ORIGINAL ARTICLE

Awareness, Perception And Practice Of Female Genital Mutilation Among Expectant Mothers In Jos University Teaching Hospital Jos, North-Central Nigeria

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Abstract

Background*: WHO estimates that some 130 million women worldwide are affected, and every year another 2 million girls and young women are at risk of undergoing the practice of FGM. Although Nigeria has a prevalence of 19% in 2003,a reduction from 25% prevalence of 1999 national survey, it still has high absolute number of cases with wide regional variation. The awareness and perception of expectant mothers may give an insight as to what awaits their unborn daughters and have a bearing on the future of the practice.*

Methodology*: Semi-structured questionnaires were administered to 260 expectant mothers at the antenatal clinic of Jos University Teaching Hospital between 1st and 31st July 2007.*

Results*: Majority of the respondents (94.6%) were aware of FGM. Mass media was the main source of information. Majority(83.8%) wanted the practice to be discontinued, 31.3% reported having had FGM, most done by traditional healers. About 14.6% have a plan to circumcise their daughters citing tradition, marriage prospects, and faithfulness to husband as their reasons. Only 16.2% wanted the practice to continue.*

Conclusion*: There is high level of awareness of the FGM among respondents who also have negative attitude to the practice, even as the practice is still prevalent. More health education is needed to illustrate the dangers of the practice in order to safeguard the health of the girl-child.*

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Introduction

World Health Organization (WHO) and the United Nations Population Fund (UNFPA) define female genital mutilation (FGM) as "the partial or total removal of the female external genitalia or other injury to the female genital organs for cultural or other non-therapeutic reasons" [1-3].WHO estimates that some 130 million women worldwide are affected, and every year another 2 million girls and young women are at risk of undergoing the practice. There is no definitive evidence on the origin of the practice, although the tradition is believed to have originated some 2,000 years ago in southern Egypt or northern Sudan[3,4].

FGM has health risks, most notably for women who have undergone more extreme forms of the procedure. Immediate potential side effects include severe pain, haemorrhage, injury to the adjacent tissues and organs, shock, infection, urinary retention, and tetanus. Some of these short-term side effects can be fatal[5]. Long-term effects may include cysts and abscesses, urinary incontinence, psychological and sexual problems, and difficulty with childbirth.

Tradition, custom, and religion all contribute to FGM, and it is mostly women who carry out and defend the practice[3]. With the onslaught of alien cultures and attacks by critics, some communities have aggressively sought to preserve FGM in the name of tradition, as a rite of passage into womanhood. One of the main reasons FGM is performed is to preserve girls' virginity for marriage, which carries a great deal of financial value and respect in FGM- practicing communities[6,7,and 8].

Nigeria has the highest absolute number of cases of FGM due to its large population. It accounts for about one-quarter of the estimated 100-130 million circumcised women worldwide[5,8,14]. The 2008 National Demographic Health Survey (NDHS) revealed a national prevalence of 30%. There is a wide regional variation with Southwest and southeast were 53.4% and 52.8% respectively[2,9,10]. The Northeast has the lowest rate of 2.7%, northwest has 19.6% while North central has 11.4%.The practice of FGM is therefore found in most Nigerian communities. In the Survey, 62% of women favoured an end to the practice, with wide regional variation. The North central figure was 75%.

The prevalence and perception of FGM of expectant mothers in our set up may give an insight as to what awaits their unborn daughters. The objective of this study was to determine the prevalence and perception of this practice among pregnant mothers in Jos, North central Nigeria, and region with a variety of ethnic

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groups. This would enable the design of interventions to eradicate this practice.

Methodology

Study Setting

Jos University Teaching Hospital is a 530 bed hospital, located in Jos North-central Nigeria. It receives patients from within Plateau, Benue, Nassarawa, Bauchi and Kaduna states. A multitude of ethnic groups inhabit the hospitals catchment area. Women attending antenatal clinic in the Hospital form the study population.

Study Design

A cross sectional study, a sample size of 236 pregnant women was calculated using the statistical formula for sample size determination (n=z2pq/d2), where n is sample size, z is the standard normal deviate (1.98) p is prevalence (0.19), q is 1-p (0.81), d is error margin (0.05). However 300 pregnant women were recruited but 260 agreed to participate. A one in three systematic random sampling of all pregnant women attending antenatal care over a month period were studied (1st-31st July 2007),260. A structured interviewer-administered questionnaire was used to collect information on sociodemographic characteristics, awareness, perception and practice of FGM.

Analysis

Results were analysed using Epi Info statistical software (version 3.3.2 CDC Atlanta). Descriptive statistics were used to describe the qualitative and quantitative variables. Chi square test was used to test for significance of associations. A p-value of less than 0.05 was considered significant.

