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AWARENESS, PREVALENCE AND PRACTICE OF FEMALE GENITAL MUTILATION AMONGST STUDENTS IN A TERTIARY INSTITUTION IN SOUTH-SOUTH NIGERIA

Eguvbe, Anthony Okeoghene[1i],
Alabrah, Peter Waibode[2],
Allagoa, Dennis Oju[3],
Agbo, John[4]
[1]Consultant Community Physician,
Department of Community Medicine,
Federal Medical Centre,
Yenagoa, Bayelsa State,
Nigeria
[2]Consultant Obstetrician & Gynaecologist,
Department of Obstetrics & Gynaecology,
Federal Medical Centre,
Yenagoa, Bayelsa State,
Nigeria
[3]Professor of Obstetrics & Gynaecology,
Federal Medical Centre,
Yenagoa, Bayelsa State,
Nigeria
[4]Consultant Obstetrician & Gynaecologist,
Department of Obstetrics & Gynaecology,
Federal Medical Centre,
Yenagoa, Bayelsa State, Nigeria

Abstract:
Background: Female genital mutilation (FGM) comprises all procedures that involve partial or total removal of the external female genitalia, or another injury to the female genital organs for non-medical reasons. FGM is recognized internationally as a violation of the human rights of girls and women. It is nearly always carried out on minors and is a violation of the rights of children. It is usually done on young girls between infancy and age 15. Nigeria, due to its large population, has the highest absolute number of female genital mutilation (FGM) worldwide, accounting for about 25% of the estimated 115–130 million circumcised women in the world. **Aim:** To assess the awareness, prevalence and practice of female genital mutilation amongst students in a tertiary institution in South-South Nigeria. **Methods:** This was a cross-sectional descriptive study done amongst female students of the Federal University Otuoke from January to March 2018. A simple

[i] Correspondence: email doceguvbe@yahoo.com

random sampling technique by simple balloting was used in the selection of the respondents until the sample size was achieved. Data was collected using a semi-structured questionnaire and were analyzed using SPSS version 22. **Results:** The majority (366 (88.6%)) of the respondents, knows about FGM. Most (350 (95.6%)) also know what FGM really mean. The majority, 292 (72.8%) of the respondents, does not support the practice of FGM. Two hundred and thirty-three (79.5%) of the respondents want the practice to be discontinued. The prevalence of FGM was 36 (9.4%). The ethnic group/tribe of respondents had a statistically significant association with being circumcised and also being aware or knowing about FGM ($p > 0.05$). The age of respondents was not found to be statistically associated with being circumcised or being aware or knowing about FGM ($p < 0.05$). **Conclusion:** Awareness and knowledge of FGM in this study were high. The majority of the respondents were not in support of the practice of FGM and want the practice to be discontinued. The prevalence of FGM in this study is lower as compared to many other studies. There is a need for more education to the general public and parents in particular on the health implications of FGM and the need for legislation against the practice.

Keywords: awareness, prevalence, practice, female genital mutilation, student

1. Introduction

Female genital mutilation (FGM) comprises all procedures that involve partial or total removal of the external female genitalia, or another injury to the female genital organs for non-medical reasons[1]. The practice is mostly carried out by traditional practitioners and most commonly on women in developing countries and is underreported[2]. In several settings, there is evidence suggesting greater involvement of healthcare providers in performing FGM due to the belief that the procedure is safer when carried out by healthcare personnel[1]. WHO strongly urges health care providers not to perform FGM[1]. The practice has no health benefits for girls and women. More than 200 million girls and women alive today have undergone FGM in 30 countries in Africa, the Middle East and Asia where FGM is practiced[1,2].

FGM is recognized internationally as a violation of the human rights of girls and women. It reflects deep-rooted inequality between the sexes and constitutes an extreme form of discrimination against girls and women[1,2]. It is nearly always carried out on minors and is a violation of the rights of children. It is usually done on young girls between infancy and age 15[1]. The practice also violates a person's rights to health, security and physical integrity; the right to be free from torture and cruel, inhuman or degrading treatment; and the right to life, in instances when the procedure results in death[1,3].

