

## Determinants and Health Consequences of Female Genital Mutilation among Women of Child Bearing Age in Ife East Local Government Area of Osun State, Nigeria

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### Abstract

*This study investigated the determinants of wellness and health consequences of female genital mutilation among women of child bearing (WCB) age in Ife east Local Government Area, Nigeria. Descriptive survey design was adopted for the study; the population consists of women of child bearing age in Ife East LGA. The purposive sampling techniques were adopted in selecting a total sample size of 400 WCB from the population. A self structured questionnaire which was duly validated and found reliable with its reliability ascertained through test re-test method with a reliability coefficient of 0.86 was used to elicit information from the respondents. Four questions were raised to guide the study. The data collected were subjected to appropriate descriptive statistics of frequency counts and simple percentage. The result revealed that the research questions on educational factor and socio-cultural factors with 54.5% and 59.5% respectively were strong determinants of FGM while religious factors with 41% was less recognized as a determinant. The WCB with (55.5%) agree that the health consequences of FGM are numerous and of serious consequences to wellness of women. The findings were discussed and were recommended that the reproductive health workers and other health experts should emphasize the ills of FGM. It was also recommended that policy makers should organize seminars, workshops and health talks with community leaders and all health advocates bringing to their awareness the ills of FGM and other harmful health practices to enhance wellbeing of WCB and women generally.*

**Keywords:** determinants, childbearing, health consequences, genital mutilation, wellness

### Introduction

In developing countries where cultural practices and beliefs are well pronounced, rights of the women are usually subordinated to that of their male counterparts, and part of their numerous practices in achieving that is the body mutilation practice generally referred to as Female Genital Mutilation (FGM). These practices are not limited to African countries alone, as it is a global phenomenon, but are well pronounced in African countries (Brown, 2006).

Females which are the fruit bearing gender account for 49.36% of the total population in Nigeria (World Health Statistics, 2012), and their wellbeing is considered to have a positive effect on the development of both the home and the community at large, together with the nation's economy. On the other hand, FGM otherwise called circumcision, genital cutting, and infibulation, is a practice identified by World Health Organization (WHO) (2013) as a traditional practice that involves the partial or total removal of the external female organs for cultural, religious, or other non-therapeutic reasons. In the notes of Attama (2005) and Olubayo-Fatiregun (2007) FGM encompasses a number of traditional operations that involve removal or cutting away parts of the female genitalia, whether for cultural or any other non-therapeutic reasons. Obionu (2006) as reported by Igbokwe (2012) however stressed that the practice is referred to as mutilation because of its harmful physical, psychological and human right consequences. Ojo (2004) stated that FGM has no health benefit; instead it harms women in many ways like complications, severe pains, shock, hemorrhage, tetanus, urine retention, open sores in the genital region, and in long term effect, infertility.

Interestingly, UNICEF (2008) stated that majority of cases of FGM are carried out in 28 countries of Africa especially in Djibouti and Somalia where the prevalence is as high as 98%, and an estimated 100-140 million girls are reported by WHO (2013) to be suffering from the effect of FGM worldwide, with additional 3 million at risk annually.

Additionally, the prevalence of FGM in other African countries ranges from 80% to 100% in countries like Egypt, Ethiopia, Eritrea, and Sudan; from 51% to 79% in Mali, Chad, and Liberia; 50% in Nigeria and Kenya; and 20% or less in Senegal, Tanzania, Zaire, and Uganda (Donohoe, 2006).

WHO (2013) classify FGM into four types namely; **Type I:** this deals with the removal of the prepuce and the tip of the clitoris. It is often referred to as 'Sunna'. **Type II:** this is the entire removal of the clitoris and the adjacent labia (fleshy covering of the vagina). This is more severe than the former and its often referred to as 'Excision or Clitoridectomy'. **Type III:** this is the removal of the labia minora and labia majora i.e. the excision and infibulations of the vulva. This is considered to be the most severe and often referred to as 'Infibulations-Paranoiac circumcision'. **Type IV:** this can be classified as others, as it includes other practice like prickling, piercing, ripping, tearing, burning, scrapping etc, which are forms of mutilations. Koso-Thomas (1987) & Okhiai; Idonije and Asika (2011) reported that the above types are prevalent in African countries especially the fourth type which is more prominent in the Nigerian states.

