

Awareness of Health Risks of Female Genital Mutilation Among Women of Child Bearing Age in Two Rural Communities in Nigeria

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Abstract: Female genital mutilation has been found to be associated with myriad of physical, emotional and social health risks and the awareness of the consequences of these risks is paramount to the successful cubing/stoppage of the health danger pose by this harmful cultural practice. Hence this research was carried out to ascertain the awareness of health risks of female genital mutilation among women of child bearing age in two rural communities in South-Eastern Nigeria. Structured interview guide was the main instrument of data collection and was structured to meet the said goal of this research and Validity of the instrument was also ensured. Four stage simple random sampling procedure were used to draw the sample size of three hundred and eighty women of child bearing age in these communities. Descriptive statistics of frequency, percentages, grand mean and inferential statistics of Chi-square were used in data analysis. It was found that majority of the respondents (62.4%) were not aware of the physical, emotional and social health risks of female genital mutilation, but few are aware based on level of education, parity status and age. Recommendations made based on the findings were that the federal, state and local governments should enact and enforce laws that will prohibit female genital mutilation in Nigeria while women leaders organize interactive sessions during their meeting days to educate women on the risks associated with female genital mutilation.

Key words: Child bearing age, clitoris, female genital mutilation, vagina, vulva

INTRODUCTION

The traditional practices of a society are closely linked with the living conditions of the people and with belief systems. In societies where women's needs have been subordinated to those of men, traditional practices often serve to reinforce their needs. One traditional practice that has attracted much attention in the last decade is Female Genital Mutilation (FGM). Although not the most lethal of the practices affecting women's health, its adverse effects are undeniable. This practice is so well ingrained into these cultures that it defines members of the society. Proctor (2000) defined females as the sea which produces or gives birth to the young. Oxford English Dictionary defined mutilation as the act of injuring or damaging very severely by breaking or tearing off a necessary part.

Female Genital Mutilation (FMG) which is sometimes referred to as female circumcision is described as a traditional practice in which a person sometimes unskilled or a health worker cuts off parts or whole organ of the female external genitalia. Female genital mutilation

has also been defined as a group of traditional practices that involves partial or total removal of the external female genital or other injury to female organs for cultural, religious or other non-therapeutic (medical) reasons WHO (2010).

This practice has various horrific effects on the health of those who undergo it, depending on the severity of the procedure WHO (1998). Olatunji (2000) explained that female Genital Mutilation makes sexual intercourse very unsatisfactory because it involves the trimming down of the clitoris which is an essential part for arousing sexual urge in women. Olatunji further stated that it is the clitoris that eventually leads to orgasm, because it is the most sensitive part of the female sex organ. The nature of the operation varies from one country to another and from one ethnic group to another. In Nigeria, Female Genital Mutilation may be performed on neonates, infants, pubertal, antepartum or post partum women. WHO (1995) opined that there are conventionally three known types of female genital mutilation, the fourth been unclassified namely:

