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Perception and Knowledge of Female Genital Mutilation among Indigenous Childbearing Women in Awka-South Local Government Area of Anambra State, Nigeria

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Abstract

Female genital mutilation (FGM) remains a deeply rooted cultural practice with far-reaching consequences for the health, dignity, and rights of women worldwide. The study assessed the perception and knowledge of female genital mutilation among indigenous childbearing women in the Awka-South Local Government Area in Anambra State, Nigeria. The objectives of the study were to assess the level of knowledge and the level of perception of indigenous childbearing women in Awka, South L.G.A. of Anambra State towards female genital mutilation. The hypotheses were that there is no significant association between the level of knowledge and the level of perception of indigenous childbearing women in Awka-South L.G.A. of Anambra State towards female genital mutilation and that parity of indigenous childbearing women in Awka-South L.G.A. is not significantly associated with their perception. A cross-sectional, descriptive survey design was adopted for the study. The sample size was 437 indigenous childbearing women, and a multistage sampling technique was used. The instrument for data collection was a questionnaire. The reliability test indicated 0.72. The data obtained were analyzed using the statistical package for social sciences (SPSS); descriptive statistics, frequency, percentage, and mean were used to analyze research questions, and inferential statistics, chi-square, were used to test hypotheses at the 0.05 level of significance. The data were presented in tables for clarity. The findings of the study revealed that the majority, 77.2%, had a negative perception of FGM, and the majority, 64.0%, of the respondents had poor knowledge of FGM. There was no significant association between the level of knowledge and the level of perception of FGM among indigenous childbearing women, with p-value = 0.094, and the parity of indigenous childbearing women is not significantly associated with their level of perception of FGM with p-value = 0.431. In conclusion, indigenous childbearing women showed negative perceptions towards FGM, and indigenous childbearing women had poor knowledge of FG. It is recommended that healthcare providers, community organizations, and government agencies implement comprehensive education programs targeting indigenous childbearing women to improve their knowledge and understanding of FGM.

Keywords: Perception, Knowledge, Female genital mutilation, indigenous childbearing women.

INTRODUCTION

Female Genital Mutilation (FGM), also referred to as female circumcision or female genital cutting, is defined as partial or total removal of the external female genitalia for non-therapeutic reasons (Nwaokoro, Ede, Dozie, Onwuliri, and Ebirikwe, 2016). Female circumcision is typically carried out by a traditional circumciser or traditional birth attendant (TBA) using a blade, with or without anesthesia (Marcfarlane and Dorkenoo, 2014). Female genital mutilation is considered illegal in the UK since 1985 and has been banned in most countries (Nwaokoro *et al.*, 2016). There are no health benefits rather than harm to the female's genital organs (Earp and Johnsdotter, 2021). FGM is mostly carried out on young girls between infancy and age 15 (World Health Organization) (WHO, 2023); however, adults and married women are also subjected to female genital mutilation procedures (Nwaokoro *et al.*, 2016). The age at which female genital mutilation is performed varies with local traditions and circumstances but is decreasing in some countries (Nwaokoro *et al.*, 2016).

According to the World Health Organization (2022), FGM is classified into four types depending on the extent of tissue removed. Type I (clitoridectomy), which is the partial or total removal of the clitoris, and in very rare cases, only the prepuce (the fold of the skin surrounding the clitoris). Type II is the partial or total removal of the clitoris and the 'labia minora' with or without excision of the 'labia majora.' Type III is the narrowing of the vaginal opening through the creation of a covering seal formed by cutting and repositioning the inner or outer labia with or without removal of the clitoris, and Type IV includes all other harmful procedures to the female genitalia for non-medical purposes, such as pricking, piercing, incising, scraping, and cauterizing the genital area. The term "female genital mutilation" derived its name from the Roman word fibula (clasp), which was fastened through the prepuce of men and labia of women to enforce chastity (Novakovic, 2017). While a range of socio-religious issues foster the practice, to this day a conviction that FGM is necessary to control women's sexuality exists in many practicing communities. There are many reasons for FGM practice. These may be sexual and reproductive reasons, which include inhibiting women's sexual desire and heightening that of men, to increase fertility and assist childbirth, and also to enhance hygiene and provide aesthetic condition on females, purifying the female genitals and removing some parts that serve as ugly to males, and they constitute a male organ in a female body (Nwaokoro *et al.,* 2016). Other reasons are social pressure, cultural identity, social status of the family, and lastly, religious or related to myths and religious ruling (Nwaokoro *et al.*, 2016).

