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Practice Of Female Genital Cutting Amongst Adults In Ilorin Metropolis, North-Central Nigeria

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Abstract

Female genital cutting (FGC) is recognized internationally as a violation of human rights. About 140 million girls and women worldwide are living with the consequences of FGC and about 92 million girls aged 10 years and above are estimated to have undergone FGC. In Nigeria, FGC is of public health importance because of its high prevalence and association with maternal and child morbidity and mortality. The study set out to determine the practice of FGC amongst adults in Ilorin metropolis, north-central Nigeria.

This descriptive cross sectional survey was carried out in Ilorin metropolis amongst 1,000 household heads and their spouses recruited using a multi stage sampling technique. A pretested semi-structured interviewer-administered questionnaire was the data collection instrument used. Data was analyzed using the EPI-INFO version 3.5.1 statistical package. Data were presented using frequency distribution tables and charts. Cross tabulations of important variables were done. Chi-square test was used to determine the statistical difference in observation where necessary. A P value < 0.05 was considered significant at 95% confidence level.

The mean age of the respondents was 35.7(±13.6) years and about half of them 947 (47.4%) were between the ages of 30 and 39 years. Almost all the respondents were married (93.4%). More than half of the households 570 (57%) practiced female genital cutting. Majority 524 (92%) of the female genital cutting was done by a traditional practitioner. Slightly more than half of the respondents 247 (50.4%) practiced FGC as a form of religious obligation while just a few 55 (9.6%) practiced it to ease childbirth. There was a statistically significant association between socio-demographic variables and practice of female genital cutting (p values < 0.05).

Majority of the respondents in the study area practiced FGC and they hold a lot of misconceptions about the effect of FGC. Concerted efforts of stakeholders to curb the menace will have beneficial effects on children yet unborn.

Key words: North-central Nigeria, practice, Female Genital Cutting

Introduction

Female genital cutting (FGC) comprises all procedures that involve partial or total removal of the external female genitalia, or other injuries to the female genital organs for non-medical reasons. The practice is mostly carried out by traditional circumcisers, who often play other central roles in communities, such as attending childbirths. FGC is recognized internationally as a violation of the human rights of girls and women.¹

In some countries, there has been a reduction of the average age at which a girl is subjected to the procedure.² This could be to some extent the result of anti-FGC legislation: the younger the girl, the easier it is to elude legal scrutiny. One encouraging trend seen consistently in countries for which data from at least two surveys are available is that women aged 15–19 years are less likely to have been subjected to FGC than are women in older age groups. In almost all of these countries, support for the discontinuation of the practice is particularly high among younger women²

Communities have reasons for practising FGC which include sociocultural reasons (such as ensuring girls' virginity and hence the family's honour), hygienic and aesthetic reasons (to make girls hygienically clean), spiritual and religious reasons (wrongly believing that it is required by their religion), and psychosexual reasons (to control the sex drive of uncircumcised girls).³ Female genital cutting and its complications are completely preventable. However, it is not easy to change traditions which have been practised for a long time. Hence, raising peoples' awareness will go a long way in the prevention.³

Female genital cutting is practiced in at least 26 of 52 African countries⁶; the prevalence varies from 98% in Somalia to 5% in Zaire. A review of country-specific Demographic and Health Surveys (DHS) shows FGC prevalence rates of 97% in Egypt⁷, 94.5% in Eritrea⁵, 93.7 % in Mali⁸, 89.2 % in Sudan⁹, and 43.4 % in the Central African Republic.¹⁰ It is estimated that over 100 million girls and women have undergone some form of genital cutting, and at least two million girls are at risk of undergoing the practice every year. In Africa, about three girls are at risk for FGC annually. About 140 million girls and women worldwide are living with the consequences of FGC and about 92

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million girls age 10 years and above are estimated to have undergone FGC¹ The practice is most common in the western, eastern, and north-eastern regions of Africa, in some countries in Asia and the Middle East, and among migrants from these areas.¹ FGC is of public health importance in developing countries such as Nigeria because of its high prevalence and association with maternal and child morbidity and mortality. However, more than 18% of all FGC is performed by health care providers, and this trend is increasing⁵

FGC, as a traditional practice, is harmful to women and inflict both immediate and long-term mental and physical pain on the victims. The practice exposes women to sickness and death from haemorrhage, infection, keloid formation, and consequent obstructed labour. The practice of FGC has been found to have physical, psychological, psychosexual and health implications on the victims. The study specifically assessed the practice of Female Genital cutting amongst adults in Ilorin metropolis.

