



## Full Length Research Article

### **PRACTICE AND KNOWLEDGE OF HEALTH RISKS OF FEMALE GENITAL MUTILATION AMONG MOTHERS IN AKWUKABI COMMUNITY, ETCHE LOCAL GOVERNMENT, RIVERS STATE**

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#### ABSTRACT

This study was a descriptive survey of the practice and knowledge of the health risks of Female Genital Mutilation among mothers of Akwukabi community in Etche LGA of Rivers State. Two objectives and one hypothesis were formulated to guide this study. A sample size of 172 respondents was drawn from the target population of 300 mothers in the community. A self structured questionnaire was used to collect data for the study. Validity and reliability of the instrument was ascertained. Data Analysis was done using descriptive statistics of frequency, percentages and inferential statistics of chi-square test. Findings showed that 117 (68.0%) of the respondents practice female genital mutilation, while 55 (32.0%) do not; 73(42.2%) of the respondents have poor knowledge; 66(38.4%) has fair knowledge and 33(19.2%) has good knowledge of the health risks of Female Genital Mutilation. Test of hypothesis revealed that there is no significant relationship between the mothers' knowledge of the health risks and the practice of female genital mutilation ( $X^2$  Cal.=1.033;  $X^2$  Tab.=5.991;  $df= 2, p>0.05$ ). It is therefore recommended that the government and health care professionals should make use of the dailies, television, internet and radio to educate the populace, on health risks of Female Genital Mutilation especially the male folk since they are the major decision makers in African society. In addition punitive measures should be prescribed and implemented against individuals who carry out this practice in order to stop it

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#### INTRODUCTION

Female genital mutilation (FGM) comprises all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons (UNDP/UNFPA/WHO, 2010 and World Health Organisation, 2012). Female genital mutilation is internationally recognized as a violation of the human rights of girls and women, since FGM is almost always carried out on minors, it is also a violation of the rights of children. Families, communities and cultures in which FGM is performed have different reasons for doing so. A major motivation is that the practice is believed to ensure the girl conforms to key social norms, such as those related to sexual restraint, femininity, respectability and maturity (Simister, 2010). The health, psychological and sexual complications of female genital mutilation depend on various factors such as the type of procedure performed, sterility during the procedure, the experience of the operator and the social atmosphere at the time of the cutting.

Traditional excisers use a variety of tools to perform FGM, including razor blades and knives, and do not usually use anaesthetic. An estimated 18% of all FGM is done by health-care providers, who use surgical scissors and anaesthetic<sup>4</sup>. There are four different types of FGM: Type 1 – Clitoridectomy: partial or total removal of the clitoris (a small, sensitive and erectile part of the female genitals) and/or in very rare cases only, the prepuce (the fold of skin surrounding the clitoris): Type 2 – Excision: partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora (the labia are the 'lips' that surround the vagina): Type 3 – Infibulation: narrowing of the vaginal opening through the creation of a covering seal. The seal is formed by cutting and repositioning the inner, or outer, labia, with or without removal of the clitoris: Type 4 – Other: all other harmful procedures to the female genitalia for non-medical purposes such as pricking, piercing, incising, scraping and cauterizing the genital area (World Health Organisation, 2012). Knowledge of the health risks of FGM among women has not transcended to its utilization in stopping this ugly practice. Though, awareness of female genital cutting has improved, and attitude towards it appear generally negative, the practice still persist in the north (Abubakar *et al.*, 2010).

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FGM is known to be practiced in 27 countries in Africa and Yemen, especially in the eastern, north-eastern and western regions some countries in Asia and the Middle East; immigrants from these countries wherever they live, including in Australia, Canada, Europe, New Zealand and the USA; and a few population groups in Central and South America<sup>6</sup>. In the 28 countries in Africa and the Middle East for which data are available, national prevalence among women aged 15 years and older ranges from 0.6% (Uganda, 2006) to 97.9% (Somalia, 2006) (Eliminating, 2008) and 47.7% (south-east Nigeria; (Ibekwe et al., 2012). Female Genital Mutilation has no health benefits. It involves removing and damaging healthy and normal female genital tissue, and interferes with the natural functions of girls' and women's bodies (World Health Organisation, 2012). The health risks associated with FGM have led to its being widely condemned by both government and non-governmental organizations. Estimates suggest that 100–140 million girls and women worldwide are living with the consequences of FGM (World Health Organisation, 2012).