WHO (2022) estimated that above 200 million young girls and adult women have been genitally mutilated in 30 countries in Africa, the Middle East, and Asia where FGM is practiced. In some African countries and the Middle East, where FGM is widely performed, poor hygiene is recorded; there is no anesthesia, no sterilized equipment to replace rusting blades, which can lead to hemorrhage, shock, septicaemia, and tetanus (WHO, 2022). If the victim survives, she may be left infertile or suffer complications during childbirth; cysts and recurrent urinary tract infections may always be observed (Marcfarlane and Dorkenoo, 2014). Knowledge and perception of female genital mutilation differ considerably among childbearing women. These influence their likelihood of either abandoning or continuing the practice. Studies have shown that while some women oppose FGM due to health risks associated with it, others support it due to societal pressure and perceived cultural irrelevance (Melese *et al*., 2020). Carrying out a study into the perception and knowledge of FGM among indigenous childbearing women in Awka-South, Anambra State, is crucial for assimilating limited attitudes and recognizing plans for intervention. It also provides insight into the roles of education, healthcare, and community engagement in challenging harmful practices and promoting women's health and rights.

Research Questions

1. What is the level of perception of indigenous childbearing women in Awka-South local government area of Anambra State towards female genital mutilation?
2. What is the level of knowledge of indigenous childbearing women in Awka-South local Government area of Anambra State towards female genital mutilation?

Research Hypotheses

1. There is no significant association between the level of knowledge and the level of perception of indigenous childbearing women in Awka-South local government area of Anambra State towards female genital mutilation.
2. Parity of indigenous childbearing women in Awka- South local government area of Anambra state is not significantly associated with the perception of female genital mutilation.

MATERIALS AND METHODS

Research Design

The design for the study was descriptive cross sectional survey. This design is deemed appropriate because according Idoko (2015), cross – sectional descriptive survey design is that which stipulates that study be carried out under natural conditions. It means that variables of all types are not controlled or manipulated.

Area of the Study

The study was carried out in Awka South Local Government area in Anambra State. Anambra State is situated in South - East Geopolitical Zone of Nigeria. Awka - South Local Government Area headquarters is Awka town and it consists of the following nine (9) communities namely Awka, Amawbia, Ezinato, Isiagu, Mbaukwu, Nibo, Nise, Okpuno and Umuawulu. Each of these communities has villages within. These areas are populated and the indigenes are mainly blacksmiths and are noted for their metal work and wood carving. Some festivals and ceremonies are performed within the year at different times. They are traders, civil servants and Farmers. They are mainly Christians and are hardworking. Igbo Language is mainly their medium of communication, though English may be used by many. These communities have One (1) tertiary health facility, one (1) Secondary health facility, Twenty (20) primary health centers, seven (7) health posts, Ten (10) Private hospitals and two (2) mission hospitals distributed as follows: Awka has one (1) tertiary health facility, Nine (9) primary health centers, one (1) health post, six (6) private hospitals and one (1) mission hospital. Amawbia has one (1) maternal and child health clinic and two (2) Primary health centers, Nibo has two (2) primary health centers and two (2) health posts and one (1) private

hospital, Mbaukwu has one (1) PHC and three (3) health posts, Okpuno has one (1) PHC, two (2) private hospitals and one (1) mission hospital, Nise has one (2) PHCs and two (2) health posts, Umuawulu has one (1) PHC, Isiagu has one (1) PHC and Ezinator has one (1) PHC.

