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FEMALE GENITAL MUTILATION: PREVALENCE AND PERCEPTION OF PATIENTS IN SOUTH-EAST NIGERIA

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ABSTRACT

Context: Female genital mutilation (FGM) is characterized by serious medical and psychosocial problems. Despite the consequences and widespread condemnation, the practice has continued to thrive. **Objective:** This study was carried out to document the prevalence of FGM among women seeking care at the National Obstetric Fistula Centre, Abakaliki, Nigeria and their perceptions about the practice. **Methodology:** This was a cross-sectional study carried out among 412 women who had surgery at the National Obstetric Fistula Centre, Abakaliki. Information on sociodemographic characteristics, history of circumcision, time of circumcision and opinion about circumcision was obtained from the women. The information was transferred into a proforma. Data was analysed using the SPSS version 21and presented in tables. **RESULTS:** A total of 412 women were studied. The mean age of the women was 51.8±10.3 years. About one-third of the women were aged 50-59 years while 81.3% were grandmultiparous. About 90% of the women were farmers and 50% were married. One hundred and thirty-seven (33.3%) were sexually active and 300 (72.8%) had stopped menstruating. Majority (91.5%) were circumcised. Over half (54.4%) were circumcised in childhood, 29.9% in adolescence, 10.9% before marriage and 4.9% after marriage. Most of them (78.6%) believed the practice was bad and 88.3% desired it should be stopped. **Conclusion:** FGM is still common in our environment. Over half of the procedures are done in childhood. Majority of the women affected believe the practice is bad and should be stopped. Education at all levels is needed to eradicate it.

KEYWORDS: Female Genital Mutilation; Female Circumcision.

INRTODUCTION

Female genital mutilation (FGM) is a public health problem. Also called female genital cutting (FGC), it comprises all procedures involving partial or total removal of the external genitalia or other injuries to the female genital organs for cultural or other non-medical reasons.[1] The practice is prevalent in Nigeria and other African countries mainly for cultural, psychosexual, sociological and religious reasons.[1] It is not only a form of discrimination against women but also a violation of human right because it is mostly carried among children who lack the capacity to give consent.[1]

FGM has not been shown to have any known health benefits. Rather, it has serious medical and psychosocial implications. These include severe haemorrhage, shock, trauma, pain, sepsis, death and long term problems such as chronic pelvic pain, infertility, painful intercourse, reduced sexual desire, marital disharmony, emotional trauma, coital bleeding, increased need for an episiotomoy, obstetric haemorrhage and obstetric fistula.[1-4] Also, circumcised women have been shown to experience more complications in labour.[5] In spite of the complications, the practice has persisted as it is deeply rooted in cultural beliefs.[6]

The prevalence of FGM among adult women by geo-political zones in Nigeria was given as 56.9% in South-West, 40.8% in South-East, 34.7% in South-South, 9.6% in North-Central, 1.3% in North-East and 0.4% in North-West.[1] A study in Abakaliki, South-East Nigeria reported a prevalence of 49.6%.[7] Another study reported that it occurred in 48.5% of pregnant Nigerian Igbo women attending antenatal clinics.[8] A study in Port Hacourt, South-South Nigeria reported a prevalence of 34%, indicating a downward trend.[9] The wide acceptance of the practice is anchored on reasons that cut across religious to socio-cultural explanations. Some of these include the need to conform to societal norms, gender identity, acceptability for marriage, social acceptance, preservation of virginity, suppression of sexual desires, deep cultural inclinations and fulfillment of religious recommendations.[10]

Studies have shown that despite wide condemnation of FGM, the practice has continued.[7,11] Any attempt at eradication must involve identification of the issues sustaining the practice.[8] This study was carried out to document the prevalence of female genital cutting among women seeking care at the National Obstetric Fistula

Centre, Abakaliki, South-East Nigeria and their perceptions about the practice.

METHODOLOGY

This was a cross-sectional study carried out among four hundred and twelve women who had surgery for pelvic organ prolapse at the National Obstetric Fistula Centre, Abakaliki between December 2012 and May 2014. All the women with pelvic organ prolapse who had surgery within the period were enrolled for the study. Information on sociodemographic characteristics, history of circumcision, time of circumcision and opinion about circumcision was obtained from the women. The information was transferred into a proforma designed for the study. Data was analysed using the SPSS version 21. The data was presented in tables. Descriptive statistics was employed.

RESULTS

A total of 412 women participated in the study. The mean age of the women was 51.8±10.3 years. One hundred and thirty-nine women (33.7%) were aged 50-59 years while 335 women (81.3%) were grandmultipara. Two hundred and six women (50%) were married. About 90% of the clients were farmers. One hundred and thirty-seven (33.3%) women were sexually active and 300 (72.8%) had stopped menstruating. Majority (377; 91.5%) of the women were circumcised. Over half of them (224; 54.4%) were circumcised in childhood, 123 (29.9%) in adolescence, 45 (10.9%) before marriage and 20 (4.9%) after marriage. Most of the women (324; 78.6%) had the perception that circumcision was a bad practice and 364 (88.3%) desired it should be disallowed.

