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University female students' perception and prospective practice of female genital mutilation in Umudike, Southeast Nigeria

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Kabir A. Raheem^{1*}, Chikwendu Udenze² and Ismail A. Odetokun³

Department of Theriogenology, Michael Okpara University of Agriculture, Umudike¹; University Medical Centre, Michael Okpara University of Agriculture, Umudike²; Dept. of Veterinary Public Health and Preventive Medicine, University of Ilorin, Ilorin, Nigeria³

*For Correspondence: Email: ka.raheem@mouau.edu.ng; Phone: +2349031310693

Abstract

Female genital mutilation (FGM) under the guise of female circumcision is still practiced across wider communities in Nigeria despite various dangers associated with it and several efforts to curtail the practice. This study investigated the prevalence of and personal disposition towards female genital mutilation in 345 university undergraduate students of Michael Okpara University of Agriculture, Umudike (MOUUAU), South east Nigeria using a pre-tested structured questionnaire. The major inclusion criteria for the face-to-face interview were being a female student of MOUUAU and consented approval. Associations between various variable were tested with Chi square and statistical significance was established at $P < 0.05$. There was no association ($P = 0.165$) between place of birth and circumcision status, whereas state of circumcision had a significant association ($P = 0.00001$) with willingness to carry out circumcision in daughter in the future. Also, the belief that non-circumcised girls are prone to prone to promiscuity in adulthood had a significant ($P = 0.00001$) association with prospective circumcision of daughters. The prevalence of circumcision is high in this population (30.1%) with a reasonable number (16.8%) seeing no ills in the practice and expressed willingness to sustain it. Therefore, a strategy to curtail this practice has to focus on creating awareness at correcting this misconception as a learning theme at the tertiary level of education system rather than an assumption of passive knowledge. Further studies involving many universities in the study area and South-eastern Nigeria in particular are suggested to validate the results of this study. (*Afr J Reprod Health* 2023; 27 [1]: 54-62).

Keywords: Female genital mutilation, prospective attitude, university undergraduate, Umudike

Résumé

Les mutilations génitales féminines (MGF) sous le couvert de l'excision sont toujours pratiquées dans des communautés plus larges au Nigeria malgré les divers dangers qui y sont associés et plusieurs efforts pour réduire cette pratique. Cette étude a examiné la prévalence et la disposition personnelle à l'égard des mutilations génitales féminines chez 345 étudiants universitaires de premier cycle de l'Université d'agriculture Michael Okpara, Umudike (MOUUAU), au sud-est du Nigeria, à l'aide d'un questionnaire structuré pré-testé. Les principaux critères d'inclusion pour l'entretien en face à face étaient d'être une étudiante du MOUUAU et d'avoir consenti à l'approbation. Les associations entre diverses variables ont été testées avec le Chi carré et la signification statistique a été établie à $P < 0,05$. Il n'y avait aucune association ($P = 0,165$) entre le lieu de naissance et le statut de circoncision, alors que l'état de la circoncision avait une association significative ($P = 0,00001$) avec la volonté de pratiquer la circoncision chez la fille à l'avenir. En outre, la croyance selon laquelle les filles non excisées sont sujettes à la promiscuité à l'âge adulte avait une association significative ($P = 0,00001$) avec la future circoncision des filles. La prévalence de la circoncision est élevée dans cette population (30,1%) avec un nombre raisonnable (16,8%) ne voyant aucun mal dans la pratique et a exprimé sa volonté de la maintenir. Par conséquent, une stratégie visant à réduire cette pratique doit se concentrer sur la sensibilisation à la correction de cette idée fautive en tant que thème d'apprentissage au niveau tertiaire du système éducatif plutôt qu'une hypothèse de connaissances passives. D'autres études impliquant de nombreuses universités dans la zone d'étude et le sud-est du Nigeria en particulier sont suggérées pour valider les résultats de cette étude. (*Afr J Reprod Health* 2023; 27 [1]: 54-62).

