oredo Local Government Area in Edo State. This implies that educational attainment has a significant impact on their attitude toward FGM and willingness to change. This finding contrasted with a study conducted among female and male students of the college of technology sciences (Tigana) by Makki and Ayat (2004) on the knowledge and attitudes of Sudanese youth toward FGM/C, which found that 73 percent of female respondents were circumcised despite having a high level of education and a high economic status in their families. According to Chinwe (2006), a related study on knowledge, perception, and attitude of Doctors of FGM conducted by Shaza in 2004 revealed an overwhelming role of culture and tradition embodied within a syndrome that resists positive changes in

attitude.

Odu (2008) reported that in a study of undergraduate females' attitudes toward genital mutilation at a Nigerian university, 180 (90 percent) believed that FGM is a form of violence against women. It can also spread infection. 90% of them believe that FGM is a form of violence against women, while 80% believe that FGM may make women unattractive to men. 73 (36.5 percent) believed that FGM could not influence multiple sex partners. In another study, feyi-Waboso and Akinbiyi (2006) used 600 pregnant women who attended the antenatal clinic at Abia State University Teaching Hospital to determine the attitudes of expectant mothers toward FGC. The majority (77.5 percent) of the subjects had heard about FGC. Clitoridectomy, excision, and infibulations were known by 64.5 percent, 10.8 percent, and 3.2 percent of respondents, respectively. Of these, 67.8 percent and 4.5 percent of respondents were aware that HIV/AIDS and hepatitis could be transmitted by the method used in FGC.

Methodology

A descriptive research design was used to investigate mothers' knowledge and attitudes toward female genital mutilation at Adeoyo Specialist Hospital in Ibadan's postnatal clinic. This study's population consists solely of mothers who attend a postnatal clinic and have at least one girl child. The sample consisted of fifty (50) people in total. The non-probability sampling technique (convenient) was used, which entails using the respondents who are most easily accessible. The data for this study were gathered using a self-administered questionnaire. Section A contained questions about socio-demographic data. Section B contained questions about knowledge about female genital mutilation, and Section C contained questions about attitudes toward female genital mutilation.

Results

1. Do religious beliefs have influence on the mothers' knowledge on female genital mutilation?

Table 1: Relationship between religion and knowledge

Respondents' Religion	Female genital mutilation is the same as male circumcision					
	Yes	%	No	%	Total	%
Christianity	2	4	18	36	20	40
Islam	15	30	14	28	29	58
Traditional	0	0	0	0	0	0
Others	0	0	1	2	1	2
Total	17	34	33	66	50	100

The above table reveals that 2(4%) of the respondents who were Christians agreed that female genital mutilation is the same as male circumcision, while 18(36%) disagreed. 15(30%) of the Muslim respondents agreed that the two procedures are the same while 14(28%) disagreed, 1(2%) is the only respondent who practice other unmentioned religion disagreed that both procedures are the same. This shows that to an extent, religion affect the knowledge on the practice of female genital mutilation. The practice is rampant among Islamic adherents who believed that are commanded by their religion.

Does the knowledge of mothers influence their attitude towards the practice of female genital mutilation?

Table 2: Relationship between knowledge and attitude

Knowledge	Attitude									
Have you heard of Female genital mutilation/ cutting before	Female genital mutilation is an old fashioned practice that should be preserved									
	4		3		2		1		Total	
	Frequency	%	Frequency	%	Frequency	%	Frequency	%	Frequency	
Yes	5	10	19	38	18	36	4	8	46	92
No	2	4	1	2	1	3	0	0	4	8
Total	7	14	20	40	19	38	4	8	50	100

The above shows that 24(48%) of the respondents who knows about the dangers of female genital mutilation agreed that it should be preserved while 22(44%) disagreed. 3(6%) of the respondent who have not heard about the dangers of the practice agreed that it should be preserved while 1(2%) disagreed. From the above analysis, despite a high level of knowledge on the dangers of female genital mutilation demonstrated by (92%) of the mothers, a higher percentage (54%) have a positive attitude to its continuation.

Discussion

According to this study, 15 (30%) of respondents said they performed female genital mutilation/cutting for religious reasons. 19(38%) said it was due to cultural reasons, 1(20%) said it was due to medical reasons, and 4(80%) of mothers said they perform the procedure on their children because they themselves had it done. The vast majority of respondents were Muslims who believed that female circumcision was ingrained in Islam. The majority of mothers believe it is culturally ingrained and want the practise to continue because it is the norm in their society. In general, (78%) of mothers cited cultural and religious reasons for the practise of female circumcision. This is consistent with the findings of Afifi (2010), who found that the most common belief in his sample was that FGC was an important part of religious tradition (71.2 percent)

Despite their high level of knowledge, the majority of mothers (54 percent) had a positive attitude toward the continuation of FGM, according to the findings of this study. This contradicts the findings of a study by Abubakar et al (2004), which found a high awareness rate and a general negative attitude toward the continuation of FGM among antenatal mothers at Kano Teaching Hospital. Out of 46 (92 percent) of those who knew about FG, 24 (48 percent) were in favour of its continuation, while 22 (44 percent) were against it. Despite having a high level of knowledge about female genital mutilation and its dangers, the respondents' overall attitude is negative.

Implications for social casework

1. Social worker will have to intensify health education programs, seminars, campaigns and rallies to foster active discouragement of harmful cultural practices, among which is FGM/C
2. Social worker should identify, educate and collaborate with religious leaders to promote discouragement of FGM/C.
3. Social worker should advocate compulsory hospital births for women who have had female genital mutilation in order to minimize the negative impacts/effects

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