Research Article

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Studies on antecedent factors of persistent practice of female circumcision in Abia state, south east Nigeria

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ABSTRACT

Background: Despite the ban of female circumcision (FC) in Nigeria in 2003, the practice has continued to persist. This study is aimed at identifying antecedent factors contributing to its persistent practice in rural communities of Nigeria and recommend ways of stopping the practice completely.

Methods: A Multi-stage probability sampling method was used in selecting ten rural communities in Isiala Ngwa South Local Area of Abia State, South East Nigeria. A total of 4303 mothers of female children were enumerated. A sample size of 860 mothers was systematically selected. Instrument for data collection was a pre-tested structured questionnaire. Data were analyzed quantitatively and qualitatively.

Results: Socio-demographic and economic factors that significantly contribute to persistent practice of FC include; age of mothers, occupation, level of education and monthly income (P<0.005). Other antecedent factors are lack of awareness of health consequences of FC, local tradition and cultural imperative, illusory fears, perceived belief and rationalization. About 63.2% of respondents opined that the best way to stop the practice is through health education and promotion campaign at the grass root to increase knowledge and awareness of FC and its adverse health implications.

Conclusions: Several factors contributed to persistent practice of FC and ranging from socio-demographic and economic factors to ignorance and rationalization. These factors can be addressed by promoting health education and awareness campaign and strict enforcement of the ban through prosecution of offenders.

Keywords: Female circumcision, Persistence, Rural communities, Abia State - Nigeria

INTRODUCTION

Female circumcision (FC), sometimes referred to as female genital mutilation (FGM) or cutting, is the act of either partially or totally removing the external female genitalia or causing injury to the female genital organ for non-medical purposes. About 100-132 million girls worldwide have been subjected to female circumcision. In Africa, the practice of FC is widely spread and deeply rooted in the tradition and culture of the people. In

Nigeria, the prevalence of female circumcision varies from one state to another and from one tribe to another but the exact prevalence is not yet known. 4,5 Female circumcision is performed before the first birth day of the female child in parts of Yoruba and Igbo tribes, while in Edo and Ketu it is practiced at puberty and before marriage. In some other tribes, it is done during pregnancy or when the first child was delivered with difficulty. 9

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Four types of female circumcisions are practiced in Nigeria. 1,2,6,7 Type I is Clitodectomy, which is the mildest and less life threatening. It involves the removal of the prepuce with or without cutting the clitoris. Type II is Excision of the prepuce and clitoris with or without the Labia Minora; it is a very harsh type of FC.^{4,7} Type III is infibulations, a very severe type of FC involving the excision of external genitalia and stitching to narrow the virginal orifice. The entire clitoris and Labia minora are removed while the surfaces of Labia majora are cut for the stitching to cover the urethra and vaginal introitus leaving a small opening for urine and menstrual flow.⁹⁻¹¹ Type IV is the most harmful type of female circumcision. It involves pricking, piercing, scraping and cauterization of the female genitalia. 1-3,6,11-16 According to Ofor and Ofole, female circumcision is usually performed by traditional practitioners using a sharp object such as knife, razor blade or broken glass.

A plethora of harmful effects of FC has been documented in various research works. These include; failure of the wound to heal, abscess formation, cysts, reproductive tract infection, scar tissue growth, urinary tract infection, painful sexual intercourse, hepatitis and other bloodborne diseases, pelvic inflammation with secondary infertility, chronic urinary tract obstruction, obstructed labour, increased risk of HIV/AIDS, Vesico Virginal Fistula (V.V.F) and bleeding to death. ^{1,3,4,6,11-16}

In 2013, Nigeria joined other seventeen African countries to ban the practice of female circumcision following the ratification of Maputo Protocol.¹ African union in its second summit in July 2003, adopted the Maputo Protocol promoting women's rights and calling for an end to Females Genital Mutilation.¹ The impact of the ban on FC has not translated to reduction in practice. This study aims at identifying antecedent factors contributing to persistent practice of FC in rural communities of Nigeria and recommend ways of stopping the practice.

METHODS

A household survey of mothers of female children was conducted in ten communities of Isiala Ngwa South Local Government Area of Abia State, Nigeria, using a multi-stage probability sampling method. Every available mother with a female child was eligible and included in the sampling frame prepared. A total of 4,303 mothers were enumerated from the ten communities. A sample size of 860 mothers was systematically selected for the interview using a sampling interval of five. Instrument for data collection was a structured, pre-tested questionnaire that was interviewer-administered on every selected mother. Section A of the questionnaire sought and obtained information on the influence of sociodemographic and economic characteristics on the practice of female circumcision (FC). Section B captured information on antecedent factors of persistent practice of FC despite its ban in Nigeria. Section C sought information on ways of stopping female circumcision from respondents.

Data collected were analyzed quantitatively using the SPSS package v20. Chi-square statistic was used in testing for statistical significance at alpha level of 0.05.