Mots-clés: Mutilation génitale féminine, attitude prospective, premier cycle universitaire, Umudike

Introduction

Female genital mutilation (FGM) otherwise known as female genital cutting or female circumcision has

been of public health concern over the past three decades. It is defined by the World Health Organization (WHO) as all procedures which involve partial or total removal of the external

female genitalia and/or injury to the female genital organs, to fulfil cultural, religion and/or any other obligation apart from therapeutic purposes¹. FGM is basically classified into four types (I-IV) depending on anatomical extent of cutting and amount of genitalia removed. The procedure is carried out usually immediately after birth within the first couple of weeks, or before the age of five years², however FGM has been reportedly done in adulthood before or after marriage³. It is mostly performed in many communities by traditional circumcisers with no health education⁴ yet involved in other activities such as taking delivery without sterilization or anaesthesia. However, medicalization of FGM due to a contesting conviction that procedure is safer when it is done by certified medical personnel has been documented⁵.

Presently on the global scale, an estimate of 140 million girls and women are living with genital mutilation across 30 countries mostly Asia and Africa. Nigeria, partly due to large national population of about 200 million has the highest absolute number of about 35 million circumcised girls/women representing about 25% of the global total². Egypt, Sudan and Syria are among the top three countries with highest prevalence of FGM⁶. In most cases, FGM is associated with notions of being feminine, modest, clean and/or beautiful most of which are shrouded around religious and cultural convictions⁷. On the contrary, FGM has no health benefits and has been a source of a range of life-threatening and life-worsening complications in the innocent and helpless victims. At the international level, it is regarded as infringement on women's and girls' right to life, health, bodily integrity and dignity personae and outright gender discrimination, the main reason for making it an inclusive component of sustainable development goal in 2015 (Goal 5) with specific target (target 5.3) statement to "eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation"⁸.

Presently in Nigeria, child health has improved tremendously from the earlier trajectory narrated by Ransome-Kuti in the 80s⁹, however, FGM in Nigeria is a setback to child health progress in some localities. Previous studies on this theme have shown prevalence of FGM in many population categories such as women attending ante-natal¹⁰, or among children in paediatrics clinics¹¹ or among the health care providers themselves¹². Apart from

studies to assess the preparedness of medical undergraduate students towards FGM¹³, very few studies on this theme in Africa have focussed on perception of university students on sustaining the practice¹⁴.

The aim of the present study is to fill that gap since the perception and prospective practice of FGM by this population is fundamental to elimination of FGM in the society considering the fact that female students are endowed with two (education and family) out of six component drivers/agents of any form of socio-cultural change within the society in the nearest future¹⁵. We expect higher prevalence in respondents born outside the urban cities [Hypothesis 1]. FGM will not be strange to circumcised respondents and are likely to develop soft spot for its conduct in their daughter in the future [Hypothesis 2]. The conduct of FGM has been associated with many erroneous beliefs especially reduction of sexuality and less vulnerability to promiscuity in adulthood [Hypothesis 3].

Methods

Study location and population size

Pre-tested structured one-page 15-question questionnaires were administered on 345 undergraduate students of Michael Okpara University of Agriculture, Umudike (MOU AU) Abia State, Southeast Nigeria. Abia State, one of the five states in the Southeastern region of Nigeria is inhabited by the Ibo. Ibo constitutes the third largest tribe by population in Nigeria following Hausa and Yoruba of Northern and Southwestern region respectively.

Michael Okpara University of Agriculture, Umudike is one of the three Universities of Agriculture in Nigeria and was established in 1992, presently with a population of over 20,000 students. The university's logo is knowledge, food and security and is leading others in the field of agriculture in Nigeria. In 2022, MOU AU was ranked 3rd among Nigerian universities, 35th in Africa and 674th at the global level¹⁶.