Nigeria, due to its large population, has the highest absolute number of female genital mutilation (FGM) worldwide, accounting for about 25% of the estimated 115–130 million circumcised women in the world[3]. Though FGM is practiced in more than 28 countries in Africa and a few scattered communities worldwide, its burden is seen in

Nigeria, Egypt, Mali, Eritrea, Sudan, Central African Republic, and the northern part of Ghana where it has been an old traditional and cultural practice of various ethnic groups[3,4,5]. The prevalence of FGM in women aged 15–49 is 18.4%. Twenty million women and girls in Nigeria have undergone FGM, and this represents 10% of the global total[6]. The highest prevalence was in South-East and South-West Zones of the country. Eighty-two percent of the women aged 15 – 49 who have undergone FGM were cut before the age of 5 years and about 75% of FGMs are done by traditional circumcisers[6].

Female genital mutilation is classified into 4 major types. Type 1 is the partial or total removal of the clitoral glans (the external and visible part of the clitoris, which is a sensitive part of the female genitals), and/or the prepuce or clitoral hood (the fold of skin surrounding the clitoral glans). Type 2 is the partial or total removal of the clitoral glans and the labia minora (the inner folds of the vulva), with or without removal of the labia majora (the outer folds of skin of the vulva). Type 3 which is also known as infibulation, involves the narrowing of the vaginal opening through the creation of a covering seal. The seal is formed by cutting and repositioning the labia minora, or labia majora, sometimes through stitching, with or without removal of the clitoral prepuce/clitoral hood and glans and finally, type 4 includes all other harmful procedures to the female genitalia for non-medical purposes, such as pricking, piercing, incising, scraping and cauterizing the genital area[1,7].

There are several reported studies on awareness, practices and prevalence of FGM in Africa and internationally, among which is a cross-sectional study done in Gambia on the health consequences of female genital mutilation/cutting in the Gambia. They reported prevalence of patients with different types of FGM were: type I, 66.2%; type II, 26.3%; and type III, 7.5%. Complications due to FGM were found in 299 of the 871 patients (34.3%). Even type I, the form of FGM of least anatomical extent, presented complications in 1 of 5 girls and women examined[8].

A cross-sectional descriptive study in the United Arab Emirates (UAE) on the prevalence, knowledge, attitude and practice of FGM reported a prevalence of 41.4%. Type I was the most prevalent (62.8%), followed by Type II (16.6%) and Type III (5%). FGM was found to be less prevalent among educated and employed women and was mostly performed during infancy and childhood. Among the participants, 13.7% reported that their daughters had undergone FGM and 25% of them planned to have their future daughters undergo FGM with the majority having type 1 in mind. FGM was reported to be mostly performed by ritual circumcisers (74.4%) in 25 and 36.7% of the cases, it was performed by health professionals and in the clinic setting, respectively. The majority of the respondents in this study (69%) considered FGM as a custom, while 72.8% were against the practice, and only 17.4% believed in its legality. Complications occurred in 30% of cases. They reported that FGM remains a common practice in the UAE and has a negative association with the general health of Emirati women. The lack of clear legislation to criminalize this practice poses a major challenge for it to be controlled[9].

A similar study in Jos, Nigeria on awareness, perception, and practice of FGM reported that the majority of the respondents (94.6%) were aware of FGM. Mass media

was the main source of information. The majority (83.8%) of the respondents would want the practice to be stopped. Thirty-one-point three percent (31.3%) who reported having FGM, said it was carried out by traditional healers. About 14.6% have a plan to circumcise their daughter's citing tradition, marriage prospects, and faithfulness to their husband as their reasons. Only 16.2% wanted the practice to continue. This study reported a high level of awareness of the FGM among respondents who also have a negative attitude to the practice, even though 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[10].

A cross-sectional study carried out on Female Genital Mutilation: prevalence, awareness and attitude among Igbo Women of Child-Bearing Age in Nigeria reported a prevalence of 13.4%. Most of the respondents (98.7%) were aware of FGM, and their major sources of information were family members (65.0%), friends (65.0%), and media (48.5%). Fifty-three-point seven percent (53.7%) of the respondents reported that FGM is still being practiced. Up to 88.6% of the respondents were aware of the complications of FGM and the commonest complications expressed were severe pain during FGM (82.2%), and excessive bleeding (75.7%). Most (91.3%) of the respondents agreed that FGM is a bad practice and a form of violence against women (85.8%) and 87.2% want the practice to be discontinued. Most of them (80.4%) stated that FGM has no benefit owing to the fact that it is associated with complications such as difficulty in labor (68.1%) and painful sexual intercourse (47.2%), while 13.6% were indifferent about whether FGM should be criminalized[11].