WHO (2009) reported that the practice of FGM has horrific effects on the health of those who undergo it, depending on the severity of the procedure, and it affects both the physical and mental wellbeing of the individual who undergo it. Olatunji (2010) as cited by Igbokwe, (2012) explained that FGM makes sexual intercourse very unsatisfactory because it (FGM) involves trimming down of the clitoris which is an essential part for arousing sexual urge in women. In the report of Darkenoo (1994), the girls who undergo FGM suffer for their entire life, they suffer from several infections, and the pain that arises causes urine retention because of fear of passing urine through the irritable raw wound. He also noted that the small opening left after FGM may not be enough for menstruation and can cause blood clot accumulation which can be fatal. Immediate consequences of FGM include severe pain and bleeding, shock, difficulty in passing urine, infections, injury to nearby genital tissue and sometimes death (Amnesty International, 2013). The procedure can result in death through severe bleeding leading to hemorrhagic shock, neurogenic shock as a result of pain and trauma, and overwhelming infection (Amnesty International, 2013). In addition to the severe pain during and in the weeks following the cutting, WHO (2013) report indicates that women who have undergone FGM experience various long-term effects which are physical, sexual and psychological in nature. It is important to note that almost all the women who have undergone FGM experience pain and bleeding as a consequence of the procedure (WHO, 2013). The event itself is traumatic as girls are held down during the procedure. Risk and complications increase with the type of FGM and are more severe and prevalent with infibulations (Hosken, 1993). Additionally, WHO (1993) reported that the highest maternal and infant mortality rates are in FGM practicing regions.

Several reasons has been reported in various literatures for the underlying factors causing the practice of FGM, part of which are; a mark of maturity (Onuzulike, 2000, as cited by Igbokwe, 2012); reducing libido in an attempt to reduce promiscuity in women (Hosken, 2003); for cultural obligations (Hosken, 2003); reduction of illicit sexual act (WHO, 2013); mythical beliefs that if not cut the clitoris can grow to the knees, and also destroy the penis (Dornohoe, 2006). Dorkenoo (1994) further noted that the worldwide spread of FGM is due to the population movements and refugee migration as a result of war. Akumadu (2000) revealed that the personnel involved in the surgery are usually native doctors traditional birth attendants, members of trade guild whom are usually between the ages of 35-70 years old and are popularly called local surgeon, as they have little or no modern medical knowledge.

In some African countries such as Nigeria, Togo, and Kenya which have a prevalent rate of 20-50% (WHO, 2013), this prevalent rate is associated with some determinants which vary from community to community. Determinants are factors that enhance the practice of FGM. This study is tailored to the establishment of those determinants in Ile-Ife, Nigeria, to also see if it is in consonance with what is reported in literature.

### **Research Questions**

The following questions are developed to guide this study, they are;

1. Is educational factor a determinant of FGM in Ile-Ife Osun state, Nigeria?
2. Is socio-cultural factor a determinant of FGM in Ile-Ife Osun state, Nigeria?
3. Is religious factor a determinant of FGM in Ile-Ife Osun state, Nigeria?
4. What are the health consequences of FGM in Ile-Ife Osun state, Nigeria?

### Methodology

The descriptive survey research design was adopted for the study. The population for the study consists of women of childbearing age in Ife East Local Government Area. The purposive sampling technique was adopted in selecting 400 participants as sample for the survey. The instrument used in eliciting information from the respondents was a self constructed instrument, which was validated through critique from colleagues in health discipline, and a reliability coefficient of 0.86 was attained using test-retest method. The researcher and five research assistants administered the instrument to the respondents on the field. The instrument was administered and collated on the spot. All instruments were administered and collected intact. Data collected were subjected to descriptive statistics of frequency count and simple percentage in analyzing and interpreting respondents' responses. Igbokwe (2008) criterion for describing determinants of non-acceptance of family planning practices was adopted to ascertain determinants of FGM practices. In that sense, a score of less than 50 percent was considered 'not a determinant' (NAD) and a score of above 50 percent was considered as 'determinants' (D) of FGM practice. The result is presented as follows;

### Results of Findings

**Table 1: Educational Factors as a Determinants of FGM (N=400)**

Educational determinants	f	%	Decision
1. Lack of awareness of the consequences of FGM	299	74.8	D
2. Inadequate knowledge of reproductive health	260	65	D
3. Inadequate knowledge of the concept of virginity	103	25.8	NAD
4. Inadequate knowledge of safe motherhood	279	69.8	D
5. Inadequate concept of fertility	211	52.8	D
Summary		54.5	D

Table 1 above shows that the factors highlighted as educational factors are accepted to be FGM determinants except the inadequate knowledge of the concept of virginity which the respondents disagree on. However, the summary score of 54.5% which is more than 50% of criterion score indicates that educational factors are determinants of FGM in Ile-Ife, Nigeria.