Questionnaire design and validation

The questionnaire was firstly validated in a pilot study that involved 30 students. This allowed for areas of ambiguities to be removed and pages

pruned down from the initial two pages to one page. There were 15 questions delineated into two sections. The first part (section A) of the questionnaire dealt with bio-data of the respondents capturing the age, marital status, place of birth and course of study. The second section dealt with questions testing the circumcision status, knowledge about the ills associated with circumcision, reasons and beliefs surrounding the conduct of circumcision. Other question included was willingness to circumcised female daughters in future as well as information on the best campaign strategy in the society to curb FGM.

Population size and questionnaire administration

According to Daniel¹⁷, the study population size was estimated using the formular

$$N = \frac{Z^2P(1-P)}{d^2}$$

Where Z = 95% confidence interval, P = 19.5% according to a recent prevalence estimate¹⁸ and a level of 5% precision (d) was used. A sample size of 242 was gotten; however, the sample size was increased to 345 to increase precision. The questionnaire administrators were trained on how to administer the question starting from intimating the respondents with the purpose of the study and seeking consent before commencement and administration of the questionnaire proper. The sampling method was cross sectional and face-to-face interview was used to extract responses from the respondents.

The questionnaire administrators were trained on how to administer the question starting from intimating the respondents with the purpose of the study and seeking consent before commencement and administration of the questionnaire proper. Interviews were conducted within the vicinity of lecture halls, restaurant/canteen, health and sport centres and hostel as well as all other available spaces within the university campus. The major criterion used was being a female student of MOUAU, making it possible to co-opt any student irrespective of age, marital status and course of study to be selected once the student gave an honest consented approval to partake in the study.

Data management and analysis

The data were later tabulated using an Excel sheet. The percentage of each frequency as a total of all respondents was also calculated. The variables were coded and inputted into SPSS template for various analyses.

Data were described with descriptive statistics using frequency and percentage. The association between various variables was done with Chi square test using SPSS 18.0 for Windows (Chicago, IL, USA). Statistical significance was established at $P < 0.05$. We hypothesized that both status of circumcision in the respondents and belief that uncircumcised girls are sexually insatiable have a strong association with the prospective practice of FGM on their female children in the future.

Results

Age and marital status of respondents

Age groups with highest frequency in the present study were 21-25 and 15-20 years with 49.3% and 42.9% of the population respectively. 26-30 years age group had 5.8% while 31-35 years and 36-40 years age group had 1.2 and 0.9% respectively. 94.6% of the respondents were single, 5.1% were married while 0.3% were divorcee.

Reasons for FGM

Religion had the highest reason for the conduct of FGM in this study (Table 1). One hundred and forty five (145) respondents that represent 42.0% of the total indicted religion while 15.9% (55) of total respondents felt it was due to the fact that it reduced sexuality.

Place of birth versus circumcision status

One hundred and nine (109) correspondents that represented 31.6% of the total correspondents were circumcised while the remaining 68.4% (236) were not (Figure 1). From 59.1% of the respondents (204) that were born in urban area, 56 were circumcised while the remaining 148 were not circumcised. Eighty respondents representing 23.1% of the totals were born in the semi-urban area with 29 and 51 circumcised and uncircumcised respectively.

Table 1: Reasons for female genital mutilation (FGM)

Reasons for FGM	Frequency (%)
Religious	145 (42)
No idea	90 (26.1)
Reduce sexuality	55 (15.9)
Custom	55 (15.9)

Table 2: Methods of curbing female genital mutilation (FGM)

Methods of curbing FGM	Frequency (%) n =345
Creating awareness	259 (75.1)
Legislation	47 (13.6)
Doing nothing as it will fizzle out	5 (1.4)
Using religious and cultural leaders	34 (9.9)

Meanwhile, 17.7% (61 respondents) were born in the village, out of which 24 were circumcised and the remaining 37 were not circumcised. There was no significant ($P = 0.165$, $\chi^2 = 3.598$, $df = 2$) association between place of birth and circumcision status.