Women who had undergone FGM had a significantly higher risk of childbirth complications, such as caesarean section and postpartum haemorrhage, than those without FGM. In addition, the death rate for babies during and immediately after birth was higher for mothers with FGM than those without it (World Health Organisation, 2012). The risks of both birth complications and neonatal death increased relative to the severity of type of FGM (WHO, 2006). Sexual problems are also more common among women who have undergone FGM, they are 1.5 times more likely to experience pain during sexual intercourse, have significantly less sexual satisfaction and are twice as likely to report a lack of sexual desire. This study is aimed at determining knowledge of health risks associated with the practice of FGM among women in Akwukabi community in Etche Local Government Area of Rivers State.

### Specific objectives

The specific objectives of this study are:

- To determine the level of practice of Female Genital Mutilation in Akwukabi community, Rivers State.
- To determine the knowledge of the health risks of FGM among women in Akwukabi community.

### Research hypothesis

There is no significant relationship between the mothers' knowledge of the health risks and the practice of female genital mutilation.

## MATERIALS AND METHODS

This is a descriptive, non-experimental study design used to determine the knowledge of health risks and the practice of female genital mutilation among women in Akwukabi community of Etche Local Government Area, Rivers State. The study was conducted at Akwukabi community in Etche Local Government Area of Rivers State. The main occupation of the people is agriculture, with cassava and yam as the most

common crops cultivated, although they are also involved in petty trading as part of their economic life. The research population comprised of females between the ages of 20 to 60 who were residing in the community at the time of the study. A sample size of 172 individuals was drawn from the estimated target population of approximately 300 respondents residing in the community using Yaro Yamene formula for sample size determination. The convenient sampling technique was used for this study. The data for this study was collected using a self-structured questionnaire consisting of three sections (A-C): SECTION A-consisted of 5 items that elicited information on the socio demographic data of the respondents; SECTION B-consisted of 4 items that elicited answers pertaining to respondents' practice of FGM and SECTION C-consisting of 14 items elicited responses on the respondents' knowledge of the health risks of FGM. The self-constructed questionnaire was submitted to two (2) specialists in measurement and evaluation and the field of study that assessed the face and content validity of the instrument and their comments were used to make necessary corrections before administration. The reliability of the instrument was determined using the Test-Retest method. Ten (10) copies of the questionnaire were administered to 10 individuals residing in Alakahia community, Rivers State and re-administered after two weeks. The data collected was coded and analyzed using the Pearson's Moment Correlation coefficient formula which gave a value of 0.93.

The data were collected by the researchers and 8 assistants recruited by the researchers. This was done over a period of one week, following daily administration and retrieval of duly completed questionnaires. A hundred and seventy-two copies of the questionnaire were administered to the respondents after providing the necessary explanation and guidance on the filling of the questionnaire. Data collected were entered into a spread sheet and analysed using descriptive statistics of frequencies and percentages to answer the research questions while in inferential statistics of Chi-square test was used to analyse the hypothesis. To determine the knowledge of health risks of female genital mutilation, the respondents were asked to indicate their knowledge using "Yes" or "No". Each correct answer was given a score of 3. A score of 1-14 indicates poor knowledge; 15-28 indicates fair knowledge while a score of 29-42 indicates a good knowledge. For practice the total score is 4, any score of less than 1 indicates 'does not practice', but a score above 1 indicates 'does practice' FGM. An approval was duly obtained from the Community Chief and the Development Chairman (CDC) of Akwukabi community after explaining the purpose of the study. In addition, the purpose of the research was also explained to the respondents and informed consent obtained after assurance that whatever information they provide would be used strictly for academic purposes and would be kept confidential.