Methodology

The study was conducted in Ilorin metropolis, one of the largest cities in Nigeria and is the capital of Kwara State. As of 2007, it had a population of 847,582.¹¹ Ilorin was founded by the Yoruba, one of the three largest ethnic groups in Nigeria. In 1450, It became a provincial military headquarters of the ancient Oyo Empire. Although, the city retains a strong Islamic influence from the Northern incursions, Christianity is widely practiced by significant portions of other Nigerians originating from other states.¹² There are three main local government areas (LGA) in Ilorin metropolis, Ilorin west, Ilorin south, Ilorin east, comprising of twelve, eleven and twelve wards respectively and many communities.⁹

The study was a descriptive cross sectional survey carried out from October 2012 to March, 2013. One thousand household heads and their spouses in thirty six communities from 12 wards from the three LGAs in Ilorin metropolis formed the study population. The sample size was estimated using the Fisher's formula¹³ using 40% prevalence of FGC from a previous study.¹ A minimum sample size of 368 was calculated but 2000 subjects were recruited into the study to increase the power and reliability of the study.

Multistage sampling was used in selecting respondents for the study. A semi-structured interviewer-administered questionnaire was used to collect information from the subjects. The questionnaire contained relevant information on the knowledge and perception of respondents on FGC. The research instrument was pre-tested among adults in Afon town in Asa LGA, a town located about 15 kilometers from Ilorin. This was to ensure validity and reliability of the instrument. Respondents were

anonymous and Informed consent was obtained from them. Ten Research assistants made up of students of tertiary institution were trained for the purpose of data collection. All collected data was collated and checked manually for error before entering into computer. Data was analyzed using the EPI –INFO version 3.5.1 statistical package. Data were presented using frequency distribution tables and charts. Cross tabulations of important variables was done. Chi-square test was used to determine the statistical difference in observation where necessary. A P value < 0.05 was considered significant at 95% confidence level.

Results

The mean age was 35.7(±13.6) years. About half of the respondents 947 (47.4%) were between the ages of 30 and 39 years. Majority of the respondents 1213 (60.8%) were females while distribution by religion showed that majority 1532 (76.6%) of the respondents were Muslims. With regards to ethnicity, majority of the respondents were Yoruba 1718 (85.9%) and about 92.3% of the respondents had at least primary education. Almost all the respondents were married (93.4%) while polygamy is the most common form of marriage practiced (75%). (table1). More than half of the households (57%) practiced female genital cutting (fig 1). Majority (79.1%) of the cutting was done at the traditional excissor's home (fig 2). Majority (92%) of the female genital cutting was done by a traditional