Status of circumcision versus prospective conduct of FGM on daughters

Out of the total respondents, 14.2% expressed the willingness to conduct FGM in their daughters in the future, while the remaining 85.8 % disagreed and were not going to conduct FGM in their daughters (Figure 2). From the latter, 23.3% (69 in this smaller group) were circumcised while the remaining 76.7 % (227) were not circumcised. On the other hand, the percentage of circumcised respondent in those willing to sustain the practice in their daughter was 81.6 % (40) while the remaining 18.4 % were not circumcised. There was a significant ($P = 0.00001$, $\chi^2 = 62.024$, $df = 1$) association between the status of circumcision and possible conduct of FGM in daughters.

Belief that uncircumcised girls are prone to promiscuity versus prospective conduct of circumcision in daughters

Forty four percent of the respondents (152) believed that uncircumcised girl are prone to promiscuity in adulthood while the remaining 55.1 % (190) did not believe so, 0.9% of respondents (3) had no idea (Figure 3). The latter failed to indicate prospective FGM in daughters. Only 39 out of the 152 respondents that associated uncircumcision with

promiscuity indicated the prospective FGM with daughter while 10 respondents out of the 190 who did not associate uncircumcision with promiscuity indicated willingness to conduct FGM in daughters in the future. There was a significant ($P = 0.00001$, $\chi^2 = 26.198$, $df = 2$) association between the belief that uncircumcised girl are prone to promiscuity and prospective FGM in daughters.

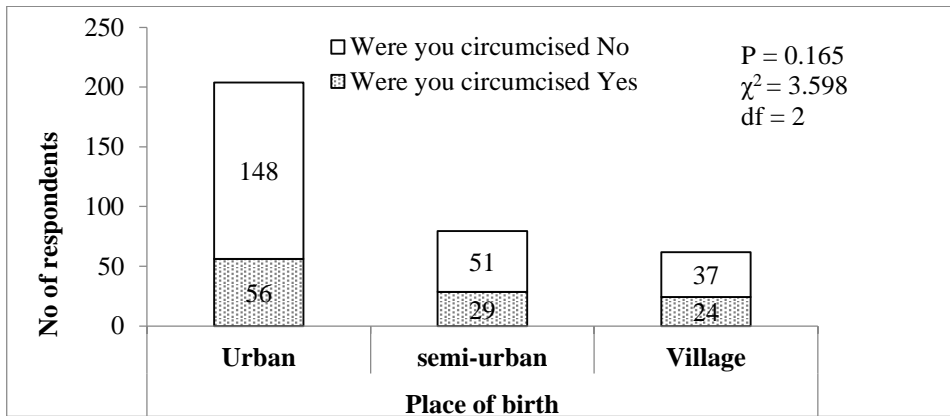
Methods of curbing FGM

As regards the four methods applicable for curbing FGM, creating awareness had the highest frequency of 259 that represented 75.1% of the total respondents (Table 2). This was followed by legislation with 13.6% (47) of respondents. 9.9% of the respondents (34) indicated the use of religious and cultural leaders as the best method of curbing FGM. On the other hand, 5 respondents that represent a meagre 1.4% of the total felt that nothing should be done and that the practice would fizzle out with time.