2. Methods

The study was conducted at the Federal University Otuoke. Otuoke is a semi-urban multicultural society in Ogbia Local Government Area of Bayelsa State, South-South Nigeria. The university has five faculties and twenty-nine departments with an undergraduate student population of over 3,500. The female student population is estimated to be about 2100. This area is connected to the National grid of the Power Holding Company of Nigeria. The main religion in this area is Christianity and the language spoken by the people are Ijaw, English language and Pidgin English.

This is a cross-sectional descriptive study done amongst female students of the Federal University Otuoke from January to March 2018. A simple random sampling technique by simple balloting was used in the selection of the respondents until the sample size was achieved. Consent to participate in this study was sought from the respondents after detailed explanations to them about what the study entails, as well as assuring them of the confidentiality of information to be given. The approval for the study was obtained from the ethical committee of the university.

The minimum sample size was calculated using the Cochrane one proportion sampling size formular[12] with a population greater than 10,000;

$n = Z^2 pq/d^2$

where,
n = the minimum sample size
z = standard normal deviate, set at 1.96 corresponding to 95% significance level.
P = 50% proportion of characteristics (attributes) in the population because there are no reports of previous studies on this in this area.
q = 1 – p
q = 1 – 0.5 = 0.5
d = precision or degree of accuracy i.e., acceptable margin of sample error set at 5% or 0.05.

Substituting the above figures in the formula, the desired sample size, n, for the study will be:

$n = (1.96)^2 \times 0.5 \times 0.5 / 0.05^2 = 385.$

This, therefore, means that a minimum sample size of 385 is required for the study to be valid.

Adjusting by 10% for non-response n = 424 is now the sample size for the study.

The data obtained were analyzed using SPSS version 22. Tests of associations were done using chi-square statistics at 95% confidence levels.

A total of 424 female students were interviewed in this study. The questionnaires for this study were a semi-structured questionnaire and it was self-administered.

3. Results

A total number of four hundred and twenty-four (424) female students of the Federal University, Otuoke were included in the study.

Table 1: Socio-demographic characteristics of respondents

Variable	Frequency	Percentage
Age in years (n = 332)		
15 – 20	168	50.6
21 - 25	147	44.3
26 – 30	5	1.5
31 - 35	12	3.6
Ethnicity (n = 413)		
Ijaw	167	40.4
Igbo	119	28.8
Hausa	12	2.9
Yoruba	33	8.0
Urhobo	46	11.1
Edo	12	2.9
Others	24	5.8
Marital Status (n = 424)		
Single	401	94.6
Married	12	2.8

Separated	11	2.6
Religion (n = 419)		
Christianity	408	96.2
Islam	11	2.6
Christian denominations (n = 408)		
Catholic	101	24.1
Pentecostal	234	55.8
Anglican	57	13.6
Others	16	3.8
If currently employed (n = 424)		
Yes	22	5.2
Student	402	94.8

The socio-demographic characteristics of respondents are shown in Table 1 above. The mean age of respondents was 21.0 ± 3.4 years. The predominant age group was 15 - 20 years (50.6%); followed closely by the age group 21 – 25 years (147 (44.3%)). The majority (167 (40.4%)) of the respondents were of the Ijaw ethnicity; followed by the Igbo ethnicity (119 (28.8%)). The respondents were predominantly Christians (408 (96.2%)), with denominations more of Pentecostal (234 (55.8%)), followed by Catholics (101 (24.1%)). All the respondents (100%) were students but 22 (5.2%) were employed.