Sample and Sampling Technique

The sample size for the study was 437 indigenous childbearing women in Awka- South local government Area of Anambra State. This study was carried out using a multi-stage sampling technique. The stages were as follows: **Stage 1: Selection of Communities:** Simple random sampling technique was used to select five (5) communities out of the nine communities in Awka - South Local Government area namely Amawbia, Awka, Nibo, Nise and Umuawulu, **Stage 2: Selection of Primary Health Centres**: Simple random sampling technique was also used to select one government – owned PHC from each of the five (5) selected communities, **Stage 3: Selection of Indigenous childbearing Women:** Purposive sampling technique was used to select child bearing women who are indigenes from each of the selected communities in Awka – South Local Government Area and **Stage 4: Selection of Number of Childbearing Women:** Purposive sampling technique was also used to select all the indigenous childbearing women from each selected PHC in the selected communities in Awka –South Local Government Area of Anambra State for the study, Awka 144, Amawbia 103, Nibo 72, Nise 61 and Umuawulu 57 totaling 437 indigenous childbearing women.

Instrument for Data Collection

Questionnaire on level of perception and level of knowledge of female genital mutilation among childbearing women developed by the Researcher was used to collect data for the study. The questionnaire consisted of three (3) sections. Section A consisted of seven (7) items that elicited information on the personal data such as age, occupation, religion, marital status and educational status of the research subjects. Section B consisted of twelve (12) items on Perception of female genital mutilation among child bearing women and Section C consisted of fifteen (15) items on the level of knowledge of female genital mutilation among childbearing women in Awka- south L.G.A of Anambra State. The question items in sections B of the questionnaire had "yes"/ "no" options while the items in sections C of the questionnaire had four point rating scale ranging from Strongly Agree (SA) 4 points, Agree (A) 3 points, Disagree (D) 2 points and Strongly Disagree (SD) 1point. The total number of items in the questionnaire was 34.

Reliability of the Instrument

The instrument for data collection was tested for reliability using test – retest method. 40 copies of the instrument which was 10% of the sample size were administered to 40 childbearing women in one of the four communities which were not included in the study. Later, another 40 copies of the instrument was re-administered within two weeks interval to the same respondents. The data that were collected was coded and Cronbach's alpha used to test the internal consistency of the instrument. An Alpha value of 0.85 was obtained and this showed that the instrument was reliable

Ethical Consideration

Ethical approval was obtained from the ethical committee of the Anambra State Primary Health Care Development Agency. A letter of recommendation from the head of department of Nursing Science of Nnamdi Azikiwe University, Nnewi campus with a request for the study to be carried out was presented to the Nursing officers in the Health centers. The procedure was explained to the childbearing women. Informed consent was obtained from the participants before the administration of the instrument and no one was forced to participate. They were also assured that all information obtained should be kept confidential.

Method of Data Collection

Information on the activities in the Primary Health centers across the selected communities were elicited to know when most child bearing women in the selected communities visited the health centers for antenatal and postnatal cares so as to get people from different villages. The child bearing women in the selected communities were reached through the Nursing Officers in the Primary Health Centers in the selected communities in Awka – South Local government Area. The selected primary health centers were visited by the researcher and the nursing officers in each of the selected PHCs assisted the researcher. The research assistants were given comprehensive explanation on the aim of the study, how it was carried out and what was required of them during the administration of the questionnaires. The purpose of the study was explained to the childbearing women who were encouraged to fill the questionnaire and return immediately. Any item not properly understood was carefully explained to them. The researcher explained the items in the questionnaire to the women without formal education in their native language. Four hundred and thirty seven (437) copies of the questionnaire were administered to indigenous childbearing women in the five (5) selected PHC's in Awka - South Local Government Area of Anambra State. The data collection lasted for twelve (12) weeks. 425 copies of the questionnaire were returned and appropriately filled making the return rate to be 97% (425).

Method of Data Analysis

Data obtained were analyzed using the IBM statistical package for social sciences (SPSS) version 26. Frequencies and percentages were used for the demographic data. The research questions were analyzed using descriptive statistics such as percentages. Hypotheses were tested using Chi -Square at 0.05 level

of significance. The results were presented in tables for clarity.

RESULTS AND DISCUSSIONS

Research Question 1: What is the level of perception of indigenous childbearing women in Awka – South L.G.A of Anambra State towards female genital mutilation?