Discussion

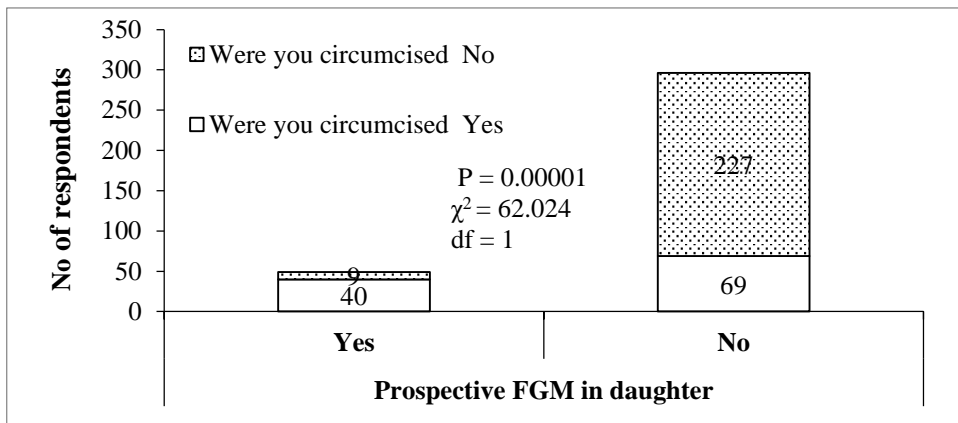
The prospect of FGM in a community partially lies on the perspective of the present young ladies about the practice since they are potential mothers of tomorrow and can play significant roles to influence the conduct of FGM in their daughters. A number of studies have indicated women as decision maker¹⁹ or part of decision maker²⁰ as regards conduct of FGM, playing significant roles in the sustenance of the practice.

The prevalence of FGM among respondents in this study is at par with prevalence of 32.1% among young girls in Sudan²¹ but is slightly lower than 34% in previous study within the same Southeast Nigeria²² while its almost half of the 66.3 % reported in another study²³ despite that the location of the two studies were in the Southeastern Nigeria. The difference might be due to different category of respondents used for the study with regards to age. When university students (younger) were used in the present study, primi-gravid women attending delivery services at 2 health institutions during the study period were used in the other study. Elsewhere in African continent, prevalence of FGM of 28.2 % was reported in a study in Kenya in 2014²⁴ and 89% in Sudanese women (n= 21947) in 2014, out of which 32.1 % had conducted FGM in their



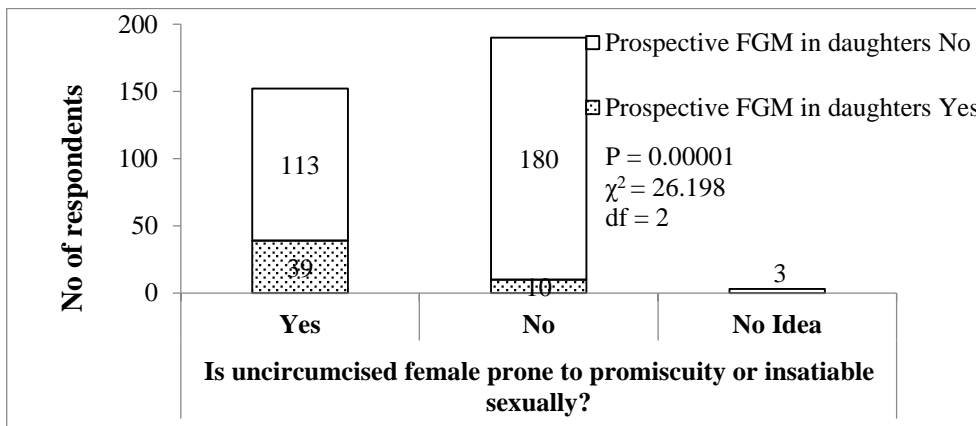
There was no significant ($P = 0.165$) association between place of birth and circumcision status of correspondents

Figure 1: Place of birth Vs circumcision status of respondents



There was a significant ($p = 0.00001$) association between belief that uncircumcised girls are prone to promiscuity and prospective conduct of circumcision in daughters

Figure 2: Circumcision status Vs Willingness to circumcise daughters in the future



There was a significant ($p = 0.00001$) association between the circumcision status and prospective circumcision of daughter in the future.