Practice of Female Genital Cutting among households

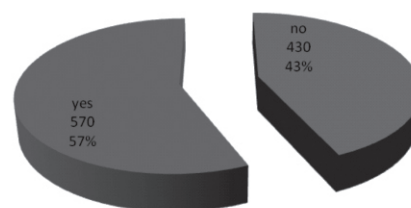


Figure 1: Female Genital Cutting among households

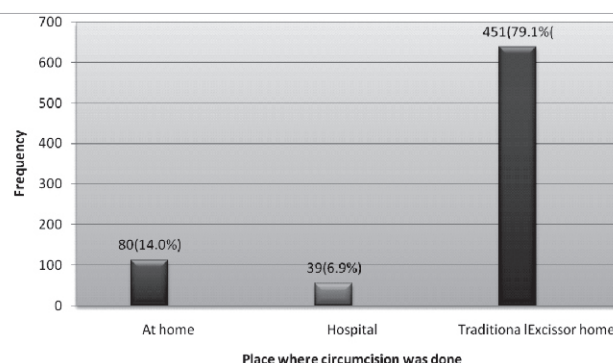


Figure 2: Place where circumcision was done

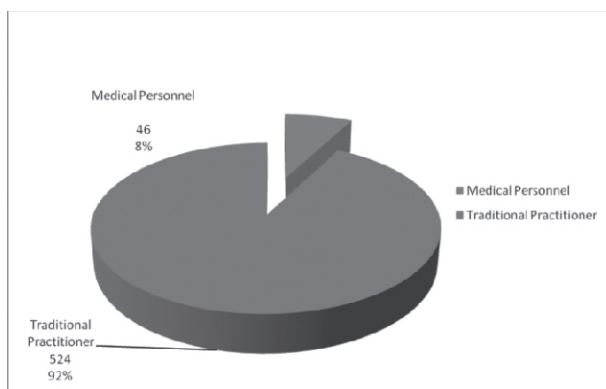


Figure 3: Personnel that carried out Female Genital Cutting

TABLE 1: SOCIO-DEMOGRAPHIC CHARACTERISTICS OF RESPONDENTS

Socio-demographic data (n=2000)	Frequency	(%)
Age in years		
<20	20	(1.0)
20-29	221	(11.1)
30-39	947	(47.4)
40-49	613	(30.6)
50-59	103	(5.1)
≥60	96	(4.8)
Mean+Sd = 35.7±13.6		
Sex		
Male	787	(39.2)
Female	1213	(60.8)
Religion		
Islam	1532	(76.6)
Christianity	326	(16.3)
Traditional	142	(7.1)
Ethnic Group		
Yoruba	1718	(85.9)
Igbo	74	(3.7)
Hausa	92	(4.6)
Others	116	(5.8)
Educational Status		
No formal Education	154	(7.7)
Primary	338	(16.9)
Secondary	982	(49.1)
Post Secondary	526	(26.3)
Marital Status		
Single	52	(2.6)
Married	1868	(93.4)
Divorced	29	(1.5)
Separated	14	(0.7)
Widowed	37	(1.8)
Type of Marriage		
Monogamous	467	(25.0)
Polygamous	1401	(75.0)

Table 2: Respondents Reasons for Practicing FGC

Factors*	Frequency	(%)
It is a religious obligation	287	(50.4)
FGC is a must in one's tribe	220	(38.6)
To ensure virginity	191	(33.5)
To please the man sexually	89	(15.7)
Pressure from society	78	(13.6)
To ease childbirth	55	(9.6)

* multiple responses N=570

practitioner (fig 3). Approximately half of the respondents (50.4%) practiced FGC as a form of religious obligation while just a few (9.6%) practiced it to ease childbirth (table 2). There was a significant association between socio-demographic variables and practice of female genital cutting except for the marital status -p values <0.05 - (table 3).

Discussion

In this study majority of the respondents 47.4% were between the ages of 30-39 years. Sixty one percent were female and most of them belonged to Islamic faith (76.6%). This can explain why more than half of the households interviewed practiced FGC as it is thought by many as a religious obligation.¹¹ Eighty five percent of the respondents were Yoruba and 49% had attained secondary school education, this however made communication easier. More than half (57%) of the household practiced FGC. This is more on the average when compared to a nationwide study that revealed prevalence of FGC practice varying widely; 5% in Taraba, 20% in Yobe, 80% in Kano and 95% in Katsina.¹⁴ When compared with the national prevalence of 40% in Nigeria¹⁰, it can be said that in this part of the country people still hold firm to their belief that the practice continue despite legislations.

In this study, most of the cutting was done in the traditional practitioner's home (79%) this is similar to a report published by the United States Department for Women and Health³¹ but however differ from a study in Egypt where 90% of FGC was performed by health professionals.¹² As such more complications in terms of infections is expected from our method of FGC despite many of the respondents (63.1%) claiming that the instruments used were sterilized.