### Data Presentation

The table above shows socio demographic distribution of the respondents. 15(8.7%) of the respondents were between the age of 20-29, 35 (20.3%) were between 30-39, 77 (44.8%) were between the age of 40-49 while 45 (26.2%) were between the age of 50-60. 148 (83.7%) of the respondents practiced Christianity while 28 (16.3%) practiced Traditional

religion. 34 (19.8%) of the respondents had only primary education, 64 (39.0%) had only secondary education, 44(25.6%) had tertiary education while 27 (15.7%) had no formal education. 64(37.2%) of the respondents were farmers, 39 (22.7%) were civil servants, 14 (8.1%) were students, 41(23.8%) were traders while 14 (8.1%) had other means of livelihood. 38 (22.1%) of the respondents were single, 68 (39.5%) were married, 30 (17.4%) were separated, 14(8.1%) were divorced while 22 (12.8%) were widowed. From the table above, 117 (68.0%) of the respondents practiced female genital mutilation, 55 (32.0%) do not practice female genital mutilation.

while 33(19.2%) has a good knowledge about the health risks of female genital mutilation. The hypothesis was testing gave a value of: calculated  $X^2 = 1.033$ , where df is 2 and p-value is 0.05. The Null hypothesis is accepted and the alternate hypothesis rejected. This implies that there is no significant relationship between the mothers' knowledge of health risks and the practice of female genital mutilation.

## DISCUSSION

The findings revealed that 68.0% of the mothers of Akwukabi community in Etche LGA of Rivers State practice female

**Table 1. Socio demographic distribution of respondents, (n=172)**

S/N	Demographic variable	Characteristics	Frequency	Percentage
1.	Age	20-29	15	8.7%
		30-39	35	20.3%
		40-49	77	44.8%
		50-59	45	26.2%
2.	Religion	Christianity	148	83.7%
		Traditional	28	16.3%
3.	Education	Primary	34	19.8%
		Secondary	64	39.0%
		Tertiary	44	25.6%
		No Formal Educ.	27	15.7%
4.	Occupation	Farming	64	37.2%
		Civil Servant	39	22.7%
		Student	14	8.1%
		Trading	41	23.8%
		Others	14	8.1%
		Single	38	22.1%
5.	Marital Status	Married	68	39.5%
		Separated	30	17.4%
		Divorced	14	8.1%
		Widowed	22	12.8%

**Table 2. Practice of female genital mutilation (n=172)**

S/No	Practice statement	Frequency	Percentage
1	Practiced	117	68.0
2.	Non-practiced	55	32.0
	Total	172	100

**Table 3. knowledge of the health risks of FGM (n=172)**

S/No	Level of Knowledge	Frequency	Percentages
1	Good	73	42.2
2.	Fair	66	38.4
3.	Poor	33	19.2
	Total	172	100

### Test of Hypothesis

**Table 4. Null Hypothesis,  $H_0$ : There is no significant relationship between the mothers' knowledge of the health risks and the practice of female genital mutilation**

	PRACTICE		Total
	Yes	No	
Poor Knowledge	51	22	73
Fair Knowledge	46	20	66
Good Knowledge	20	13	33
Total	117	55	172

$X^2$  calculated=1.033 at Degree of Freedom (df) = 2 and  $P>0.05$   
 $X^2$  tabulated =5.991 at Degree of Freedom (df) 2 and  $P>0.05$

Table 3 shows level of knowledge of the respondents about the health risks of female genital mutilation. For knowledge, 73 (42.4%) of the respondents have good knowledge on the health risks of female genital mutilation, 66(38.4%) have a fair knowledge about the health risks of female genital mutilation,

genital mutilation while 32.0% of them do not practice female genital mutilation. This finding reveals that greater percentage of mothers in Akwukabi community practice FGM. This finding also corroborates the findings of other studies who observed that FGM is still being practiced among their study