Table 4.1: Perception of Indigenous childbearing Women towards Female Genital Mutilation in Awka – South L.G.A of Anambra State (n=425)

S/N	Items	Likert	Scale			Mean score	Remarks
		Strongly Agree	Agree	Disagree	Strongly Disagree		
1	The clitoris should be removed because it is the male part of the female body	25 (5.88)	46 (10.82)	125 (29.41)	229 (53.88)	1.7	Rejected
2	FGM promotes a woman's faithfulness to her husband	31 (7.29)	81 (19.06)	186 (43.76)	127 (29.88)	2.0	Rejected
3	Uncircumcised females will be promiscuous	59 (13.88)	45 (10.59)	169 (39.76)	152 (35.76)	2.0	Rejected
4	Women with FGM are at risk of gynecological complications	128 (30.12)	136 (32.00)	110 (25.88)	51 (12.00)	2.8	Accepted
5	Women who are not genitally mutilated are not acceptable among peers in functions in the community	27 (6.35)	56 (13.18)	170 (40.00)	172 (40.47)	1.9	Rejected
6	FGM is beneficial for the female	36 (8.47)	93 (21.88)	129 (30.35)	167 (39.29)	2.0	Rejected
7	FGM maintains good health in women folk	36 (8.47)	79 (18.59)	153 (36.00)	157 (36.94)	2.0	Rejected
8	Female genital mutilation raises the social status of the family	31 (7.29)	74 (17.41)	151 (35.53)	169 (39.76)	1.9	Rejected
9	FGM promotes social morality	47 (11.06)	85 (20.00)	154 (36.24)	139 (32.71)	2.1	Accepted
10	FGM promotes decency in women	64 (15.06)	64 (15.06)	129 (30.35)	129 (30.35)	2.2	Accepted
11	Female genital mutilation initiates young girls into womanhood	39 (9.18)	77 (18.12)	128 (30.12)	181 (42.59)	1.9	Rejected

Mean score>2.0 (items accepted), ≤ 2.0 (items rejected) Overall mean scores = 2.05.

Table 4.1 showed that majority of the respondents rejected and disagreed with almost all the items on the perception scale except the items "Women with FGM are at risk of gynecological complications, FGM promotes social morality and FGM promotes decency in women. Overall mean score of 2.05 showed negative perception.

Research Question 2: What is the level of knowledge of indigenous childbearing women in Awka – South L.G.A of Anambra State towards female genital mutilation

Table 4.2: Level of Knowledge of indigenous Childbearing Women in Awka –South LGA of Anambra State towards Female Genital Mutilation

S/N	Variables	Frequency (425)	Percentage (%)
12	There are laws against Female Genital Mutilation in Nigeria		
	No	114	26.82
	Yes	311	73.18
13	There are laws against female genital mutilation in other countries		
	No	145	34.12
	Yes	280	65.88
14	Uncircumcised women get more infections		
	No	236	55.53
	Yes	189	44.47
15	Female genital mutilation can cause infertility		
	No	192	45.18
	Yes	233	54.82

16	There are different types of Female genital mutilation		
	No	158	37.18
	Yes	267	62.82
17	Female genital mutilation is legal in Nigeria		
	No	310	72.94
	Yes	115	27.06
18	Female genital mutilation can cause severe bleeding		
	No	97	22.82
	Yes	328	77.18
19	Genitally mutilated women are more likely to suffer from urinary incontinence		
	No	124	29.18
	Yes	301	70.82
20	Female genital mutilation is not dangerous		
	No	285	67.06
	Yes	140	32.94
21	Being genitally mutilated makes no difference during childbirth		
	No	264	62.12
	Yes	161	37.88
22	If the clitoris is not removed, it will grow larger like a penis		
	No	374	88.00
	Yes	51	12.00
23	If the clitoris is not removed the baby will die during delivery		
	No	377	88.71
	Yes	48	11.29
24	Genitally mutilated women are less likely to catch sexually transmitted infections		
	No	305	71.76
	Yes	120	28.24
25	All women in Nigeria are circumcised		
	No	407	95.76
	Yes	18	4.24
26	Female genital mutilation can prolong labor during childbirth		
	No	223	52.47
	Yes	202	47.53
	Total	**425**	**100.0**

Overall Result: Poor knowledge 272 (64%), Good knowledge 153 (36%)