The most experienced complication among respondents was severe bleeding (56.5%) while they also experienced painful menstrual period, painful intercourse and urinary incontinence. This was consistent with a study which revealed that 40% of the respondents who had had FGC regretted the act due to its medical complication.¹⁵ However, these complications did not seem to bother them as it marks for them strict following of religious injunctions despite absence of link between FGC and Islam.¹⁶⁻¹⁷

This study showed that majority (70.3%) of the households practiced FGC because of culture and tradition while others (43.9%) do so to prevent a girl

Table 3: Relationship between socio-demographic characteristics and practice of FGC

Socio-demographic data	PRACTICE OF FGC			χ ²	df	p value
	YES N=570(%)	NO N=430(%)	TOTAL N=1000			
Age in years						
<20	3 (30.0)	7 (70.0)	10 (100.0)			
20-29	52 (46.8)	59 (53.2)	111 (100.0)			
30-39	261 (55.1)	213 (44.9)	474 (100.0)	21.023	5	0.0008
40-49	183 (59.6)	12 (40.4)	307 (100.0)			
50-59	34 (65.4)	18 (34.6)	52 (100.0)			
≥60	37 (80.4)	9 (19.6)	46 (100.0)			
Religion						
Islam	435 (56.8)	331 (43.2)	766 (100.0)			
Christianity	73 (44.8)	90 (55.2)	163 (100.0)	36.567	2	0.0000
Traditional	62 (87.3)	9 (12.7)	71 (100.0)			
Ethnic Group						
Yoruba	504 (58.7)	355 (41.3)	859 (100.0)			
Igbo	6 (16.2)	31 (83.8)	37 (100.0)			
Hausa	38 (82.6)	8 (17.4)	46 (100.0)	46.913	3	0.0000
Others	22 (38.0)	36 (62.0)	58 (100.0)			
Educational Status						
No formal Education	62(80.5)	15(19.5)	77(100.0)			
Primary	103(60.9)	68(39.1)	169(100.0)			
Secondary	252(51.3)	239(48.7)	491(100.0)	25.046	3	0.0000
Post Secondary	153 (58.2)	110(41.8)	263(100.0)			
Marital Status						
Single	9(34.6)	17(65.4)	26(100.0)			
Married	532(57.0)	402(43.0)	934(100.0)	9.256	4	0.0549
Divorced	10(71.4)	4 (28.6)	14 (100.0)			
Separated	5(71.4)	2(28.6)	7 (100.0)			
Widowed	14(73.7)	5 (26.3)	19 (100.0)			
Type of Marriage						
Monogamous	102(43.8)	131 (56.2)	233(100.0)			
Polygamous	454(64.8)	247 (35.2)	701(100.0)	31.970	1	0.0001
Occupation						
Civil Servant	239(54.1)	203(45.9)	442(100.0)			
Trading	222(59.8)	149 (40.2)	371(100.0)			
Artisan	43(60.6)	28 (39.4)	71 (100.0)	13.678	5	0.0177
Unemployed	13(36.1)	23 (63.9)	36 (100.0)			
Farming	21(75.0)	7 (25.0)	28 (100.0)			
Others	32(61.5)	20 (38.5)	52(100.0)			
Number of Female children						
Nil	12 (35.3)	22 (64.7)	34 (100.0)			
1-4	330(60.3)	217 (39.7)	54 (100.0)	4.825	2	0.0898
>4	228(54.4)	191(45.6)	419(100.0)			

child from being promiscuous later in life. This is just a little more than 54% of respondents who attributed the practice to tradition and it is consistent with 44% who thought it controlled the sexual behavior of girls.¹⁸

In this study, about 59% of the respondents felt it was a religious obligation to carry out FGC, this is however consistent with the finding that in the countries where the practice exist, most women believed that as good Muslims, they have to undergo the procedure in order to be clean and proper.¹¹ In contrast to studies where medical form of FGC has

been reported; 94% of women in Egypt, 76% in Yemen, 65% in Mauritania,² only 8% of the studied households had their FGC done by medical personnel. While FGC done by medical personnel may reduce some complications; it may actually hinder the progress of long-term solution for curbing the practice of FGC. Female genital cutting has been recognized as a major public health problem for a number of years now and it still poses a major health problem in this part of the world. Efforts to stop the menace need to be intensified.

Conclusion and Recommendation

More than half of the respondents practiced FGC and there were misconception about the effects of FGC. Efforts to control FGC will have beneficial effects on children yet unborn with adequate information to their parents. Health workers need to participate more in this as they were cited as the most useful source of information. It is however of great importance to provide forum where health workers can inform the community and increase their awareness and knowledge about the effects of FGC in order to curb the practice. The government both at the state and federal level should make provision for laws against FGC and enforcement of the laws should be paramount.

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