Ethical consideration

Approval to conduct the study was sought and obtained from the community leaders before embarking upon the project. Personal consent of the individuals interviewed was sought and obtained before administering the questionnaire on them. Data collected were held in strict confidence.

RESULTS

Socio-demographic and economic factors that significantly contribute to the persistence of female circumcision (FC) in the study included Mothers age (P<0.05), Occupation (P<0.05), Education (P<0.05), and Monthly income (P<0.05) (Table 1).

The persistence of the practice of FC appears to increase with increase in age but decreases with increase in level of formal education and monthly income. Marital status of mothers and parity did not significantly contribute to the persistence of FC in rural communities (P>0.05) (Table 1). The literacy level was quite low in this study. Types of occupation significantly influence the persistence of the practice of FC. Mothers on paid employment (civil and public servants) were less likely to contribute to persistence of the practice of FC than the unemployed, farmers and self-employed. Majority of the respondents were in the age bracket of 30-39 years, 340 (39.6%). About 691(80.3%) of them were married, 348(40.5%) were farmers, and 383(44.5%) were in monthly income bracket of \$100 - \$290. Highest education qualification for majority of respondents was first school leaving certificate or primary six certificate.

Apart from socio-demographic and economic factors, other factors/reasons for persistence of female circumcision (FC) despite its ban in Nigeria are shown in Table 2. These factors fall into four categories; i) lack of awareness, ii) illusory fears and belief; iii) cultural imperative and iv) rationalization.

Lack of awareness as a factor: About 91.3% of respondents were not aware of the ban on FC (P<0.050) while 79.9% were not aware of the adverse health implications (P<0.060).

Illusory fears and belief as a factor: About 62.3% of them feared that presence of clitoris during child delivery could kill the baby if the clitoris touches the head or nose of the baby (P<0.005). About 96.2% of them believed that uncircumcised vagina is dirty, unsightly and unattractive

to husbands and suitors (P<0.049). Majority (98.5%) persist in the practice of FC in the belief that it makes agirl more feminine, socially acceptable, guarantees

better marriage prospects and higher dowry (P<0.975). About 85.7% believed that FC reduces promiscuity, sexual desire and premarital sex (P<0.005).

Table 1: Socio-Demographic and Economic factors influencing the practice of female circumcision (n = 860).

		Practice	Practice female circumcision			Total		X ² value
Variables		Yes	%	No	%	Freq.	%	A value
Age (Years)	< 20 $20 - 29$ $30 - 39$ $40 \ge$	32 200 226 73	3.7 23.2 26.3 8.5	78 116 114 21	9.1 13.5 13.3 2.4	110 316 340 94	12.8 36.7 39.6 10.9	63.66, P<0.05
Marital status	Single Married Divorced/ separate Widow	61 424 21 25	7.1 49.3 2.4 2.9	41 267 9 12	4.8 31.0 1.1 1.4	102 691 30 37	11.9 80.3 3.5 4.3	1.29, P>0.05
Occupation	Not employed Paid employment Self employed Farmer	61 77 134 259	7.1 9.0 15.5 30.1	33 118 89 89	3.8 13.7 10.4 10.4	94 195 223 348	10.9 22.7 25.9 40.5	64.34, P<0.05
Education	No formal education Primary Secondary Tertiary	160 216 120 35	18.6 25.7 14.0 4.0	55 85 138 51	6.4 9.9 16.0 6.0	215 301 258 86	25.0 35.0 30.0 10.0	58.08, P<0.05
Parity	$1-2$ $3-4$ $5 \ge$	228 226 77	26.5 26.2 9.0	152 144 33	17.7 16.8 3.8	380 370 110	44.2 43.0 12.8	3.72, P>0.05
Monthly Income (₹)	< 20,000 20,000 − 29,000 30,000 − 39,000 40,000 ≥	72 264 145 50	8.4 30.7 16.8 5.8	17 119 112 81	2.0 13.8 13.1 9.4	89 383 257 131	10.4 44.5 29.9 15.2	56.7, P<0.05
Total		531	61.7	329	38.3	860	100	

Local tradition and cultural imperative as a factor: All the respondents believed that FC is a way of initiating girls into woman hood. Further, custom demands that both male and female children should be circumcised at 8days of birth (P<0.000). Rationalization as a factor: Most mothers (87.2%) that were circumcised rationalize that hence they were circumcised without experiencing any adverse health effect, they will continue to circumcise their daughters, the ban not withstanding (P<0.005).

Table 3 presents respondents' opinion on ways to stop female circumcision. About 544(63.2%) of 860 respondents agreed that health education and promotion of awareness campaign about the ban on FC and the adverse health implication of this practice on girl-child is a way to stop FC in Nigeria. However 21.3% of respondents preferred public enlightenment through mass media while 15.5% preferred strict enforcement of the ban through legislation and prosecution of offenders.