Figure 3: Belief that non-circumcised girls are sexually insatiable in adulthood and prospective practice of FGM on their own children in the future.

daughters²¹. In Egypt the prevalence was as high as 94% in 2008 but was brought down to 88% in 2014 subsequent to criminalising the practice²⁵.

The two major reasons for the conduct of FGM according to respondents in this study were religion and culture. Respondents in this study were not categorised by religion and tribes for obvious reason that the study area is dominated by Christians and people of Ibo extractions. The two major religions in Nigeria are Christianity and Islam that are grouped along with Judaism to be Abrahamic faiths. Adherents of Islam and Judaism faith support circumcision especially in male child²⁶ with very scanty evidence for female. In contrary to FGM, male circumcision is currently being promoted as an efficient, safe, acceptable, relatively low cost one-off biomedical intervention for control and prevention of human immunodeficiency virus²⁷. The religious connection of FGM is responsible for high prevalence of FGM in Africa, Arabian Peninsula and Middle East Asia.

In addition, when the conduct of FGM in Northern Nigeria is attributable to Islamic religion, culture and traditions predominantly seem to be responsible for sustainance of this practice among Southern Nigerians. Specifically, practice of FGM among the Ibos and Yorubas is associated with culture and is sustainable by some traditional beliefs and myths such as a form of the death of a baby when its head touches the mother's clitoris during parturition²⁸, such that made the culture to prescribe FGM even during pregnancy²⁹. FGM has its root and is enshrined in tradition while the rural areas are the custodian of culture and tradition in every society³⁰. Therefore, it is reasonable, attributing failure to eradicate FGM practice by the year 2000 as earlier stipulated by WHO to its strong association with culture, tradition and religion³¹. In fact, sometimes, women with full awareness of negative impact of FGM could not stop the practice in daughters because of fear of hostility from the cultural system³². Previous studies suggested that the power of influence of these women improved with level of literacy and economic dependence.

The majority of the respondents with FGM in this study were born in the urban cities, a reasonable number were also born in urban areas compared to its conduct by quack traditionalists in the rural areas³². In contrary, Elduma²¹ also reported more circumcision in rural area [15698, 71.5%] than urban cities [6249, 28.5 %].

The significance association between circumcision status and prospective FGM in daughters observed in this study is similar to report of many other studies on FGM status of mother and the conduct of FGM in their daughters³³⁻³⁵. Specifically, Elduma²¹ reported FGM prevalence of 89% and 32.1% in mothers and their daughters respectively. In Harar, eastern Ethiopia, genital mutilation of daughters was significantly associated with positive experience of FGM in mothers³⁶. Such experiences include social acceptance (90%) and better marriage prospects (60%) which are not universal but peculiar to this community and imaginary in nature. On the contrary and across wider communities, several forms of sexual and gynecological morbidities as well as obstetrical complications subsequent to FGM have been reported across many borders that include Egypt³⁷, Gambia³⁸, Nigeria³⁹, Saudi Arabia⁴⁰ and Sudan⁴¹ or among young Somalis in Norway⁴². Sometimes, women with FGM were reportedly more vulnerable to mental health disorder such as depression⁴³. Perhaps these bitter experiences were responsible for mother's disinclination to the practice in daughters in Ethiopia⁴⁴.

A high number of respondents (44.1%) in the present study believed and associated non-circumcision with sexual insatiable and promiscuity in adulthood. This is one of the major erroneous concepts promoting conduct of FGM in Africa. This belief is an old African tradition myth since there is no empirical evidence to suggest uncircumcised girls are sexually insatiable and prone to promiscuity in adulthood⁴⁵. Unfortunately, it is a norm in some communities in Nigeria such as Ekpeye in Rivers State, South-south Nigeria that men were not ready to marry uncircumcised ladies⁴⁶. Similarly in Kensa district of Ethiopia, the main reason for the practice of FGM was reduction of female sexual hyperactivity in adulthood³². On the contrary, other factors such as religion, education, ethnicity, residence and economic status dictated sexual behaviour and age at first sex defilement elsewhere⁴⁷. In actual fact, a study done in Kenya and Nigeria founded no correlation between female circumcision and the outcomes for sexual behavior⁴⁸.