Results

Majority of the respondents were in the age range of 20-30 years. The mean age was 27.5 years, median was 27.The youngest was 17 years while the oldest was 40 years. The major ethnic groups constituted 48.8% of the respondents-Hausa (19.6%) Igbo (15.4%), Yoruba(13.8%).Others include Berom(8.8%), Ngas (5.4%), Mughavul (5.8), Edo(5%), Tarok(3.8%), and Tiv (3.5%), table 1. About 59% of the respondents were Christians while 41% were Muslims. Majority of them were married (91.9%).Housewives, traders and civil servants formed the bulk of the respondents. Parental education status revealed 35% had no formal education, 36.9% had only primary education, with only11.5% having tertiary education. The respondents' educational status showed 46% had secondary level, 42% had tertiary with only2.3% having no formal education.

Majority of the respondents have heard of FGM (94.6%) while 5.4% have not. Based on the scores obtained by them,70% have good knowledge of FGM while 30% have poor knowledge. The mass media (radio, television, newspapers) was the main source of information (31.5%), followed by parents (24.3%),Health workers(15%).

Of the respondents that are aware of FGM, majority (83.8%) wanted the practice to be discontinued while16.2% wanted it to continue. About 14.6% of them have a plan to circumcise their daughters. Those against the continuation of the practice cited complications like HIV transmission, pain, infections and bad culture as their main reasons. While those that favour its continuation cited tradition, marriage prospects and faithfulness to husband, as their main reasons.

Prevalence of FGM among the respondents was 31.3%, most of these women had clitoridectomy while the remaining was undetermined. About 35% reported knowing someone who had FGM. Most of the procedures were done by Berber/traditional birth attendant (50.6%), Heath workers did 8.2% while the remaining (41.2%) was undetermined. Prevalence of FGM was highest among Igbos,Yoruba and Edo ethnic groups.

Table I.Sociodemographic Characteristics of expectant mothers in JUTH 2007

Characteristic	No	(%)
Age		
<20	21	8.1
21-25	75	28.8
26-30	100	38.5
31-35	57	21.9
>35	7	2.7

Ethnic group		
Hausa	51	19.6
Igbo	40	15.4
Yoruba	36	13.8
Berom	23	8.8
Mughavul	15	5.8
Ngas	14	5.4
Edo (SM)	13	5.0
Tarok	10	3.8
Idoma	9	3.5
Tiv	9	3.5
Others (NM)¶	40	15.4
Marital Status		
Single	9	3.5
Married	251	96.5
Religion		
Christian	153	58.8
Muslim	107	41.2
Education		
None	6	2.3
Primary	24	9.2
Secondary	120	46.2
Tertiary	110	42.3
Parental Education		
None	92	35.4
Primary	96	36.9
Secondary	42	16.2
Tertiary	30	11.5

SM-Southern minorities
NM-Northern minorities

Table 2.Awareness of Female Genital Mutilation among 260 pregnant women in JUTH

Variable	No	%
Awareness of types		
Clitoridectomy	82	34.2
Excision	8	3.2
Infibulations	0	0
Dont know	163	63.9
Source of information		
Parents	60	24.3
Relatives	12	31.5
Health workers	37	15
Combination	60	24.3
Mass media	78	31.5
Awareness of complications		
HIV transmission	213	86.3
Hepatitis	65	25.7
Pain	101	80.6
Wound Infection	159	67.9
Sexual dissatisfaction	149	62.9
Difficult delivery	122	51.3
Dont know	20	8.1
Others	4	1.6
Age of circumcision		
<1 year	33	44.6
1-5yeas	31	41.9
>5years	10	13.5
Practitioners who did the operation		
TBA/barbers	43	50.6
Health worker	7	8.2
Traditional healer	5	5.9
Dont know	30	35.3

multiple responses

Discussion

The principal findings in this study are the high level of awareness of FGM (94.6%) and strong negative attitude towards the practice (83.8%) among the respondents. The study population is the mother of the next generation of girl-child and members of the reproductive age group. Majority are young with about 75.4% of them at least 30years and below. This is similar to population studied in Kano and that of National Demographic Health Survey (NDHS) but different to the population studied in Lagos where over 60% of them were above 30 years[2,10,11]. Christians constituted 58% of the respondents while the rest were Muslims. About 89% had at least secondary education or higher. This high level of education may be due to selection bias associated with seeking tertiary health care. In contrast, the parental education status revealed over 72% of them had none or primary education only.

The high level of awareness of FGM in this study is similar to that of Kano study (90%)[10]. And higher than that reported by NDHS[2].This could be attributed to the attention the practice has received from mass media and the areas studied. This is shown by the fact that mass media was the major source of information for over 30% of the respondent in the study.