DISCUSSION

Nigeria is a country where female circumcision is widely practiced and deeply rooted in their culture and tradition. 1,12-16 The practice has persisted for many decades irrespective of the campaign and legislation against its practice. ^{17,18} The findings in Table 1 that persistence of the practice of female circumcision (FC) increases with increase in age of mothers, but decreases with increase in level of formal education and monthly income is in agreement with the findings of Abiodun who opined that circumcision was less common among younger females than older ones.⁸ The finding that FC decreases with increase in level of formal education and monthly income is in keeping with earlier reports that female genital mutilation is widely spread among the poorly educated and low socio-economic status in Nigeria.^{2,3,9} This finding corroborates the finding of Abiodun that the practice of female circumcision declines as the level of education rises.⁸ Possible reasons for this outcome could be that the more educated a mother is the more she would be exposed to some activities such as

seminars and workshops relating to the adverse health effects of FC. Secondly, she is likely to listen and understand mass media campaigns against the practice, and become aware of the ban on the practice and its

attendant sanctions against offenders in Nigeria. Low literacy level has been reported in various literature as barrier to awareness campaign through mass media in rural communities. ^{17,18}

Table 2: Identified factors contributing to persistent female circumcision (FC): (n = 531).

Factors		Frequency	%	P-value
Awareness	a. Unaware of health implications of FC	424	79.9	0.060
	b. Unaware of the ban on FC in Nigeria	485	91.3	0.050
Illusory fears and perceived belief	 a. Illusory fear that presence of clitoris could kill a baby during delivery if it touches the head or nose of the baby. 	331	62.3	0.005
	 Belief that uncircumcised vagina is dirty, unsightly and unattractive to husbands and suitors 	511	96.2	0.049
	c. Belief that FC ensures safe and easy child delivery.	378	71.2	0.005
	d. Belief that FC reduces promiscuity, sexual desire and premarital sex	455	85.7	0.005
	e. Belief that FC makes a girl more feminine, socially acceptable, guarantees better marriage prospects and attracts higher dowry	523	98.5	0.975
Local Tradition and cultural imperative	Custom demands that both male and female children should be circumcised at 8 days of birth.	531	100	0.000
Rationalization	Most mothers that were circumcised rationalize that hence they were circumcised without experiencing any adverse health effect; they will also extend same practice to their daughters.	463	87.2	0.005

Table 3: Respondents opinion on ways to stop female circumcision.

Opinion	Frequency	%
Public enlightenment through mass media	183	21.3%
Strict enforcement of the ban through prosecution of offenders	133	15.5%
Health education and promotion campaign at the grass root to increase knowledge and awareness of FC and its health implications	544	63.2%
Total	860	100%

The findings in the study that literacy level of respondents was as low as 40% could account for majority of them (61.7%) persistently continuing with the practice. The findings that mothers on paid employment (civil and public servants) were less likely to contribute to persistence of the practice of FC than the unemployed, farmers and self-employed as in Table 1 could be that these occupational groups may have access to seminars and workshops organized by NGOs and Human Right organizations on Female Circumcision/Female Genital

Mutilation in Nigeria and other conventions on the elimination of discrimination against women (CEDAW) and on the Right of the Child (CRC). The finding in table 2 that factors contributing to persistence of FC despite its ban in Nigeria include lack of awareness, illusory fears and belief, cultural imperative and rationalization are in keeping with earlier research findings elsewhere in Nigeria. 1-4,8,9 The finding that unawareness of adverse health implications of FC and ban on FC in Nigeria contributed to the persistent practice of FC (Table 2) is in agreement with the report that unawareness of problem associated with female genital mutilation significantly influence its persistent practice. 1,2,8,9 The findings that illusory fears and perceived belief that presence of clitoris could kill a baby during delivery if it touches the head and nose of the baby is in agreement with the assertion in previous research works on female genital mutilation that among the Yoruba's of Ekiti State and Atakumasi in Osun State of Niger FC is performed in order to prevent the head of the new born baby coming in contact with the clitoris during delivery to avoid death of the baby.¹⁻⁴

The finding in Table 3 that in order to stop the practice of FC, the ban on its practice must be strictly enforced through legislative act and prosecution of offenders is in agreement with the findings in Asia, USA and Arab World where legislations have made the practice a

criminal offence and offenders prosecuted. 1,18-21 The finding that public enlightenment through mass media is a surer way of eradicating the practice of FC is in keeping with the report that regular use of media communication such as radio and television is an influential factor against the practice of female circumcision in Nigeria. 8

CONCLUSION

Several antecedent factors to persistent practice of FC have been identified. These factors range from sociodemographic and economic factors of mothers to tradition and cultural imperatives, illusory fears and belief. The eradication of FC in countries like Nigeria where the practice is rooted in the socio-cultural belief of the people is still much of a mirage. Strict enforcement of the ban through legislative act and prosecution of offenders may only hit the ice berg but, will not eradicate the practice. In order to stop the practice completely, the study recommends the combination of public enlightenment through mass media, strict enforcement of the ban through prosecution of offenders and health education and promotion campaign at the grass root to increase knowledge and awareness of FC and its adverse health implications

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