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Knowledge and Attitude of Nigerian Women Aged 15-49 Years on the Practice of Female Genital Mutilation

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ABSTRACT

Background: Female genital mutilation (FGM) is among the most harmful traditions that persist in many parts of the world, especially in Africa and other developing countries, including Nigeria, where the prevalence of FGM is still above 15%. This study aims to assess the knowledge and attitude of Nigerian women of reproductive age on FGM practice and its obstetric effects.
Subjects and Method: This cross-sectional study examined Abuja-area women aged 15–49 in Nyanya General Hospital, Maitama, and Asokoro District Hospital Antenatal Care (ANC). A total of 634 patients who agreed to participate in the study were selected. The assessment examined respondents' knowledge and opinions about Female Genital Mutilation (FGM), sources of information, attitudes and beliefs, prevalence across three generations, and recommendations. Data was collected using Google Forms, and various statistical tests were analyzed using IBM SPSS version 25.
Results: This study comprised 634 females, the majority of whom had post-secondary education (62.6%) and were married (96.8%), of which 29.2% were within the age group 30 – 34. Most of the respondents (86.3%) had previously heard about FGM. Of those interviewed, 49.5% knew FGM was practiced in their community, and 326 (51.4%) affirmed knowledge of health problems associated with FGM. The Major source of information on FGM was from parents (36.1%), followed by the media (26.1%). Two hundred and thirty-two respondents (36.6%) strongly agreed that FGM is a very harmful and inhumane practice, and a majority (91.8%) had no intention to circumcise their daughters. About 56.0% strongly agreed and recommended a campaign against FGM in school, and 53.8% strongly agreed to educate traditional birth attendants on the risk of FGM.
Conclusion: This study found that the respondents had good knowledge of FGM and its obstetric effects. However, most respondents had a negative attitude towards FGM. Hence, a need for more innovative interventions towards its eradication.

Keywords: Female Genital Mutilation, Circumcision, Genital cut, Obstetric effects

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BACKGROUND

Female Genital Mutilation (FGM) is defined as any procedure involving the partial or complete removal of external female genitalia or injurious practices to the external female genital organs for non-medical reasons (UNICEF, 2016; WHO, 2018; WHO, 2020). FGM has been described as a violation of the human rights of girls and women, with reports of not less than 200 million girls and women living with or are at risk of FGM and its consequences despite concerted efforts at its abandonment, including legislation against the practice. The procedure is understood to be of no known health benefits and is currently being practiced and reported in 30 countries, mainly in Africa and a few in Asia and the Middle East (WHO, 2018; Gbadebo et al., 2021; Nnanatu et al., 2021a). Although the number of girls and women who have undergone FGM globally is largely unknown, available data from most countries reveals that most women and girls desire it to be abolished (Rabiu et al., 2010; Bello, Morhason-Bello et al., 2020). Consequently, there has been a general decline in the prevalence of FGM in the last 30 years, although with an uneven pace across regions, and some countries are yet to make noticeable progress (UNICEF, 2013; Population Bureau, 2017).

FGM is practiced at various scales in many communities and settings in Nigeria despite legislation and policies prohibiting the practice, and its practice cuts across all educational levels, social classes, urban/rural residences, ethnic groups, and among the different religious practices, with notable variations (Adeyemo and Omisore, 2012; Shell-Duncan et al., 2018). The Nigeria Demographic and Health Survey reports that 25% of females in Nigeria have been subjected to FGM (NPC, 2013). The report indicated that the extent of this practice varies within and across the states, with variations up to over threefold in some states. It reported that several states in the southern part of Nigeria have carried out FGM on over 70% of their women and girls (Kandala et al., 2018; Nnanatu et al., 2021b). This report also noted that the largest ethnic groups of this region have an FGM prevalence of 58% among the Yorubas and 51% among the Igbos (NPC, 2013).