While awareness of the practice was high, that of types was low. Clitoridectomy was known by only 33.2% with majority 66% not aware of the types of FGM. This finding was noted in the Kano study and also the NDHS where Clitoridectomy was the most common type of circumcision reported[2]. There were wide differences in awareness of the types among the various ethnic groups. While 58.3%,67.5%,of Yoruba and Igbo respondents respectively were aware of Clitoridectomy only 4.5% of Berom respondents were aware of it. This underscores the impact of culture on the practice. While among the two major ethnic groups is common, it is not so in the latter group.

Awareness of complications that could result from FGM was high. Leading the pack was HIV transmission (87.3%),pain (80.6%) , sexual dissatisfaction (62.9%) but hepatitis transmission (27.5%).The pre-eminent role of HIV could have been due to the numerous campaigns on the disease rather than its association with FGM, These findings are similar to other studies from Kano and Akwa Ibom[9,10].

As to the continuation of the practice, only 15.8 % of the respondents were in favour of it. This is similar to that of Kano (16.2%) Northwest Nigeria[9,10,11], however is lower than that reported from Ibadan (67%) and Lagos (37.6%) in Southwest Nigeria. It is also lower than that obtained in Sudan(79%), Egypt(82%) and Eritrea (60%)[4,5,7,8].This clearly demonstrated the effect of cultural and geographical factors on the practice. The southwest region has high prevalence of the practice hence the higher percentage of those in favour of continuation compared to north-central region.

Of the respondents who wanted the practice to continue,45.8% cited good culture/tradition ,marriage prospects(14.3%) and chastity(31.4%) as their main reasons for the continuation. This further reinforces the role of culture and tradition in the practice of FGM reported in several studies worldwide[4,5,7,8,12,13]. The main reasons against its continuation among the respondents were Bad culture/tradition (45.8%)Medical complications(31.8%). This is the same order as reasons in the NDHS but the reverse of the findings in Kano[2,9,10] where complications was the commonest reason. This further lends credence to the different perception of the practice among the ethnic groups that were captured in the study. Further subgroup analysis revealed that ethnic group strongly influenced the attitude of the respondents ($p<0.001$). While only 2.4% of Hausa respondents wanted the practice to continue, 69.4% wanted it among Yoruba respondents with none among minority ethnic groups of the Plateau. Religion of the respondents has no association with the practice in this study ($p=0.254$)

The prevalence of FGM in the study was 31.3%.This is lower than that reported from Eritrea (90%), Somalia(98%),Egypt (89%) ,Port-Harcourt, Nigeria(53.2%) but similar to that of Ghana(30%),higher than Kano(23.3%),north western Nigeria[2,3,7,8,9,10,11,12]. This is also higher than the NDHS figures of 10% for the north central zone. This could be explained by the cosmopolitan nature of the study area. Subgroup analysis further revealed 72% 0f Igbo respondents reported been circumcised while none among minority ethnic groups of the plateau. This further reinforces the influence of culture associated with the ethnic groups. Most of those circumcised (66%) do not know the type that was done, 33.2% had Clitoridectomy and 0.8% reported excision. There was no report of infibulations. This largely conformed to finding of NDHS which put Clitoridectomy as the most common type done in Nigeria. This is a sharp contrast with reports from the horn of Africa where infibulation in 82% of cases in Sudan[4,5].

Most of those circumcised had it in the first year of life (44.6%) while 41% had it between one and five years of life. This did not differ from the finding of NDHS which reported that most of circumcisions were performed within the first year of life. Also in Lagos 70% of circumcision were done during infancy[2,11].

Traditional birth attendants (TBA)/traditional practitioner performed most of the procedures 50.6% while 8.2% was by health workers. Medicalisation of FGM has been noted in some countries like Egypt (61%) and Sudan (34%) and Nigeria (9%) [1, 3, 4,6,14]. The World Health Organisation (WHO) frowns at it. While it may improve the condition under which FGM is performed, it violates principles of professional health ethics and does not address violation of women's right. In Nigeria the practice is largely in the domain of TBA/traditional healers as shown by NDHS where 64% were done by them[9].

As to the future of this practice, 14.6% of the respondents intended to circumcise their daughters. This is similar to figures reported from Kano (13.8%) but lower than 22% reported in the NDHS[2]. Both areas are in zones with low prevalence of FGM in the country[2, 9]. While educated mothers are less likely to have the intention to circumcise their daughters (p<0.001), the influence of culture may explain the high prevalence of the practice among ethnic groups of southern Nigeria who are comparatively more educated.

Though there is high level of awareness of FGM among the respondents who also have negative attitude to it, the practice is still with us and further intensification of campaigns is needed to end this practice.

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