**Table 2: Socio-Cultural Factors as a Determinants of FGM (N=400)**

Socio-cultural determinants	f	%	Decision
1. FGM reduces sexual urge	322	80.5	D
2. FGM promotes virginity	309	77.3	D
3. FGM enhances fertility	187	46.8	NAD
4. Beliefs that FGM controls fertility	158	39.5	NAD
5. FGM promotes socio-cultural heritage	294	73.5	D
Summary		59.5	D

Table 2 above shows that the factors highlighted as socio-cultural factors are accepted to be FGM determinants, except in the case of fertility and fertility control enhancement. However, the summary score of 59.5% which is more than 50% of criterion score indicates that socio-cultural factors are determinants of FGM in Ile-Ife, Nigeria.

**Table 3: Religious Factors as a Determinants of FGM (N=400)**

Religious determinants	f	%	Decision
1. Your religious doctrine encourages FGM practice	37	9.3	NAD
2. Belief that FGM is moral and should be practiced	89	22.3	NAD
3. Belief that FGM is from God	17	4.3	NAD
4. Beliefs that FGM promotes chastity	258	64.5	D
5. Beliefs that FGM promotes devotion to religion	194	48.5	NAD
Summary		41	NAD

Table 3 above shows that the factors highlighted as religious factors are not accepted to be FGM determinants, except the fact that it promotes chastity. However, the summary score of 41% which is less than 50% of criterion score indicates that religious factors are not determinants of FGM in Ile-Ife, Nigeria.

**Table 4: Health Consequences of FGM (N=400)**

Health consequences of FGM	f	%
1. Lack of sexual satisfaction	222	55.5
2. Poor sexual and marital relationship	209	52.3
3. Lack of femininity and modesty in womanhood	187	46.8
4. Pain, shock, infection, urine retention, increased risk of VVF	320 80	
5. Delay marriage and increase fertility	186	46.5

Table 4 above shows that the respondents accepted to the various health problems as the consequences of FGM, while they disagree to the fact that FGM reduces femininity in women and causes delay in marriage.

### ***Discussion of Result***

This study focus on the determinants and health consequences of FGM practices among women of childbearing age in Ife-Local Government, Osun State Nigeria. The discussions are done based on the various variables and are presented as follows;

Table 1 above clearly shows the position of the respondents to the various questions raised to test for the educational factor as a determinant of FGM in Ile-Ife Osun State. In the results obtained, it shows that education as a factor is a strong determining factor in the practice of FGM and also in the maintenance of wellness by the women who undergo FGM. This can in another way be said that, the more the level of education in a particular locality the less the practice and acceptance of FGM. In summary the findings in table 1 shows that the practice of FGM is associated with rurality. This findings support the assertion of Igbokwe (2012) that FGM is more pronounced in areas that are predominantly rural with poor socio-economic status of women of child bearing age. It also confirms the reports of James (2001) that women who practice FGM do so with the belief of some myths that the flesh on the virginal (labia majora) could grow to their knees if not cut. The implication of this is that women who undergo FGM because of such beliefs are less likely to be educated. Reports from a demographic and health survey in Sudan further indicate that women with little or no education are more likely to support the practice of FGM than their educated counterpart (Sudan Demographic and Health Survey, 1990).