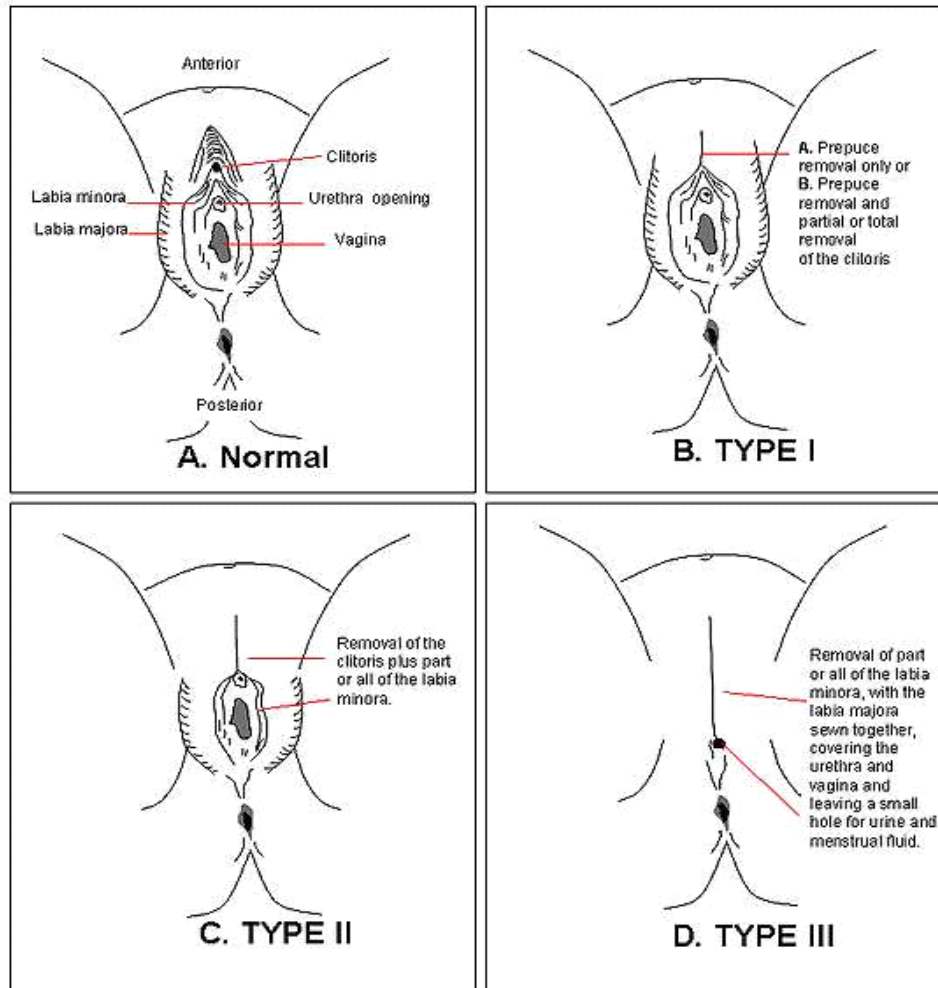


Fig. 1: Normal and the various types of female genital mutilation

- **Type 1 (Sunna):** This is the least severe form of the practice constituting of the removal of the prepuce (retractable fold of the skin) and tip of the clitoris.
- **Type II (Excision or Clitoridectomy):** This is a severe form and consists of the removal of the entire clitoris (Prepuce and glands) and the removal of the adjacent labia.
- **Type III (Infibulations-Paranoiac circumcision):** This is the most severe form of the practice and consists of the removal of all the labia minora and the labia majora i.e. the excision and infibulation of the vulva. The normal and the various types of FGM are shown in Fig. 1.
- **Type IV is sometimes called unclassified:** It is practice in Nigeria, Ethiopia and other parts of Africa and consists of "other mutilation" such as pricking, piercing, incising, ripping, tearing, burning, scraping and cauterization. The origin of the female circumcision is shrouded in mystery. It is complex

and ancient. It is difficult to say where the idea was originated. Female genital mutilation was perceived by Gillis (2004) as a ritualistic sexual mutilation of female genital organ that dates back to the fifth (5th) century BC. Biblically, the origin of female genital mutilation was rooted in God's covenant with Abraham (Genesis 17: 9-14). The issue at this point was to circumcise every male born in the land of Israel; no mention was made of female circumcision. Today, the story is different in most developing countries of the world as female born children are subjected to genital mutilation under the guise of circumcision.

This traditional practice is a social as well as a health issue that affects the physical and mental well being of the women who undergo it. More than 80 million women in Africa and around the world have been affected by the practice and it was reported as being common in many

parts of the world (Ahmed, 1997). Elchala (1997) explains that female genital mutilation has been in practice mostly in African countries, North of the equator and the Middle East. Concerns was equally expressed that female genital mutilation is also practice in the United states of America, Europe and other western countries by immigrants from these countries.