Table 1: Demographic characteristics.

Characteristics Age (years)	**Frequency(%)**
20-29	8 (1.9)
30-39	38 (9.2)
40-49	117 (28.4)
50-59	139 (33.7)
Parity	
1-4	77 (18.7)
5-9	283 (68.7)
9 & above	52 (12.6)
Marital status	
Single	2 (0.5)
Married	206 (50)
Separated/Divorced	9 (2.2)
Widowed	195 (47.3)

Table 2: Gynaecological history.

History Menstruation	**Frequency (%)**
Yes	112 (27.2)
No	300 (72.8)
Sexually active?	
Yes	137(33.3)
No	275 (66.7)

Table 3: Practice of circumcision.

Practice	**Frequency (%)**
Circumcised?	
Yes	377 (91.5)
No	35 (8.5)
Timing	
After marriage	20 (4.9)
Before marriage	45 (10.9)
Adolescence	123 (29.9)
Childhood	224 (54.4%)
Perception	
Good	27 (6.6)
Bad	324 (78.6)
Indifferent	61 (14.8)
Continue Circumcision?	
Yes	28 (6.8)
No	364 (88.3)
Indifferent	20 (4.9)

DISCUSSION

Female genital mutilation is a serious public health challenge as the practice has remained a norm in many African societies. In this study, the prevalence of FGM was 91.5% implying that the vast majority of the women studied had undergone some form of FGM. This is well over the national estimate of 34.7% for the South-Eastern zone of Nigeria.[1] This prevalence is high when compared with other studies that reported 49.6% and 48.5% from South-East Nigeria.[7,8] It is even extremely high when compared with 13% and 34% respectively from Kano and Kaduna both in North-West Nigeria.[12,13] This shows that female genital mutilation is more widespread in the Southern part of Nigeria compared to the Northern part. Other African countries also have high prevalence figures, for instance, an Ethiopian study reported a prevalence of 78.5%[10] while 98% was reported from Somalia where almost all the girls are made to undergo FGM.[14] These differences can largely be explained by deeply-rooted cultural differences.

The mean age of the women was 51.8±10.3 years. Over a third of the women (33.7%) were aged 50-59 years. It appears the preponderance of older women the study population contributed to this high prevalence as some authors have recently shown that younger women are less likely to have had FGM.[12] Another study reported that compared to women aged 15 – 20 years, older women were more likely to report themselves as having undergone FGM.[10] If we go by this, it implies the practice is gradually reducing down the generations. However, considering the fact that some women had FGM in adulthood (about 16% in this study), just before or even after marriage, the figures seen among young women will not reflect the true prevalence of the practice. Hence, studies among older women are more likely to provide the true prevalence of FGM. The fact that majority of the procedures were carried out among children (54.4%) and adolescents (29.9%) is seen globally as a violation of rights of female children.[16]

Majority of the women studied (78.6%) had the perception that FGM was a bad practice. A greater proportion (88.3%) even expressed the desire to have the practice eradicated. This is consistent with a study in South-South Nigeria that showed that over 90% of the respondents said FGM was not a good practice.[17] Despite this perception, the practice is still prevalent in our environment. This is because of the extremely strong role of culture in the propagation of the practice. Even when the women find the practice unhealthy and harmful, they continue to promote it due to the fear of being seen as disloyal to long-standing cultural norms. Studies across African communities have shown that most women perceive the practice of FGM as unhealthy and undesirable due to the immediate and long-term complications. The practice has however continued to be perpetuated by deep cultural beliefs.[10] A study among the African immigrants in the United States showed that although the participants wanted FGM eradicated, some of them expressed opinions that fluctuate between eradication of the practice and continued participation in the dictates of their tradition.[16] A study among African immigrants in the UK however revealed that most women who underwent FGM expressed negative feelings due to the physical and psychological trauma from a perpetual life of pain, distorted genitals and the fear of difficulty with intercourse and childbirth in future.[18]

The Somalian study showed that although the participants acknowledged the reproductive health problems that may result from FGM, almost all of them supported the continuation of FGM, admitting that giving up the practice was had no place in their tradition and that there were no uncircumcised girls in their culture.[14] This strong cultural inclination may explain why Somalia has the highest global prevalence of FGM. Education at all levels is strongly advocated to reverse this cultural bias against women.

A study done in Lagos, Nigeria showed that over half (56.8%) of the respondents perceived the practice of FGM as not beneficial and that there was a significant relationship between educational background and the perception that uncircumcised girls will be promiscuous.[19] Education has been shown to play an important role in the eradication of FGM and to safeguard the health of the girl-child.[20,21]

In conclusion, female genital mutilation is a very common practice in our environment. Over half of the procedures are done in childhood. Majority of the women affected believed that the practice was unhealthy and should be stopped. However, this perception is being resisted by deeply-rooted cultural practices that allows perpetuation of the practice. Education at all levels is needed to overcome this resistance.

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