population (Ibekwe, 2012 and Abubakar, 2010). Findings obtained from this study revealed that with regards to knowledge on the health risks of FGM; 42.2% of the respondents have a poor knowledge, 38.4% has a fair knowledge, while 19.2% has a good knowledge about health risks FGM. By implication, majority of the respondents have poor knowledge of the health risk of FGM, and this may have accounted for the continued practice by the majority of the mothers (68.0%) as observed from the study. This finding however contradicts the observation of Ibekwe et al (Ibekwe, 2012), which reported that 166 (63.8%) were aware of the side effects or problems associated with FGM while 94 (36.2%) did not know of any side effects or problems associated with FGM. The result of this study therefore shows that the knowledge of the health risk of FGM is poor and therefore calls for more campaign geared towards educating mothers on health risk of FGM; knowledge of which will help to stop the practice and consequently ensure that the practice is either curbed or totally eliminated. The test of hypothesis reveals that there is no significant relationship between the mothers' knowledge of health risks and the practice of female genital mutilation. This corroborates with the finding of Adeyemo *et al* (Adeyemo, 2012), which reported that 'there is no significant relationship between the level of awareness and practice of female circumcision'.

### Implications for nursing

The findings of this study have an enormous significance for nursing, because nurses have a great role to play in promoting health and preventing diseases. A major finding in this study was that majority of respondents had inadequate knowledge about the health risks of female genital mutilation and this to a large extent have accounted for its continued practice by majority of mothers. It is therefore important that nurses improve the knowledge level of the populace by targeting women who attend the antenatal and postnatal clinics as well as health facilities and provide necessary information through seminars and workshop in order to educate them on the health risks of FGM. Nurse and midwives need to be aware of how to care for women and girls, as well as being able to safeguard those at risk. They also need to be aware that acceptance and respectful attitude are vitally important to girls and women who have been cut. Nurse should advocate for discontinuation of the practice of FGM by formulating laws through the ministry of health that will discourage the practice. Community health nurses can also spearhead rural sensitization programs to warn individuals about the dangers of this practice.

### Summary

This study was carried out to determine the knowledge of the health risks of female genital mutilation practice as well as its practice among women of Akwubabi community of Etche Local Government Area in Rivers State. Two specific objectives and 1 hypothesis was used to guide the study. A sample size of 172 was drawn from the target population of 300 while the convenient sampling technique was used to administer the self-structured questionnaires used for the study. Data collected from the study was analysed using descriptive statistics of frequency, percentages and inferential

statistics of chi-square test was used for testing the hypothesis. Result on practice of FGM, showed that 117 (68.0%) of the respondents practice female genital mutilation while 55(32.0%) do not practice female genital mutilation. For knowledge of health risk of FGM, 42.4% of the respondents have a poor knowledge on the health risks of female genital mutilation, 19.2% have fair knowledge about the health risks of female genital mutilation, while 38.4% has a good knowledge about the health risks of female genital mutilation. Results reveals that majority of the women have poor knowledge about the health risks of FGM and to be enlightened about this. Test of hypothesis reveal that there is no significant relationship between the mothers' knowledge of health risks and the practice of female genital mutilation.

### Conclusion

This study has shown that majority of the respondents practice Female Genital Mutilation which could be attributed to poor knowledge of the health risks associated with FGM and the practice of FGM is on the high side. There is need for the abolition of this unhealthy practice. A multidisciplinary approach involving legislation, health care professional organizations, empowerment of the women in the society, and education of the general public at all levels with emphasis on dangers and undesirability of FGM is paramount.

### Recommendation

Based on the findings of this study the following recommendations have been made:

There should be an intensive campaign and health education among mothers and the general public through the use of Information, Education and Communication (ICE) as necessary tools in gradually enlightening the society. The government and health care professionals should make use of the dailies, television, internet and radio to educate the populace, especially the male folk since they are the major decision makers in African society. The Ministry of Health needs to strengthen its facility-level supervision mechanisms in both rural and urban area to stop its staff from performing the practice. The Ministry of Health should also develop guidelines for the local government supervisors on the appropriate actions to be taken to detect and deter the practice. Education on existing policies and laws is needed so that providers and other community leaders and even religion leaders can understand and discuss female genital cutting issues competently, dissuade communities from continuation and support women and girls who oppose the practice. More deterrent measures should be taken against those that are engaging in the practice of female genital cuttings, Local administration personnel (such as police, chiefs, Children's Officers, and social workers) should actively involved. Finally, because female children are potential mothers, educating the girl child is also considered very important as this will help to eradicate the practice in the long run.

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