An estimated 100 to 140 million girls and women worldwide are currently living with the consequences of FGM and it is mostly carried out on young girls sometime between infancy and age 15 years WHO (2010). In Africa an estimated 92 million girls from 10 years of age and above have undergone FGM and is internationally recognized as a violation of the human rights of girls and women WHO (2010). In Nigeria, generally, however, about 40% of women from the Hausa, Yoruba and Ibo, Efik, Shuwa, and most population groups except the Itsekiri of Cross Rivers State undergo female genital mutilation (FGM) (WHO 1998; Female Genital Mutilation Network, 2000).

However, Country Reports on Human Rights Practices (1999/ 2000) reports that although estimates vary, between 40 and 60% of the Nigerian female population is subjected to FGM and "according to local experts, the actual prevalence may be as high as 90 percent. Nevertheless, most agreed that the number of young girls now subjected to FGM is declining. FGM is a fundamental violation of the rights of girls. It is discriminatory and violates the rights to equal opportunities, health, and freedom from violence, injury, abuse, torture and cruel or inhuman and degrading treatment, protection from harmful traditional practices, and to make decisions concerning reproduction. These rights are protected in international law and in Africa is part of the Maputo law.

FGM does irreparable harm. It can result in death through severe bleeding leading to haemorrhagic shock, neurogenic shock as a result of pain and trauma, and severe, overwhelming infection and septicaemia. It is routinely traumatic. Many girls enter a state of shock induced by the severe pain, psychological trauma and exhaustion from screaming. Other harmful effects include: failure to heal; abscess formation; cysts; excessive growth of scar tissue; urinary tract infection; painful sexual intercourse; increased susceptibility to HIV/AIDS, hepatitis and other blood-borne diseases; reproductive tract infection; pelvic inflammatory diseases; infertility; painful menstruation; chronic urinary tract obstruction/ bladder stones; urinary incontinence; obstructed labour; increased risk of bleeding and infection during childbirth.

Numerous reasons have been given for the obnoxious practice of female circumcision: Onuzulike (2000) pointed out that female circumcision is a mark of maturity. It may equally be done to desensitize the clitoris

thereby reducing libido and promiscuity in women. Hosken (1993) identified the following reasons for the practice of female circumcision: to desensitize the clitoris thereby reducing libido and promiscuity in women, to prevent immorality, to prepare females form marriage to ensure cleanliness, to prevent labial hypertrophy for religious rites and for cultural obligations. Above all FGM has no known benefit to mankind therefore unawareness of the health danger pose by this harmful cultural practices will be detrimental to the health of women and young girls who have undergone FGM or who are potential victims despite intense campaign against FGM hence this study was designed to elucidate the level of awareness of the health risks associated with FGM in our rural communities in Nigeria so as to alert the Government on necessary action to cub the menace.

MATERIALS AND METHODS

Descriptive Cross sectional survey was adopted for this study. The study lasted for two months between February and March, 2010. The samples for the study consisted of three hundred and eighty (380) women of child bearing age chosen from 2 randomly drawn rural communities (Umuzu and Umueleke) in Ahiazu Mbaise LGA of Imo state Nigeria. Simple random sampling technique by balloting with replacement technique was used in drawing two communities - Umuzu and Umueleke among the communities in the LGA. The instrument for data collection was structured interview guide. Descriptive statistics of frequency, percentage, grand mean and inferential statistics of Chi-square were used in data analysis.

RESULTS AND DISCUSSION

The responses of our respondents' awareness of the various health risks associated with female genital mutilation and their percentage values are as shown in Table 1-8.

Results of the study revealed that 162 (42.6%) respondents are aware of the physical health risks of female genital mutilation while 218 (57.4%) are unaware of the risks. 163 (42.9%) respondents are aware of the emotional health risks while 217 (27.1%) were unaware. With regards to the social health risks, 105 (27.6%) of the respondents are aware while 275 (74.4%) are unaware. Among the women who had non-formal education, 24 (22.4%) are aware of health risks of female genital mutilation while 83 (77.6%) are unaware of health risks of female genital mutilation.

