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The Pervading Public Health Implications of Female Genital Mutilation among Women (20-40 Years) in a Rural Community in Southeastern Nigeria

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Abstract

Background: Female genital mutilation is a term used to describe the various traditional practices that involve the partial or total cutting off or removal of the external female genitalia for cultural and traditional reasons in many African societies. This research addressed the concept of this practice among the child bearing women (20-40 years old) of Amuzi, Obowo clan in the South Eastern part of Nigeria.

Methods: Using a simple random sampling technique, 10% of the 1000 women present in the community, the sample size were determined. Thus, the study population of 100 women had structured questionnaire given to them to elicit data; by focusing on the experiences of the women who knew about the practice, by looking at their flashbacks, the prevalence, procedure, reasons for, health complications involved after the mutilation.

Results: The research results indicated that female genital mutilation has complications that interrupt and disrupt the health and well-being of girls and women. It affects particularly their reproductive life and living.

Conclusion: Female genital mutilation is a violation of women's right to health and wellbeing. It is recommended that empowering people in the community with more knowledge on the subject, and providing the necessary resources needed; will help considerably in stopping the practice of female genital mutilation.

Keywords: Female genital mutilation; Public health; Pregnancy; Incontinence; Menstruation

Background

Culture is a man's entire social heritage-all the knowledge, beliefs, customs and skills acquired a member of a society. Thus, culture presumes the existence of a human society and provides the necessary skills for making society work. Understandably, in a culture, conformity to the norms and traditions of a group ensures the full acceptance of individual within the community. Some of these traditions can be detrimental to the health of the individual, like the female genital mutilation. Female genital mutilation (FGM), often referred to as female circumcision is defined by the World Health Organization [1], as all procedure involving partial or total removal of the female external genital or other injury to the female genital organs either for cultural or other non-therapeutic reasons. The practice of female genital mutilation is as old as man in the land of Amuzi. The practice is usually carried out by traditional healers, traditional birth attendants or elderly women using special knives or sharp stones that are used and reused on several clients with minimal or no sterilization. Amidst the short term health consequences of female mutilation like: Hemorrhage, infection, acute pain, acute urinary retention, sepsis, tetanus, and in the case of unsterile and reused instruments, hepatitis B and HIV; its long term complications include: keloids formation, fistula formation of the urinary and genital tract, risk of obstructed labor. Adegboke [2] found out that in Nigeria, female genital mutilation has the highest prevalence in the South-South (77%) among adult women, followed by the South-East (68%) and South-West (65%), but practiced on the smaller scale in the North, paradoxically tending to a more extreme form.

As viewed by Obionu [3] the reasons for this practice include psychosexual reasons: to reduce or eliminate the sensitive tissue of the outer genitalia; sociological reasons: to identify with cultural heritage, initiation of girls into womanhood, social integration and maintenance of social cohesion; hygiene and aesthetic reasons: the external genitalia are considered dirty, and are to be removed in order to enhance good hygiene and provide aesthetic appeal; myths: to enhance fertility, and promote child survival. Odoi [4] stresses that the poor awareness of the hazards of female genital mutilation is evidently as a result of the understanding of the practice as an integral part of social conformity and in line with community identity. Such that even, when complications exist and emanate, reasons that have cultural roots are easily supplied as to its causes. It is true that traditional and culture are important aspects of any society in helping to mould the views and behavioral patterns of the society. However, some traditions and cultural beliefs and practices like female genital mutilation are harmful and must be abolished.

Thus, there is need for education campaigns in the communities that practice FGM. Such campaigns amidst including topics on human rights violations and the harmful effects caused by FGM, should be people-oriented and involving.

Materials and Methods

The study area

This study was carried out in Amuzi, Obowo Local Government Area of Imo State. This community is made up of five [5] villages: Umuosinta, Ndiuhu, Umuezigwu, Ndiokwu, Umulogowo. This community is comprised of married couples, youths, children, traders, farmers, and businessmen. It is mostly inhabited by indigenes whose chief occupation is trading and farming. About 50% of the indigenes are mainly Christians. The festival of the people is "Igba Ekpe", which is celebrated on every 15th day of September, of which every member of the community expectantly looked forward to. The community's source of water supply is the bore hole. There are establishments like churches, markets, schools, hospitals and healthcare centres in the community. Amuzi Obowo is bounded at the North by Aguneze, West by Amakpee, East by Okpokwume and South by Alike, Obowo. The vegetation is typically rainforest although some parts consist of Guinea Savannah due to poor environmental management. The mean temperature is 25-29 °C. The relative humility is 80%. The study population is comprised of the child bearing mothers in Amuzi community. The total number of child bearing mothers (20-40 years) in Amuzi was about 1000.