In table 2 to test for socio-cultural factors as a determinant of FGM practices, the results revealed that the respondents agree to socio-cultural factors as a strong base and a determinant for FGM practices. This indicates that areas with strong cultural ties of the belief of FGM are more likely to have a higher prevalent rate of FGM. In the same line, UNICEF (2008) report indicated that Djibouti and Somalia which happens to be a locality in Africa which posses a strong cultural ties together with a high level of rurality is found to have a prevalent rate of 98% level of FGM practice, which implies that almost all the women of child bearing age in those regions are circumcised as a result of their strong cultural beliefs and ties. This report also supported that of WHO (2013) that societies Where FGM is a social convention, the social pressure to conform to what others do and have been doing is a strong motivation to perpetuate the practice, together with the fact that FGM is considered a necessary part of raising a girl properly, and a way to prepare her for adulthood and marriage. With these reports, one can conclude that societies and cultures that hold a strong belief for FGM tends to have more women that are circumcised compared to societies that have less regard for the practice and also societies that have diluted culture as a result of high rate of immigrants (Dorkenoo, 1994; & Brown, 2006).

The result obtained in table 3 is quite different, with data indicating an agreement score of 41% as against 50% baseline agreement score. This implies that religion is not a determining factor of the practice of FGM. The fact that whether or not religion is a determining factor of FGM has raised a lot of controversy in literature, for instance, Brown (2006) wrote that FGM practices are more pronounced in the Muslim families as it encourages honour and chastity, Donohoe (2006) also supported that assertion by concluding that since FGM originated from the ancient Egypt around 450BC, which happens to be a Muslim society and also spread to other communities that are Muslim predominated, therefore the practice of FGM and its spread has a lot to do with Muslim. Rather, Olukoye (1988) as reported by Igbokwe (2012) & WHO (2013) in their own view indicates that since there is no religious scripts prescribing the practice of FGM, therefore religion is not the basis of the practice of FGM. The position of this study supports the fact that religion is not a basis for the practice of FGM.s

Table 4 shows a data that confirms the various health implications of FGM practices, which are; lack of sexual satisfaction, poor sexual and marital relationship, and pain, shock, infection, urine retention, increased risk of VVF. Meanwhile, literatures have revealed several consequences of FGM, part of which are; pain during and after the cutting (Amnesty International, 2013); harmful sexual intercourse, infertility, complications during child birth, post-traumatic stress disorder (WHO, 2013); sexual dysfunction, disharmony, and an aftermath of break up in marriages (Dorkenoo, 1994). With the result of this study and what literature has reported, it shows that the study is in conformity to the several reports in literature, except the fact that more scientific reports are erupting to reveal the long term effect of FGM practice on childbirth and psychosocial wellness of the women who undergo it. This can be further explained that, irrespective of race or culture, the health consequences of FGM practice are general ranging from physical, sexual to psycho-social consequences in nature to the women who undergo it. These consequences however, has been found to have a significant effect on the wellbeing and wellness of the women who undergo it and even the society at large as WHO (2013) has found out that FGM does not allow husband to enjoy their wives and also lead to complications to children born from such parents.

### **Conclusion**

This study ascertain the factors that serves as determinants of wellness of FGM, together with the health consequences of FGM among women of child bearing age in Ile-Ife, Osun state Nigeria. Based on the findings with the support of several literatures, it is therefore concluded that;

1. Educational factors are determinants and the practice of FGM in Ile-Ife, Osun state Nigeria.
2. Socio-cultural factors are determinants and the practice of FGM in Ile-Ife, Osun state Nigeria.
3. Religious factors are not determinants and the practice of FGM in Ile-Ife, Osun state Nigeria.
4. The health consequences of FGM amongst others are revealed to be; pain, shock, infection, urine retention, increased risk of VVF; lack of sexual satisfaction; and poor sexual and marital relationship

### **Recommendations**

The following are therefore recommended based on the findings of this study;

1. Local Government should do more of public awareness in all sectors of the community regarding harmful practices like FGM, through information, formal and informal education and outreach programmes.
2. Federal Government should prohibit such practice through legislative measures backed by sanctions, medicalization, and para-medicalization of FGM in order to eliminate them.
3. During the training recommended by WHO to be given to both the traditional birth attendants and traditional medical service providers who also are the local surgeon of FGM, the health implications of FGM practice should be stressed together with the teaching of alternative method of promoting chastity among women which is usually the primary motive for FGM practice.
4. Special training should also be organized for community leaders to sensitize them about the harmful and long term effects of FGM, together with soliciting their support in not giving their female child out for circumcision.
5. Health education unit should be created in all Local Governments to constantly monitor, reports and devise strategies in public enlightenment on issues of public health especially the one of FGM.

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