Past studies confirm that women known to have undergone the most severe form of female genital mutilation such as infibulations have suffered health complications requiring medical attention throughout the remaining stages of their lives. Immediate complications

Table 1: Frequency distribution of respondents' awareness of physical health risks of female genital mutilation among women of child bearing age in ahiazu mbaise LGA of imo state Nigeria

Physical health risks	Awareness responses		
	Aware (%)	Unaware (%)	Total (%)
Haemorrhage	245 (64.5)	135 (35.5)	380 (100)
Urethral change/Discharge	141 (37.1)	239 (62.9)	380 (100)
Acute headache	238 (62.6)	142 (37.4)	380 (100)
Peptic ulcer	113 (29.7)	267 (70.3)	380 (100)
Keliod formation	153 (40.3)	227 (59.7)	380 (100)
Implantation cyst	141 (37.1)	239 (62.9)	380 (100)
Chronic pelvic infection	135 (35.5)	245 (64.5)	380 (100)
Dysparreunia	160 (42.1)	220 (57.9)	380 (100)
Visico -Vaginal fistula	173 (45.5)	207 (54.5)	380 (100)
Recto- Vignal fistula	138 (36.3)	242 (63.7)	380 (100)
Calculus formation	142 (37.4)	238 (62.6)	380 (100)
Fetal brain damage	135 (35.5)	245 (64.5)	380 (100)
Urinary tract infection	153 (40.3)	227 (59.7)	380 (100)
Excessive bleeding	238 (62.6)	142 (37.4)	380 (100)
Low birth weight babies	159 (41.8)	221 (58.2)	380 (100)
Abdominal pain	176 (46.3)	204 (53.7)	380 (100)
Premature delivery	113 (29.7)	267 (70.3)	380 (100)
Grand average	162 (42.6)	218 (57.4)	380 (100)

Table 2: Frequency distribution of respondents' awareness of emotional health risks of female genital mutilation

Emotional health risks	Awareness responses		
	Aware (%)	Unaware (%)	Total (%)
Depression	170 (44.7)	210 (55.3)	380 (100)
Anxiety disorder	238 (62.6)	142 (37.4)	380 (100)
Chronic irritability	51 (13.4)	329 (86.6)	380 (100)
Diminished coitus desire	275 (72.4)	105 (27.6)	380 (100)
Insomnia	248 (65.3)	132 (34.7)	380 (100)
Rigidity	130 (34.2)	250 (65.8)	380 (100)
Suicidal tendency	51 (13.4)	329 (86.6)	380 (100)
Tension	210 (55.3)	170 (44.7)	380 (100)
Psychosis	98 (25.8)	282 (74.2)	380 (100)
Grand average	163 (42.9)	217 (57.1)	380 (100)

Table 3: Frequency distribution of respondents' awareness of social health risks of female genital mutilation

Social health	Awareness responses		
	Aware (%)	Unaware (%)	Total (%)
Depression	170 (44.7)	210 (55.3)	380 (100)
Divorce	51 (13.4)	329 (86.6)	380 (100)
Family separation	98 (25.8)	282 (74.2)	380 (100)
Polygamy	51 (13.4)	329 (86.6)	380 (100)
Disruption Of family			
Unity	113 (29.7)	267 (70.3)	380 (100)
Inferiority concepts	130 (34.2)	250 (65.8)	380 (100)
Promiscuity	98 (25.8)	282 (74.2)	380 (100)
Female delinquency	132 (34.7)	248 (65.3)	380 (100)
Body odour	170 (44.7)	210 (55.3)	380 (100)
Grand average	105 (27.6)	275 (72.4)	380 (100)

resulting from the practice include, hemorrhage due to cutting across the high-pressure clitoral artery as the clitoris is removed WHO (1996, 2004). Ahmed (1997) reports that victims become vulnerable to excessive bleeding and it results to hemorrhagic anemia and can lead to death. Kemp and David (2003) add that the