Table 4.2 showed that majority 311 (73.18%) of the respondents agreed that there were laws against FGM in Nigeria, 280 (65.88%) agreed that there were laws against FGM in other countries, 236 (55.53%) disagreed that uncircumcised women get more infection, while 233 (54.82%) agreed that female genital mutilation can cause infertility, 267 (62.82%) disagreed that there were different types of female genital mutilation. Also, a vast majority 310 (72.94%) of the respondents disagreed that female genital mutilation is legal in Nigeria, while another majority 328 (77.18%) agreed that female genital mutilation could cause severe bleeding. Women who made up 301 (70.82%) agreed that genitally mutilated women were more likely to suffer from urinary incontinence. The table also indicated that 285 (67.06%) of the respondents disagreed that female genital mutilation is not dangerous, however 264 (62.12%) disagreed that being genitally mutilated made no difference during childbirth. A vast majority 374 (88%) of the respondents disagreed that if the clitoris is not removed it will grow large like a penis while 377 (88.71%) disagreed that if the clitoris is not removed the baby will die during delivery. 305 (71.76%) of the respondents agreed that genitally mutilated women are less likely to catch sexually transmitted infections while 407 (95.76%) disagreed that all women in Nigeria were circumcised. However, 223 (52.47%) disagreed that female genital mutilation could prolong labor during childbirth. Overall result of the level of knowledge indicate that 272(64%) of the respondents had poor knowledge while 153(36%) had good knowledge of female genital mutilation.

Hypotheses 1

Null hypothesis:

There is no Significant Association between the Level of Knowledge and the Level of Perception of indigenous Childbearing Women in Awka – South L.G.A of Anambra State towards Female Genital Mutilation

Table 4.3: Test of Association between Level of Knowledge and Level of Perception of Indigenous Childbearing Women in Awka – South L.G.A of Anambra State towards Female Genital Mutilation

Level of knowledge vs	Level of perception (%)		X^2-value	P-value
	Negative	Positive		
There are laws against Female Genital Mutilation in Nigeria				
No	18 (11.76)	96 (35.29)		
Yes	135 (88.24)	176 (64.71)	27.62	0.001*
There are laws against female genital mutilation in other countries				
No	14 (9.15)	131 (48.16)		
Yes	139 (90.85)	141 (51.84)	66.29	0.001*
Uncircumcised women get more infections				
No	53 (34.64)	183 (67.28)		
Yes	100 (65.36)	89 (32.72)	42.24	0.001*
Female genital mutilation can cause infertility				
No	28 (18.30)	164 (60.29)		
Yes	125 (81.70)	1098 (39.71)	69.71	0.001*
There are different types of Female genital mutilation				
No	30 (19.61)	128 (47.06)		
Yes	123 (80.39)	144 (52.94)	31.59	0.001*
Female genital mutilation is legal in Nigeria				
No	97 (63.40)	213 (78.31)		
Yes	56 (36.60)	59 (21.69)	11.02	0.001*
Female genital mutilation is not dangerous				
No	13 (8.50)	84 (30.88)		
Yes	140 (91.50)	188 (69.12)	27.85	0.001*
Genitally mutilated women are more likely to suffer from urinary incontinence				
No	10 (6.54)	114 (41.91)		
Yes	143 (93.46)	158 (58.09)	59.30	0.001*
Female genital mutilation is not dangerous				
No	103 (67.32)	182 (66.91)		
Yes	50 (32.68)	90 (33.09)	0.01	0.931
Being genitally mutilated makes no difference during childbirth				
No	80 (52.29)	184 (67.65)		
Yes	73 (47.71)	88 (32.35)	9.8	0.002*
Overall P-value			=	**0.094**

(significant p values<0.05)

In Table 4.3, the results revealed that there was no statistically significant association between the Level of Knowledge and the Level of Perception of Childbearing Women in Awka – South L.G.A of Anambra State towards Female Genital Mutilation. All the knowledge factors had significant association (p=0.001) with level of perception except "Female genital mutilation is not dangerous" (p=0.931). Overall p-value = 0.094. Thus, we fail to reject the null hypothesis and the alternate hypothesis is rejected.