Though mainly carried out during infancy, FGM is reported to have been practiced at all stages of life, including during labor and even in death in some countries (Onuh et al., 2006; Said, 2015; Odukogbe et al., 2017). FGM reflects the belief system of a group of people and is practiced for various social, economic, religious, health, and aesthetic reasons. Some of these may include the initiation into adulthood, generating income for circumcisers and requisite condition for higher dowry, and due to the female genitalia being reported as dirty and unsightly without FGM and the belief in fertility and child survival (Okeke et al., 2012; Kyari and Ayodele, 2014; Serizawa et al., 2014; Mbachu et al., 2021). Integral to these is the notion that FGM reduces sexual sensation, controls the urge for sex, thus limits female promiscuity, and can make for marital stability (Melah et al., 2007; Fofanah, 2021). Conventionally, in Nigeria, it is carried out by traditional circumcisers. However, it has been reported that FGM is practiced in hospitals, especially by qualified nurses/midwives, Adekanle et al. (2011) in a term called “medicalization of FGM.” This study aims to assess the knowledge and attitudes of modern Nigerian women aged 15-49 years towards the practice of FGM.

SUBJECTS AND METHOD

1. Study Design

This is a cross-sectional study aimed at determining the knowledge and attitude of FGM among women of reproductive age (15-

49 years) attending ANC at four healthcare facilities in Abuja, the Federal Capital Territory of Nigeria, and its environs. A structured Google-form-based questionnaire administered by trained research assistants was used to collect primary data from pregnant women attending ANC in selected health facilities between May 28 and July 11, 2019. Trained research assistants were employed because of uneducated respondents and data collected from hospitals. The assistants assisted in inputting their responses in the Google forms.

2. Population and Sample

All women of reproductive age, with consent from the younger women's parents, were included in the study. Sampling included all eligible ANC attendees at Kubwa and Nyanya General Hospitals and Maitama and Asokoro District Hospitals willing to participate in the survey, regardless of whether they were new or revisited cases.

3. Study Variables

The sociodemographic features of the respondents were evaluated in the study, with a particular focus on variables such as education, marital status, and age group. Female Genital Mutilation (FGM) information sources were also reviewed. Multiple variables were used to assess respondents' knowledge and beliefs about FGM. Similarly, the prevalence of FGM was evaluated throughout three generations. A five-point Likert scale determined attitudes and opinions about FGM and relevant recommendations. Within the research paradigm, these study variables contribute to a complex analysis of sociodemographic determinants and attitudinal perspectives on FGM.

4. Operational Definition of Variables

Socio-demographics: is education (No formal education, Primary, Secondary, and Post-secondary), Marital Status (Not married, currently married, Divorced, Separated, and Widowed), Age

Knowledge and beliefs of the women on FGM: They ever Heard about FGM, Knowledge of FGM Practices in the Community of Origin, Knowledge of FGM Practices in the community where they live in Abuja, Religious Requirement for FGM, Cultural Requirement for FGM, Knowledge of Health Problems Associated with FGM, Awareness of Psycho-social/Emotional Effects of FGM.

Source of information on FGM: Parents, media, friends, taught as culture, school, extended family, Hospital, and others

Attitudes & Beliefs about Female Genital Mutilation: Men Prefer Women with Uncut Genitals for Marriage. Female Genital Mutilation Should Be Continued. Female Genital Mutilation Reduces Promiscuity. Female Genital Mutilation is a Necessary Rite for the Attainment of Womanhood. Female Genital Mutilation is a Very Harmful and Inhumane Practice. Female Genital Mutilation Can Lead to Death as a Result of Its Complications. Many More Girls/Women Have Their Genitals Cut These Days Than Before, and I Can Allow the Physician to Examine Whether My Daughter Had Been Circumcised

The prevalence of FGM across three generations: is assessed by determining if the respondent's mother was circumcised, if the respondent herself has been circumcised, if the respondent has circumcised any of her daughters, and if the respondent intends to circumcise any (more) daughters

Recommendations on Female Genital Mutilation/Cutting: is Campaign Against FGM in Schools, Advocacy to Religious Bodies and Traditional Institutions, Community Sensitization, Educating Traditional Birth Attendants on the Risk of FGM and Government Legislation Criminalizing FGM.

5. Study Instrument

Data were collected using a structured questionnaire administered to the participants' guardians during the research period (April

to August 2024). The questionnaire included items on demographic information, language development ability, cognitive ability, MUAC, stunting status, and maternal education.