Methods

The instrument for data collection was structured questionnaire. It comprises of two sections A and B. Section A is comprised of demographic data of the respondents, while Section B comprised of the items aimed at elicitation information. Simple random sampling technique was adopted in order to avoid the introduction of bias. It was also considered because the entire population of women (20-40 years) of age in Amuzi cannot be studied within the limited time of study. A total of 1000 questionnaires were distributed comprising of 210, 320, 220, 110, 140 from Umuosinta, Ndinhu, Umueziwo, Ndiokwu and Umulogowo respectively. In selecting the sample size, the researcher used 10% of the population which is 100. Thus, 100 respondents from the study population were used for the study.

Results

Table 1 showed that, 20-25 years of the study population is 40 (40%), 26-30 years is 30 (30%), 31-35 years is 10 (10%) and 36-40 years is 20 (20%). In religion, 80 (80%) of the respondents are Christians, 10 (10%) are Muslims, and 10 (10%) are traditionalists. In education, 10 (10%) had no formal education, 10 (10%) had primary school certificate, and 60 (60%) had tertiary education. In marital status, 20 (20%) of the respondents are divorced, 10 (10%) are single and 70 (70%) are married.

From table 2, in items 5, 80 (80%) of the respondents stated that they know what female genital mutilation is, while 20 (20%) of the respondents do not know. Item 6, 70 (70%) of the respondents submitted that they were circumcised, while 30 (30%) were not. Item 7, 60 (60%) of the respondents said that they know of their relatives and peers that were circumcised, while 40 (40%) said that none of their relatives or peer they know was circumcised. Item 8, 65 (65%) of the respondents said that they know parents that intends to circumcise their daughters, while 35 (35%) said they do not know. In table 3, 80 (80%) of the respondents opined that there are reasons why people practice female genital mutilation, while 20 (20%) said there is no reason in their culture in support of female genital mutilation. About 75 (75%) of the respondents said that there is support for female genital mutilation in their culture, and 25 (25%) submitted that there is no support for female genital mutilations in their culture. Of the reasons given, 50 (50%) of the respondents agreed that female genital mutilation is done to reduce promiscuity, 20 (20%) said it is done for cosmetic purpose, 20 (20%) held it increases a girl's marriage ability, while 10 (10%) said that it is done to remain younger and attractive.

From the bar graph below, 29 of the respondents said that they are aware of the public health hazards of female genital mutilation, while a total number of 71 of them said that they are not aware of the public health hazards of female genital mutilation. As indicated by the pie chart, 106 (29.4%) of the respondents said prolonged labour is a frequent complication among mutilated ones, 70 (19.4%) said that it is profuse postpartum bleeding that is frequent, 50 (13.8%) said vesico-vaginal fistula is frequent among mutilated females and 26 (7.2%) maintained that injury to rectum and urethra is common during pregnancy and delivery among mutilated women. About 144 (40%) of the respondents submitted that the frequent complications during pregnancy and delivery among mutilated women includes all the mentioned above. On the prevention of female genital mutilation, as shown in table 4, about 25 (25%) of the respondents opined that they think female genital mutilation can be prevented through health awareness, 20 (20%) said through government formulation of policy against the practice, 10 (10%) say it is through women empowerment, 10 (10%) said through cultural substitution, while 35 (35%) held that all the above mentioned are ways of preventing it (Tables 1-4) (Figure 1 and 2).

Variables	Items	Frequency	Percentage
Age	20-25	40	40%
	26-30	30	30%
	31-35	10	10%
	36-40	20	20%
	Total	100	100%
Religion	Christian	80	80%
	Islamic	10	10%
	Traditional Religion	10	10%
	Total	100	100%
Education	Non-formal Education	10	10%
	Primary School Certificate	10	10%
	Secondary School Certificate	20	20%
	Tertiary Institution	60	60%
	Total	100	100%
Marital Status	Divorced	20	20%
	Single	10	10%
	Married	70	70%
	Total	100	100%

Table 1: Socio-demographic characteristics.