Hypothesis 2

Null hypothesis:

Parity of indigenous childbearing women in Awka–South LGA of Anambra State is not significantly associated with the perception of female genital mutilation.

Table 4.4: Test of Association between Parity and Level of Perception of Female Genital Mutilation among Indigenous Childbearing Women in Awka–South LGA of Anambra State

Parity	Level of Perception		X^2-value	P-value
	Negative	Positive		
First pregnancy	91 (27.74)	23 (23.71)	0.62	0.431
Second pregnancy and above	237 (72.26)	74 (76.29)		
(significant p values<0.05)				

Table 4.4 revealed that there was no statistically significant association between parity and level of perception of female genital mutilation among childbearing women in Awka–South LGA because the p-value (0.431) is greater than the typical significance level

of 0.05, Thus, we fail to reject the null hypothesis and the alternate hypothesis is rejected.

DISCUSSION OF FINDINGS

Research Question One and Hypothesis One

The findings of this study revealed that majority of the respondents (Table 4.3) had a negative perception towards female genital mutilation (FGM). This result may be due to these several key reasons. Primarily, a significant number of the respondents recognized the health risks associated with FGM, acknowledging that childbearing women with FGM are at risk of gynecological complications. This awareness of potential health issues was a strong driver of the negative perception. This is in consonance with the study by Ahanonu and Victor (2014) in Lagos, Nigeria which observed that over half of their respondents perceived the practice of FGM as not being beneficial. Also, the study by Okem and Elechi (2023) in the Northern Senatorial District of Cross River State disagreed with the present study because the result showed that majority of the respondents had a good perception of female genital mutilation.

The findings of the study of hypothesis one indicated no significant association between the level of knowledge of female genital mutilation (FGM) and the level of perception of the respondents with overall p-value of 0.094**.** Therefore, the alternate hypothesis is rejected. This was in disagreement with the study by Okem and Elechi (2023) in the Northern Senatorial District of Cross River which revealed that there was a significant association between knowledge and perception of female genital mutilation among women of childbearing age.

Research Question Two and Hypothesis Two

What is the level of knowledge of childbearing women in Awka – South L.G.A of Anambra State towards female genital mutilation?

The findings of the study showed that majority of the respondents had poor knowledge of FGM. This may be attributed to a significant portion of respondents being unaware of crucial facts about FGM. For instance, many did not know about the existence of laws against FGM in Nigeria and other countries, indicating lack of knowledge about legal protections against the practice. Additionally, misconceptions about the health impacts of FGM were widespread. Many of the respondents indicate that uncircumcised women are more susceptible to infections and were unaware that FGM can lead to severe bleeding, infertility, and other serious health complications (Table 4.2). This highlights a substantial gap in understanding the medical consequences of FGM. The finding is in disagreement with the- study conducted by Eguvbe, Alabrah, Allagoa and Agbo in a tertiary facility in South - South of Nigeria which showed that majority of the respondents, knew about FGM. Also another study by Melese, Tesfa, sharew and Mehare (2020) in Degadamot district, Amhara regional state, Northwest Ethiopia also disagreed with the result of the present study. They found out that majority of mothers had good knowledge about female genital mutilation.

Furthermore, the result in hypothesis two revealed that there was no significant association between parity and level of perception of female genital mutilation among childbearing women in Awka–South LGA. Thus, the alternate hypothesis is rejected. This suggests that parity, whether it is the first pregnancy or subsequent pregnancies, does not significantly influence the level of perception regarding FGM among the respondents. This was in disagreement with the study by Okem and Elechi (2023) in the Northern Senatorial District of Cross River State which concluded that parity is associated with perception of women of childbearing age.

CONCLUSION AND RECOMMENDATION

CONCLUSION

The study concludes that while most childbearing women have a negative perception towards female genital mutilation (FGM), their poor knowledge of its health implications, legal ramifications, and human rights concerns highlights a significant gap in knowledge. Addressing this gap through targeted education and advocacy programs is essential to strengthen the rejection of FGM and promote its eradication.

RECOMMENDATION

Based on the findings, it is recommended that healthcare providers, community organizations and government agencies should implement comprehensive education programs targeting childbearing women to improve their perception and knowledge in understanding FGM, its consequences and available resources for support and intervention.

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