6. Data Analysis

Data analysis was conducted using various statistical tests and analyses. A descriptive analysis was conducted to determine the frequency and proportion. In addition, cross-tabulation was used to investigate connections between variables with the statistical significance set at $p<0.050$, and the Likert scale was used to assess participant responses.

7. Research Ethics

Ethical approval was obtained from the Federal Health Research Ethics Committee (FHREC), with approval number FHREC/-2019/01/55/16-05-19, and a one calendar year validity period. Written consent was obtained from educated participants, and uneducated participants gave verbal consent after the study protocol was explained in their local languages.

RESULTS

1. Sociodemographic parameters of respondents

This study comprised 634 female respondents of reproductive age residing in Abuja at the time of the survey, and were from all regions of Nigeria. Table 1 shows that the participants were drawn from four major health care facilities: Asokoro, Kubwa, Maitama, and Nyanya in Abuja, the Federal Capital City of Nigeria. The majority of the respondents had post-secondary education 397 (62.6%), were married 614 (96.8%), and were mainly within the age group of 25 to 34 (58.1%) (Table 1).

Table 1. Sociodemographic characteristics of the respondents

Characteristic	Category	Frequency (n)	Percentage (%)
Education	No formal education	9	1.4
	Primary	29	4.6
	Secondary	199	31.4
	Post-secondary	397	62.6
Marital status	Not married	2	0.3
	Currently married	614	96.8
	Divorced	6	0.9
	Separated	6	0.9
	Widowed	6	0.9
Age Group	20 - 24	28	4.4
	25 – 29	183	28.9
	30 – 34	185	29.2
	35 – 39	152	24.0
	40 – 44	57	9.0
	45 – 49	29	4.6

2. Bivariate Knowledge and beliefs of the women on FGM

Most of the respondents (86.3%) had previously heard about FGM, but slightly over half (50.5%) did not know if it was being practiced in their communities of origin. Likewise, very few (2.2%) knew about the practice in the community where they reside in Abuja, and whether it is required by their religion (6.6%). A substantial proportion (44.0%) knew their religious view of FGM, 51.4% were aware of its health problems, and 36.8% were aware of the adverse psychosocial/emotional effects of FGM (Table 2). Figure 1 shows that a good proportion of the respondents (36.1%) have heard about FGM from their parents, and 26.1% from the media. When asked who the decision-maker

for the practice of FGM is, 29.3% reported it is their husbands, while 12.5% mentioned it is their wives.

Table 2. Respondent's level of awareness of Female Genital Mutilation

Variable	Yes		No	
	N	%	N	%
Ever heard about FGM	547	86.3	87	13.7
Know if FGM has ever been practiced in your community of origin	314	49.5	320	50.5
Know if FGM has ever been practiced in the community where you live in Abuja	14	2.2	620	97.8
The religion requires FGM practice	42	6.6	592	93.4
The culture requires the FGM practice	279	44.0	355	56.0
Known of any possible health problems associated with FGM	326	51.4	308	48.6
Know of any adverse psycho-social/emotional effects resulting from FGM	233	36.8	401	63.2