Table 4: Summary of awareness of health risks of female genital mutilation among women in ahiazu mbaise LGA of Imo state Nigeria

Health risks	Awareness responses		
	Aware (%)	Unaware (%)	Total (%)
Physical health risks	162 (42.6)	218 (57.4)	380 (100)
emotional health			
Risks	163 (42.9)	217 (57.1)	380 (100)
Social health risks	105 (27.6)	275 (72.4)	380 (100)
Total	430	710	380 (100)
Grand average	143 (37.7)	237 (62.3)	380 (100)

Table 5: Awareness of health risks of FGM among women in Ahazu Mbise LGA based on level of education

Level of education	Awareness responses		
	Aware (%)	Unaware (%)	Total (%)
Non-formal education	24 (22.4)	83 (77.6)	107 (28.2)
Primary education	32 (29.6)	76 (70.4)	108 (28.4)
Secondary education	42 (46.7)	48 (53.3)	90 (23.7)
Tertiary education	45 (60)	30 (40)	75 (19.7)
Total	143 (37.6)	237 (62.4)	380 (100)

Table 6: Awareness of Health risks of FGM among women in Ahiazu Mbaise LGA based on parity status

Parity status (No of children)	Awareness responses		
	Aware (%)	Unaware (%)	Total (%)
0-4 children	86 (55.5)	69 (44.6)	155 (40.8)
More than 4 children	57 (25.3)	163 (74.7)	25 (59.2)
Total	143 (37.6)	237 (62.4)	380 (100)

Table 7: Awareness of health risks of female genital mutilation among women in Ahiazu Mbaise LGA based on religious affiliations

Religious affiliation	Awareness responses		
	Aware(%)	Unaware(%)	Total(%)
Roman catholic communion	68 (38.4)	109 (61.6)	177 (46.6)
Anglican communion	47 (36.4)	82 (63.6)	129 (33.9)
Pentecostal/Spiritual	28 (37.6)	237 (62.4)	74 (19.5)
Total	143 (37.6)	237 (62.4)	380 (100)

Table 8: Awareness of health risks of FGM among women in Ahiazu Mbaise LGA based on age

Age	Awareness responses		
	Aware (%)	Unaware (%)	Total (%)
16 -25 yrs	31 (34.4)	59 (65.6)	90 (23.7)
26-35 yrs	47 (43.9)	60 (56.1)	107 (28.2)
36-45 yrs	23 (21.3)	85 (78.7)	108 (10.7)
More than 45 (>45 yrs)	42 (56)	33 (44)	75 (10.7)
Total	143 (37.6)	143 (62.4)	380 (100)

resultant effect of the bleeding sometimes lead to the delivery of babies with low birth weight. Major blood loss could also lead to death, shock due to bleeding, severe pain and anguish. Trimming of the clitoris through the process of mutilation reduces the sensitivity of sexual arousal and this leads to anxiety disorders. The young

lady in later years develops serious disorder. This can cause chronic apprehension towards sexual intercourse. Winkel (2005) reasoned that this situation can result in frigidity and when this develops, the sexual life of the lady is permanently ruined.

CONCLUSION

In conclusion, female genital mutilation is very inimical to reproductive, social and physical health of women and should be strictly prohibited not only in Nigeria but throughout the world. In addition, government and non governmental organizations should draw up health programs of activities targeted at informing, educating and communicating the dangers of female genital mutilations to the rural dwellers. Government and non-governmental organizations should through conferences, seminars and workshops; educate the parents (especially women) of child bearing age on the danger of female genital mutilation. School authorities should advise women accordingly on the consequences of female genital mutilation. The Federal state and local governments should enact and enforce laws that will prohibit female genital mutilation in the countries where it is still being practiced. Finally, women leaders should organize interactive sessions during their meeting days, like August meetings and educate women on risks associated with female genital mutilation.

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