Table 2: Awareness of female genital mutilation or cutting (FGM/C)

Variable	**Frequency**	**Percentage (%)**
Do you know about FGM/C? (n = 413)		
Yes	366	88.6
No	47	11.4
If yes, what does FGM mean? (n = 366)		
Female genital cutting	350	95.6
Female genital massage/rubbing	16	4.4
Traditional female treatment	0	0
Are you in favor/support of FGM? (n = 401)		
Yes	48	12.0
No	292	72.8
Not sure	61	15.2

The majority (366 (88.6%)) of the respondents know about FGM. Most (350 (95.6%)) also knows what FGM mean. The majority (292 (72.8%)) of the respondents do not support the practice of FGM, only 48 (12.0%) support the practice of FGM while 61 (15.2%) of the respondents were not sure if they support the practice or not.

Table 3: Prevalence of FGM/C amongst respondents

Variable	Frequency	Percentage (%)
Are you circumcised (FGM)? (n = 383)		
Yes	36	9.4
No	318	83.0
I do not know	29	7.6
If yes, who took the decision (n = 30)		
Father	6	20.0
Mother	18	60.0
Grandmother/grandfather	6	20.0
Do you think the practice should continue? (n = 293)		
Yes	24	8.2
No	233	79.5
Don't know	36	12.3

The prevalence of FGM was 36 (9.4%), while those that haven't had FGM constituted the majority 318 (83.0%). The other respondents do not know if they have undergone FGM or not and they constituted 29 (7.6%).

Amongst those that have had FGM, 6 (20.0%) of them, decisions for the procedure were taken by their fathers or grandparents, while in the majority (18 (60.0%)) of the respondents, the decision was taken by their mothers.

Only 24 (8.2%) of respondents want the practice of FGM to be continued while 233 (79.5%) of the respondents want the practice to be discontinued.

Table 4: Association between the practice of FGM and the social demographic characteristics of respondents

Variable	Are you circumcised (FGM)?			Total	Test/ p-value
Ethnic group / Tribe (n = 377)	**Yes**	**No**	**Don't know**		
Ijaw	18(10.8)	138(82.6)	11(6.6)	167(100.0)	$x^2 = 33.7$ p = 0.001 df = 12
Igbo	18(16.8)	77(71.9)	12(11.2)	107(100.0)	
Hausa	0(0)	6(100.0)	0(0)	6(100.0)	
Yoruba	0(0)	30(100.0)	0(0)	30(100.0)	
Urhobo	0(0)	24(80.0)	6(20.0)	30(100.0)	
Edo	0(0)	13(100.0)	0(0)	13(100.0)	
Others	0(0)	24(100.0)	0(0)	24(100.0)	
Age in years (n = 318)					
15 – 20	12(7.4)	138(85.2)	12(7.4)	162(100.0)	$x^2 = 4.6$ p = 0.5893 df = 6
21 – 25	18(12.5)	120(83.3)	6(4.2)	144(100.0)	
26 – 30	0(0)	6(100.0)	0(0)	6(100.0)	
31 – 35	0(0)	6(100.0)	0(0)	6(100.0)	

The table above shows that the ethnic group/tribe of respondents have a statistically significant association with being circumcised (FGM) or being female genitally mutilated ($p > 0.05$).

On the other hand, the age of respondents was not found to be statistically associated with being female genitally mutilated ($p < 0.05$).

Table 5: Association between awareness of FGM and the social demographic characteristics of the respondents

Variable	Do you know about FGM?		Total	Test/ p-value
Ethnic group / Tribe (n = 407)	**Yes**	**No**		
Ijaw	156(93.4)	11(6.6)	167(100.0)	$x^2 = 22.0$ $p = 0.001$ $df = 6$
Igbo	89(82.3)	24(21.2)	113(100.0)	
Hausa	12(100.0)	0(0)	12(100.0)	
Yoruba	30(83.3)	6(16.7)	36(100.0)	
Urhobo	36(85.7)	6(14.3)	42(100.0)	
Edo	13(100.0)	0(0)	13(100.0)	
Others	24(100.0)	0(0)	24(100.0)	
Age in years (n = 324)				
15 – 20	139(89.1)	17(10.9)	156(100.0)	$x^2 = 5.9$ $p = 0.1164$ $df = 3$
21 – 25	144(96.0)	6(4.0)	150(100.0)	
26 – 30	6(100.0)	0(0)	6(100.0)	
31 – 35	6(100.0)	0(0)	6(100.0)	

The table above shows that the ethnic group/tribe of respondents have a statistically significant association with being aware or knowing about female genitally mutilation ($p > 0.05$).