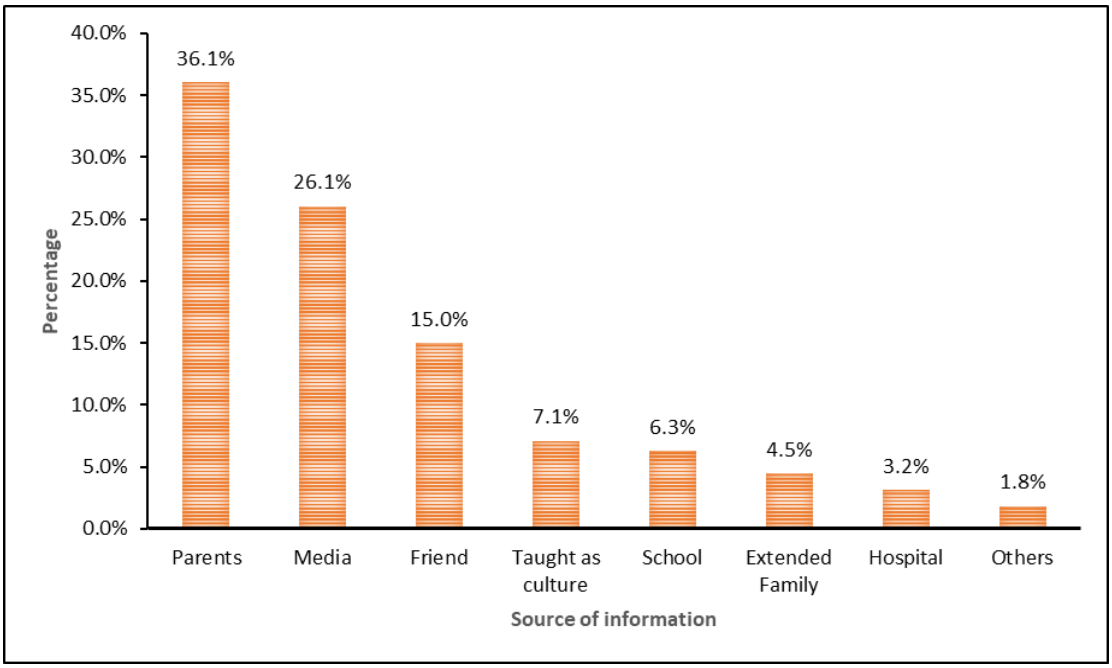

Figure 1. Source of information on Female Genital Mutilation

3. Attitude and belief towards FGM

The majority (50.6%) stated that they did not know if men preferred women with uncut genitals for marriage. However, 21.1% strongly agreed that men preferred women with uncut genitals, while 2.2% disagreed. Two hundred and fifty-two (39.7%) strongly opposed the continuation of FGM, and just 6.2% strongly agreed with the practice to continue. More than half (51.8%) did not agree that FGM reduces promiscuity. The majority (60.7%) disagreed with the assertion that FGM is a necessary rite for attaining womanhood and that more girls/ women have their genitals cut these days than before (54.1%). More than three of every five (69.6%) agreed that FGM is harmful and inhumane. Also, 62.5% agreed that FGM could lead to death due to its complications (Table 3).

Table 1. Attitudes and Beliefs about Female Genital Mutilation

Statement	Strongly agree		Agree		Don't know		Disagree		Strongly disagree	
	N	%	N	%	N	%	N	%	N	%
Men prefer women with uncut genitals for marriage.	134	21.1	89	14	321	50.6	76	12	14	2.2
Female Genital Mutilation should be continued.	39	6.2	34	5.4	83	13.1	226	35.6	252	39.7
Female Genital Mutilation reduces promiscuity.	54	8.5	67	10.6	185	29.2	171	27	157	24.8
Female Genital Mutilation is a necessary rite for the attainment of womanhood.	23	3.6	37	5.8	157	24.8	257	40.5	160	25.2
Female Genital Mutilation is a very harmful and inhumane practice.	232	36.6	209	33	125	19.7	54	8.5	14	2.2
Female Genital Mutilation can lead to death as a result of its complications.	228	36	168	26.5	188	29.7	44	6.9	6	0.9
Many more girls/women have their genitals cut these days than before.	13	2.1	18	2.8	260	41	202	31.9	141	22.2
I can allow the physician to examine whether my daughter had been circumcised.	18	2.8	160	25.2	129	20.3	285	45	42	6.6

4. The prevalence of FGM across three generations

Most respondents reported that their mothers were not circumcised (50.3%). Similarly, 71.5% said they were not circumcised. When asked if they circumcised their daughters, 91.3% said "No," and 91.8% had no intention to circumcise their daughters.