Variables	Responses	Frequency	Percentage
Do you know what female genital mutilation is?	Yes	80	80%
	No	20	20%
	Total	100	100%
Were you circumcised?	Yes	70	70%
	No	30	30%
	Total	100	100%
Is there any of your relations/years circumcised?	Yes	60	60%
	No	40	40%
	Total	100	100%
Do you know parents that intend to have their daughters circumcised?	Yes	65	65%
	No	35	35%
	Total	100	100%

Table 2: Perception of female genital mutilation.

Variables	Options	Frequency	Percentage
Are there reasons why people practice female genital mutilation?	Yes	80	80%
	No	20	20%
	Total	100	100%
Is your culture in support of female genital mutilation?	Yes	75	75%
	No	25	25%
	Total	100	100%
Which of the following do you think is the reason(s) for female genital mutilation?	To reduce promiscuity	50	50%
	For cosmetic purpose	20	20%
	Increase a girls marriage ability	20	20%
	To remain younger and attractive	10	10%
	Total	100	100%

Table 3: The reasons for female genital mutilation.

Variable	Options	Frequency	Percentage
Which of these ways do you think female genital mutilation can be prevented?	Through creating awareness	25	25%
	Through government formulation of policy	20	20%
	Through women empowerment	10	10%
	Through cultural substitution	10	10%
	All of the above	35	35%

Table 4: The ways female genital mutilation could be stopped.

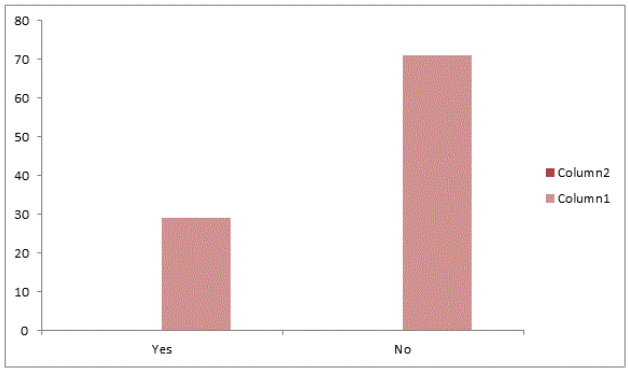

Figure 1: Awareness of the public health hazards of female genital mutilation.

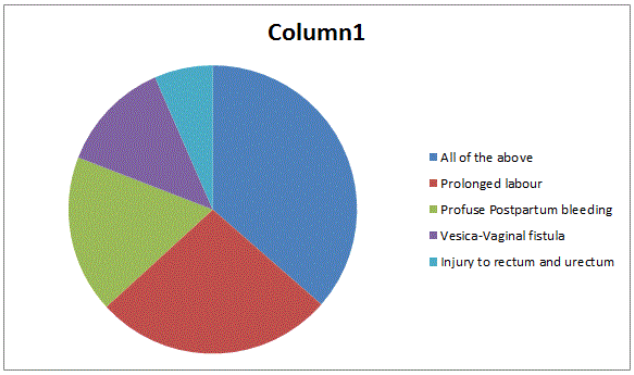

Figure 2: Frequent complications during pregnancy, delivery and after delivery among the women.

Discussion

From the findings, it revealed that 80% of the respondent said that they know what female genital mutilation is, while 20% said they did not know. About 70% of the respondent opined that they were circumcised, while 30% said that they were not. About 60% of the respondent stated that they have relations that were circumcised, while 40% said that there have is not. 65% of the respondent stated that they know parents that intend to circumcise their daughters, while 35% said that they do not know. As such, it is clear that the prevalent of female genital mutilation is high in Amuzi Obowo. This finds support by Ngianga-Bakwin [5] which revealed that overall 77% (9267) of the women had undergone female genital mutilation, 7336 had daughters who were circumcised, 2216 (30.2%) had daughters who have not undergone female genital mutilation and 334 (4.5%) that intend that their daughter should have it. Also, the result finds particular support in the submission of an earlier study, that female genital mutilation has the highest prevalence in the Southern part of Nigeria (65-77%) within which Amuzi Obowo could be found.