The most favoured method for curbing FGM in this study was creation of awareness, followed by use of legislation and then, religious and cultural leaders. The use of religious leaders

who are also community leaders in Africa is reasonable since religion was earlier recognised as one of the reasons for conducting FGM. Therefore, it is tackling the menace from its source as was earlier reported in Sudan⁴⁹. In many instances when consultation with religious/community leaders and other forms of control have been exhausted to achieve desired result of reduction in FGM conduct among citizen, legislation became inevitable. Most developed nations have legislation against conduct of FGM⁵⁰. Regrettably, there are dangers of another forms of unnecessarily genital mutilations that are practiced in these countries which are yet to be condemned in the same manner like FGM by the WHO⁵¹, although the details of this is beyond the scope of this study. Presently, FGM has been proscribed in a number of African countries such as Kenya, Benin Republic and Egypt⁵². Unfortunately, legislation have not been able to reduce prevalence of FGM in Africa partly attributable to inadequate enforcement and need to complement the legislation with measures to address underlying causes of the practice⁵³.

There is need for more information and enlightenment campaigns on this subject as indicated by highest number of respondents favouring creating awareness as the best method to curb FGM. Creating awareness is the responsibility of the government and other associated stakeholders on FGM. There should be a synergy between Ministry of health, Ministry of Women Affairs and Ministry of Youth and Development and Information as well as allied non-governmental organisations towards sensitizing the Nigerian populace, university undergraduate inclusive with emphasis to correct the erroneous association of uncircumcision with promiscuity in adulthood.

Mothers' consent played a crucial role in the conduct of FGM in their daughters⁵⁴. Such consent is informed by the level of education and enlightenment about the subject matter on the part of the mother as the latter synergises with the former to enlarge the scope and access of information networks translated into improved awareness for the mother. Female education has been suggested to be of utmost important in campaign against prospective conduct of FGM¹⁰ with intention to perform FGM more common among illiterate mothers than literate ones. Many other studies have implied level of education of mothers and source of wealth as a strong indicator of prospective FGM

conduct in daughters⁵⁵. The assumption that university students are adequately and properly informed about some of the erroneous concepts of FGM has been proved wrong in the present study. Therefore, future awareness campaign in Nigeria on FGM must target this important segment of the society. Perhaps, health talk during orientation programme usually organised for newly admitted students of the universities is an avenue for such enlightenment on FGM.

According to Ransome-Kuti⁵⁶ in his Keynote address during the Fifth Congress of the International Association for Adolescent Health held at Montreux Switzerland in 1992, the age of respondents in this study represent the largest category of the world's population, therefore, their energy should be harnessed constructively for community development and progressive societal change.

The limitation of this study has to do with using one tertiary institution to generalise the results obtained in this study for Abia State when there one federal- and one State and four private universities in the State. Further studies involving more institutions in Abia State specifically and South-eastern Nigeria generally are suggested to validate the results obtained in this study. Possible errors associated with using questionnaires for survey study⁵⁷ were envisaged earlier and minimised by validation of questionnaire to remove areas of ambiguities and proper training of questionnaire administrators who were all females. Simultaneously, those errors arising from the part respondents such as deliberate dishonesty were unavoidable but reduced by making participation entirely voluntary and deliberately excluding participants with slight exhibition of such trait.

Conclusion

In conclusion, prospective practice of FGM by university undergraduates was associated with circumcision status of the respondents and erroneous belief that it reduces sexuality such that uncircumcised girls are prone to promiscuity. Therefore, a strategy to curtail FGM practice has to focus on creating awareness at correcting this misconception as a learning theme rather than an assumption of passive knowledge at the tertiary level of education system in Nigeria.

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