Table 4. The prevalence of FGM across three generations

Generation	Yes		No		I don't know		OR	p
	N	%	N	%	N	%		
Mothers were circumcised	239	37.7	319	50.3	76	12.0	148.99	<0.001
Respondents have been circumcised	181	28.5	453	71.5	0	0.0		
Respondents have circumcised daughters	55	55.0	579	91.3	0	0.0		
Respondents intend to circumcise daughters	52	52.0	582	91.8	0	0.0		

5. Recommendations on possible ways of addressing FGM

More than half of the respondents (56.0%) strongly agreed that there should be an awareness campaign against FGM in school. Similarly, the majority strongly agreed on advocacy to religious bodies and traditional institutions (52.1%), community sensitization (50.8%), educating the traditional birth attendants on the risk of FGM (53.8%), and that the government should enact a law making FGM a criminal and punishable offense (50.8%) (Table 5).

Table 5. Recommendations on Female Genital Mutilation / Cutting

Statement	Strongly agree		Agree		Don't know		Disagree		Strongly disagree	
	N	%	N	%	N	%	N	%	N	%
Campaign against FGM in Schools	355	56	166	26.2	65	10.3	38	6	10	1.6
Advocacy of Religious Bodies and Traditional Institutions	330	52.1	169	26.7	81	12.8	44	6.9	10	1.6
Community sensitization	322	50.8	200	31.5	78	12.3	25	3.9	9	1.4
Educating the Traditional Birth Attendants on the Risk of FGM	341	53.8	195	30.8	65	10.3	24	3.8	9	1.4
The government should enact a law making Female Genital Mutilation a criminal and punishable offence	322	50.8	161	25.4	98	15.5	40	6.3	13	2.1

DISCUSSION

The practice of FGM leads to permanent and irreversible health damage, and it has been reported that the knowledge and attitude of women towards its obstetric effects are sub-optimal (Muchene et al.,2018), especially in developing countries. However, this study found that over 80% of the respondents were aware of the practice and that the majority heard about it from their parents and the media. The high level of awareness of FGM among the women in this study could be due to the high level of education among the majority of the respondents. Though the majority of the respondents have heard about FGM, over fifty percent did not know whether the practice still exists in their communities of origin or where they reside. This ignorance might be because many Abuja residents were raised in Abuja or grew up outside their communities of origin and then migrated to Abuja.

Some studies have reported relatively high knowledge of FGM in some areas and a paucity of knowledge in others. In Benin (Edo state), Nigeria, Onuh et al. (2006) reported a relatively high level of awareness of FGM practices but found a generally poor knowledge of FGM classification among nurses. In the first FGM-related study in Bayelsa State, Nigeria, an appreciable knowledge of the practice and practices of FGM was recorded among health workers in a tertiary health institution (Ibrahim et al., 2013). A similar hospital-based cross-sectional study was conducted in Kenya, which also reported that half of the women involved in the study knew the obstetric effects of FGM (Muchene et al., 2018), Unlike the Ibrahim et al. (2013) study where a good knowledge of the obstetric effects of FGM was reported, only half of the women in the Kenya study were knowledgeable about the obstetric effects of FGM. In both studies, the majority had a negative attitude towards FGM and reported they would not have/encourage their daughters to be circumcised. They further explained that most of the women interviewed disagreed that circumcision makes a woman respectable.

On their attitude towards FGM, the majority of the women affirmed that there is no benefit attached to FGM and strongly opposed the practice and wanted it abolished. More than half of the women disagreed with the belief that FGM could curb promiscuity and refused to accept that it is a necessary rite for the attainment of womanhood. More than three of every five agreed FGM is a harmful and inhumane practice and can lead to death. Good knowledge and the right attitude towards FGM have been

described as the right approach to eradicating FGM globally. Brázdová et al. (2017) advised that it is imperative to get nursing women informed about genital mutilation, especially during pregnancy, and it is also crucial that the healthcare workers gain professional knowledge, which is essential in eradicating FGM.

This study found significant difference in the prevalence of FGM between the respondents and their mothers and between them and their daughters ($p<0.001$), both in the decline direction. The prevalence of FGM in the first generation was 37.7%, while the second and third generations had a prevalence of 28.5% and 8.7%, respectively. The prevalence of FGM among the respondents was higher in those whose mothers were circumcised than in those whose mothers were not. Also, more of the respondents whose mothers had FGM had more of their daughters mutilated. It was noted that the first-generation mother, having undergone FGM, was a strong predictor for the third-generation daughter to be circumcised. Although fewer third-generation daughters were reportedly circumcised, the majority of them were from respondents who had FGM.