On the other hand, the age of respondents was not found to be statistically associated with being aware or knowing about female genitally mutilation ($p < 0.05$).

4. Discussion

The majority (88.6%) of the respondents were aware of FGM. This shows a slightly lesser awareness level of FGM as compared to the study in Jos[10], Nigeria with an awareness level of 94.6% and the study in Nigeria amongst Igbo womem[11] with an awareness level of 98.7%. Though, the awareness level (88.6%) in this study could be generally considered as a high level of awareness alongside the Jos[10] study and also the study amongst Igbo women in Nigeria[11]. Most (95.6%) also know what FGM really mean. This shows a high level of knowledge. This level of knowledge is not unexpected and could be attributed to the fact that the respondents are university undergraduates who can be presumed to be educated individuals. The majority (72.8%) of the respondents do not support the practice of FGM, and only (12.0%) support the practice of FGM. The finding from this study is similar to the findings from the UAE study[9] which reported that 72.8% of the respondents were against FGM and that 17.4% of the respondents were in support of FGM, which is slightly a higher support level as compared to this study with a 12.0% support for FGM. The Jos study[10] and the study in Nigeria amongst the Igbo women[11], both reported that the practice of FGM should be discontinued with 83.8% and 91.3% respectively in both studies. This is similar to the findings from this study with 79.5% of respondents wanting discontinuation of the practice of FGM. The study in Nigeria amongst the Igbo women[11] also reported that 85.8% of the respondents think FGM is a form of violence against women.

The prevalence of FGM in this study was 9.4%. This is lower as compared to other studies, like the study in Nigeria amongst Igbo women[11] that reported a prevalence of 13.4%; and the Jos study[10] that reported a prevalence of 31.3%; the UAE study[9] reported a higher prevalence of 41.4%. The lower prevalence of 9.4% reported in this study, could be due to the fact that this study was done amongst university undergraduates whose parents may most likely be more educated than the regular rural dwellers with little or no education and that most likely will carry out traditional or cultural believes and customs such as FGM.

The ethnic group/tribe of respondents was found to have a statistically significant association with being circumcised (FGM) or being female genitally mutilated ($p > 0.05$) and also being aware or knowing about female genitally mutilation ($p > 0.05$). This is not surprising as FGM is customary or traditional practice in most African societies as it is believed that FGM helps to reduce promiscuity of the females and that it will help in reducing infidelity amongst the females in the African society. On the other hand, the age of respondents was not found to be statistically associated with being genitally mutilated ($p < 0.05$). This finding is not surprising, since the study was carried out amongst university undergraduates whose age differences wouldn't be that significant as they are mostly of almost the same age groups.

5. Conclusion

Awareness and knowledge of FGM in this study were high. The majority of the respondents were not in support of the practice of FGM and want the practice to be discontinued. The prevalence of FGM in this study is lower as compared to many other studies. Tribes or ethnic affiliations were found to be associated with being circumcised. There is a need for more education to the general public and parents in particular on the health implications of FGM and the need for legislation against the practice.

Conflict of Interest Statement
There is no conflict of interest among the authors. The cost and efforts made in carrying out this research was borne by all the authors. There was no external sponsors or funding.

About the Authors

Dr. Anthony Okeoghene, Eguvbe is a Consultant Community Physician with the Department of Community Medicine, Federal Medical Centre, Yenagoa, Bayelsa State, Nigeria; Email: doceguvbe@yahoo.com.
Dr. Peter Waibode, Alabrah is a Consultant Obstetrician & Gynaecologist with the Department of Obstetrics & Gynaecology Federal Medical Centre, Yenagoa, Bayelsa State, Nigeria; Email: sirde7@yahoo.com
Prof. Dennis Oju, Allagoa is a Professor of Obstetrics & Gynaecology Federal Medical Centre, Yenagoa, Bayelsa State, Nigeria; Email: dennisallagoa@yahoo.com

Dr. John Agbo is a Consultant Obstetrician & Gynaecologist with the Department of Obstetrics & Gynaecology Federal Medical Centre, Yenagoa, Bayelsa State, Nigeria; Email: agbodrjohn@yahoo.com

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