From my own opinion, many women have undergone female genital mutilation worldwide. As evidenced by the results, 80% of the respondents submitted that there are reasons why people practice female genital mutilation, and 20% said that there is no reason. 75% of the respondents said that the culture is in support of the practice, while 25% saw no culture support for it; 50% said the reason is to reduce promiscuity, 20% said it is for cosmetic purposes, 20% stated it is to increase a girl's marriageability, while 10% maintained that the reason is to remain younger and attractive. As such, the results revealed that there are practices of female genital mutilation. Indeed, it would be tempting to disregard these reasons as unfounded as Eke [6], would submit that the practice of female genital mutilation to prevent stillbirth is squarely due to lack of the knowledge of the anatomy and physiology of the female organs, and as the results of a study [7] stated, 53.9% of not circumcised women saw female genital mutilation as not necessary and 12% see it as having no necessary connection with beauty and marriage ability. Yet, the results are supported by Onaneke [8]. He opined that social, economic and psychological reasons come into play on why female genital mutilation is practiced.

Our results showed that 71% of the respondents are not aware of the public health hazards of female genital mutilation, while 29% of them said that they are aware. This result is in accordance with the common reason that often the practice is shrouded in a secrecy that hinders one from the inherent hazards. Thus, supporting the claim by Oloo and Wanjiru [9], that awareness is often limited as a result of cultural veils that tend to move possible complications away from anything uncultured. Also, the greater numbers of those who are not aware of the health hazards of female genital mutilation are mostly individuals who so much see cultural identity as exclusive; anything that questions any of its pundit or practice is away. This justifies conclusion [4] that little creative awareness of the female genital mutilation is as a result of the individuals' belief of the practice as one of social conformity and community identification. As such, it appears to them almost incomprehensible to believe and so conceive that their culture would encourage them to carry on practices that are injurious to them. What more when their harbingers of this practice-grandmothers, mothers who themselves have had that practice are not acting to the contrary [10].

The obvious lack of awareness of the public health hazards of female genital mutilation practice is traceable to the evident lack of empowerment among the women. Laying more credence to the submission of Willard and Stone [11] that the more socially and economically empowered a woman is, the more she is able to appreciate and understand the hazards of female genital mutilation, and sees it as an unnecessary procedure and so refuse it on herself or daughter. Thus, sharing this line of thought, Lama [12], opining the consequence of poor education maintained that often lack of knowledge about the normal anatomy and functioning of the female genital organs compound their shame and embarrassment in seeing the hazards of the practice for what they are, or seeking medical treatment when needed. Our results indicated that, 29.4% of the respondents identified prolonged labour as frequent among mutilated women, 19.4% said profuse postpartum bleeding is frequent, 13.8% mentioned vesico-vaginal fistula, 7.2% maintained that injury to rectum and Urethra are frequent during pregnancy and delivery, and 40% of the respondents submitted that the frequent complications during pregnancy and delivery among mutilated women included all the above mentioned. The truth be told, female genital mutilation is of no health benefits to anyone. It is rather in every type, an unhealthy practice. This understanding has the support of a study [13] that found out that, the public health complications of the practice includes haemorrhage, clitoris cyst, keloid formation as a result of vaginal

strictures. Often, it results to various genital malfunctioning and malformation [14].

The findings find a home with the obstetrical consequences as identified by Ebun [15]: difficulty in the second stage of labour, leading to either deep episiotomy or extensive tear resulting to vesico-vaginal fistula (VVF) and incontinence. The inclusion of the injury to the rectum and urethra as a frequent complication among mutilated women highlights more the submission of Mustafa [16] that among areas where infibulations is practiced, the introitus is narrowed and the urethra is left vulnerable to dribbling urine which not only encourage the infection of the urinary tract, but also leads to the damaging of the anal Sphincter and facial incontinence for life. Surely, the identification of the above mentioned complications as inclusive of the frequent complications associated with mutilated women by the latter respondents find support in finding [17] that the insistence that female genital mutilation is of no health benefit to the girl, and even is a sure predisposition to life-threatening infections like HIV/AIDS, Hepatitis B and the likes, owning to the crude instruments used by the traditional surgeon. Following the loss of shin elasticity or development of neuroma following female genital mutilation, the mutilated woman is led to experienced painful intercourse [18], reduced sexual sensitivity [19], sexual difficulties with anorgasmia [20], abnormal menstruation following painful or blocked menses [21], often resulting to foetal distress and intrauterine death. Indeed, as stated by Bola and Kalome [7], the practice is an unhealthy and a painful procedure; and equally unnecessary for the female. It must be prevented.