Several studies and national surveys have explored the prevalence of FGM across many countries. Yet, studies and reports that focused particularly on intergenerational variations in the prevalence of FGM are rather scant. For example, the National Bureau of Statistics reported a significant decline in the prevalence of FGM across Nigeria between 2013 and 2016 (UNICEF, 2017). Yet, this study does not address intergenerational variation as it covers only four years. In a five-year study conducted in Senegal to understand the trends in FGM across regions and generations, Kandala and Shell-Duncan found a decrease in the prevalence of FGM across all generations of women after adjusting for individual and community-level factors (Kandala and Shell-Duncan, 2019).

Some researchers have argued that the practice of FGM continued because of social and family pressure to adhere to tradition, and this has been passed on from generation to generation imperatively, forming the reason which has left girls and women to indefensibly suffer the consequences of such a practice as FGM (Setegn et al., 2016). Other studies have argued that the practice of FGM is sustained from generation to generation because it is deeply rooted in social norms, cultural beliefs, and tradition or because of its strong association with ethnicity and religion, particularly among the Muslim community (Sangam et al., 2015).

This study reveals that a good number of the respondents reported that their religion and culture require the practice of FGM. The study also established that respondents who reported such requirements were significantly more likely to have been circumcised than those who did not report their religion and culture required the practice of FGM. This study further explored the odds of circumcision among the third generation in relation to the second generation's (the respondent) report that FGM is required by their religion and culture. The study determined that the odds of circumcision in the third generation are significantly not associated with the religion and culture requiring the practice. It is, therefore, imperative that the influence of religion and culture on the practice of FGM may be waning.

However, the majority of the women suggested that there should be an awareness campaign against FGM in schools, religious organizations/bodies, traditional institutions, and community sensitization. Other recommendations include educating the traditional birth attendants on the risk of

FGM and that the government declares FGM a criminal and punishable offence. Most women recommended that FGM be abolished, but less than 5% wanted the practice to be sustained because it reduces promiscuity. Other studies have suggested that education about the physical and mental health consequences of FGM, increased awareness in communities that there is no religious obligation for FGM, and increased awareness that FGM is illegal and a punishable offense are the major ways to eradicate the practice of FGM (Costello, 2015). Also, some studies suggested that to eradicate FGM, training and creating awareness are needed for both healthcare workers and the general public (Edouard et al., 2013; Moxey and Jones, 2016; Verma, 2016; Jiménez et al., 2017; Nnanatu et al., 2021a; Obiora et al., 2021). To eliminate the unhealthy, deep-rooted FGM from society, Sangam et al. (2015) suggested a multidisciplinary approach involving non-governmental organizations, legislation, religious and community leaders, healthcare professionnals, and women empowerment, and awareness creation in the efforts towards eradication of the practice (Sangam et al., 2015; Llamas, 2017).

In conclusion, this study found that the respondents had good knowledge of FGM and were aware of its obstetric and mental health effects. Also, most respondents had a negative attitude towards FGM, which could be due to the high level of education among the respondents. Innovative measures/interventions that transform knowledge into action can augment concerted efforts towards a society without FGM.

AUTHOR CONTRIBUTION

The conceptualization was carried out by Chidimma Ezenwa Anyanwu and Olaniyi Sanni. The methodology was developed by Ifeanyi Donald Anyanwu and Kwasi Torpey. Data collection was managed by Olaniyi Sanni, while analysis and interpretation were handled by Olaniyi Sanni and Kwasi Torpey. The original draft was prepared by Olaiya Paul Abiodun. Review and editing were conducted by Ifeanyi Donald Anyanwu and Kwasi Torpey. Supervision was provided by Olaniyi Sanni and Chidimma Ezenwa Anyanwu. Project administration was overseen by Chidimma Ezenwa Anyanwu and Kwasi Torpey.

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CONFLICT OF INTEREST

The authors declare that there is no conflict of interest regarding the publication of this article.

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