From the results, 25% of the respondents agreed that female genital mutilation can be prevented through the creation of health awareness, 20% said it is through the governments' formulation of policy against the practice, making it a crime, 10% held that women empowerment as they key to lock away the practice, and 35% maintained that preventing the practice should involve all the above mentioned. Efforts made in the 1960s and 1970s to prevent and stop the practice of FGM were regarded as being critical of the indigenous culture and imposed and sponsored by outsiders with their own agenda. Yet, the practice is one that must be prevented. As the result show, education is vital in preventing the practice. This is in the sense of creating awareness among the practicing communities and indeed for all on the health risk and undesirability of the practice [22]. Such awareness must be people oriented, not awareness at them or about them, but with them and from them, if it is for them. This is taking cognizance of the cultural roots of the practice; any lasting headway must begin with knowing how the particular people perceive the practice [23].

Thus, wanting to address the suspicion Toubia and Rahman [24], pointed the practice communities have of laws against the FGM practice as attempts at breaking up families and generations. As the results showed, government formulation of policy against the practice was identified as a preventive factor. This concurs with Kerubo's [25] insistence that the practice is a criminal offence that, not only cause the girls and women untold pain and harm, but equally robes them of their fundamental human rights to health. And also, enacting working laws that prohibit the practice and makes it a criminal offence is vital [26]. Also, the respondents submission that empowering the women is vital in the prevention of FGM, finds support in the views of a study [27], that midwives or the traditional surgeons need to be re-trained or provided with alternative means of livelihood to discourage them from luring people to the practice.

Such empowerment for women and girls could also be in the form of, as pointed out by a study [25], enlightenment on the knowledge of the inherent dangers of FGM, provision of necessary fund and resources; and encouraging the formation of anti-FGM clubs in schools to garner peer support. The respondents' choice of cultural substitution as a preventive way finds support in Eliss' [28], position that circumcision is more than the practice of excision itself, thus given the health risks consequent of excision there be a circumcision by word. An alternative ritual practice [9], which involving encouraging the practicing communities to being exposed to other cultures to show the unimportance of such practice, brings about a change in attitude [26], and then convince community leaders to be part of an initiative which maintaining the honour of the culture by educating the young children on their responsibilities as adults in the family and community, retains the goal of the circumcision custom, sustains the public health of the community.

Surely, any move to prevent and stop the practice of FGM must involve: the creation of awareness on the health implications of the practice, government formulation of policy against the practice, women empowerment and cultural substitution. This is because, as a study [22] maintained, the more educated a woman is more informed, and more active socially and economically a woman is, that she is backed by law which seeks no disintegration of families or generations [24], but a healthy and endurable preservation of the soul of a cultural practice [9]; the more she is able to appreciate and understand the public health complications of FGM; and stop it or refuse it to be done on her daughters.

Conclusion and Recommendations

Given the findings, we can draw the following conclusion that, higher percentage (80%) of the women of childbearing age know what female genital mutilation is, a higher percentage (70%) was circumcised, a higher percentage (80%) maintained that they have reasons for the practice, 71 out of 100 respondents said that they are not aware of the public health hazards of female genital mutilation, 40% maintained that prolonged labour, profuse postpartum bleeding, vesico-vaginal fistula and injury to rectum and urethra are often noticeable among women of child bearing age, and a moderate percentage (35%) believed the practice can be prevented.

To eradicate the practice of FGM, we recommend more health education campaigns in the communities that practice FGM. Such campaigns amidst including topics on human rights violations and the harmful effects caused by FGM, should be people-oriented and involving. Women and girls should be empowered to create the needed independence to stand against any coercion to the practice. Such empowerment must include the provision of necessary information and were to seek help when faced with the choice. Finally, approaches to abandoning FGM should be linked to efforts to improve the general living conditions in the rural areas and to eradicate poverty.

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