Female Genital Mutilation in Nigeria

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Despite its harmful effects on the health of women, female genital mutilation or female circumcision is practiced in many developing countries. In Nigeria the incidence ranges from 29.5% in the urban areas to over 90% in the rural areas. Reasons for the practice are mainly cultural and moral, followed by religious and other reasons. Decision to carry out circumcision was taken by men in 40% of cases and female in 43%, suggesting that awareness campaign against the practice should also be directed to men. Attitudes of respondents to female circumcision suggest condemnation of the practice by those who hitherto see it as criterion for social acceptance, and is associated with level of education of the respondents.

KEY WORDS: Female Circuscision, attitude of Nigerians

INTRODUCTION

One harmful traditional practice that has resisted change in many African countries is female genital mutilation (FGM), otherwise known as female circumcision. FGM has attracted much attention in the last decade. It is estimated that 80 million girls and women living today have undergone FGM[1], and in ethnic groups who practice FGM,over 80% of women have had the operation[2]. FGM is practiced in over 20 African countries and also in Oman, the Yemen, and the United Arab Emirates and by some muslims in Malaysia and Indonesia[3]. Significantly it is usually associated with poverty, illiteracy and low status of women within communities in which people face hunger, ill-health, overwork, and lack of clean water[4]. The practice entails the total or partial cutting away of the female external genital organ with razors, ceremonial knives, or blades often under un-hygienic conditions without anaesthesia. Justification for the practice varies from region to region and includes religious, cultural, medical and moral reasons.

FGM has been condemned by various organisations[5,4,6] The practice was made illegal in Britain by the Prohibition of Female circumcision Act 1985, and legislation probibiting female genital mutilation has also been passed in France, Sweden, Belgium and some states in America[7].Immediate physical complications of FGM include severe pain, shock, infection, injury to adjacent organs, broken bones, bleeding, acute urinary infection, tetanus, and death[8]. Long term problems include chronic pain, difficulties with micturition and menstruation, pelvic infection leading to infertility, and prolonged and obstructed labour during child-birth[9]. Although much has been written about FGM in Africa, no accurate accounts exist about its incidence. This is probably due to the problems associated with obtaining information on a subject which is considered a private or sensitive issue and surrounded by taboo and personal inhibition in most societies. This survey is designed to study the incidence of FGM in Nigeria and some of the factors that influence it.

Materials and Method

Women visiting antenatal clinics in Enugu were randomly interviewed regarding their attitude to circumcision of female children. Information was also sought, among other things, on the numbers of their female children who have been circumcised and the person that performed the operation. The interview was conducted by means of a questionnaire administered by two senior nursing staff in two health facilities (one urban and one periurban) located in Enugu in Eastern Nigeria. Where the respondents were literate, the questionnaires were self-administered in the presence of the interviewers who "stood-by" to give assistance when necessary.

Results

Of 1000 questionnaires distributed, 830 were returned completed, giving a response rate of 83%. The age distribution of the respondents is as shown in Table 1. The mean age was 28.5 years. The youngest and the oldest subjects were 20 and 46 years respectively, 824 of the respondents were married, 3 were divorced and 3 single. 250 (30%) were in support of female circumcision while 580 (70%) were not. Of those who supported female circumcision, 100 (40%) gave their reasons for supporting it respectively as cultural and moral reasons (i.e, it reduces promiscuity). Religious reasons and "other" reason accounted each for 20 (8%), while 10 (4%) gave no reasons for supporting the practice (Table 2). Of 580 respondents who did not support female circumcision, 300 (51.7%) gave their reasons as being harmful to the child, 250 (43%) said it was unnecessary, 15 (2.6%) said it is not practiced in their area, 10 (1.7%) said it was not religious and 5 (o.9%) said they simply did not like the practice. Only 208 (25%) of the women interviewed believed that women who are uncircumcised are stigmatized and not sought in marriage as against 622 (75%) who did not possess that belief.

Out of a total of 1070 female children born to the respondents, 316 (29,5%) were circumcised. 160 (50.6%) of the circumcisions were performed by traditional doctors, 80 (25.3%) by traditional birth attendants (TBAs), 64 (20.3%) by trained nurse/midwives, and 12(3.8%) by others, including grandmothers and mothers-in-law (Table 3). None of the operations was performed by a medical doctor. The decision to carry out circumcision was taken by the husband in 120 (40%) of the cases and by the wife in 130 (43.3%), and others (grandmother and mother-in-law) in the remaining cases. Table 4 shows the attitude of respondents to female circumcision by educational level. There is an association between the level of education of respondents and their attitude to female circumcision. The proportion of those who support circumcision was found to be significantly higher in the less educated women ($x^2=252.6P< 0.001$; 4df).

Discussion

Harmful traditional practices have been suggested as major determinants of the high rate maternal morbidity and mortality in most Nigerian cultures. Various complications have been associated with FGM in Nigeria *10,11,12,13,14*. The serious harmful effects not withstanding, FGM has continued to be practiced in many developing countries, including Nigeria. In Nigeria the incidence varies from area to area, raging from 29.5% in the urban area, as found in this study, to over 90% in the rural areas [14,15]. The fact that only 30% of the women interviewed supported female circumcision and that the majority (75%) did not believe that uncircumcised women are stigmatised and not sought in marriage, however suggests that the merits of this practice have begun to be questioned by those who practice it. 51.7% of those who did not support FGM also believed that the practice is harmful to the child's health. A higher incidence of FGM in the rural than in the urban area suggests that the practice is associated with poverty and low standard of living,. Cultural reasons and erroneous belief that female circumcision promotes chastity accounts for 60% of the reasons for its practice. Such traditional beliefs are often hard to dispell of and mass mobilization and intensified education are needed to convince the men and women in the communities of the dangers of FGM ·Health education should emphasize on the adverse health effects of FGM,which in this study accounted for 51.7% of the respondents' reasons for not supporting it. There is a significant association between the education of respondents and their attitude to FGM. The proportion of those who did not support circumcision is significantly higher in the educated women suggesting that female education is a powerful means of reducing FGM and promoting the health of women.

Any campaign to stop FGM must also be directed to the professionals who perform the circumcision. Over fifty percent of the circumcisions in this study were performed by traditional doctors, followed by TBAs (25.3%), and trained nurse/midwives (20.3%). Awareness about the severe threat to health by this practice should be raised among all health workers, including the traditional doctors and traditional birth attendants. Members of the medical profession should join hands with the various organisations in their efforts to control FGM. Such origanisations include the World Health Organisation, the UN Population Fund, the UN children's Fund, the International Parenthood Federation, the UN Convention on the Rights of the Child and the Inter-African Committee Against Harmful Traditional Practices Affecting Women and Children.

Finally, for the campaign against FGM to succeed, parallel efforts to convert the men are also necessary. As with many other harmful traditional practices affecting the health of women

and children, men's attitude has always supported and encouraged the practice of FGM. In this study the decision to carry out circumcision of their female children was taken by the husband in 40% of the cases, and by the wives in 43%.

Female genital mutilation should therefore not be seen as a female problem alone. It is a problem of the entire society and as one of the common harmful, traditional practices, its eradication will go a long way to improve the health of women in Nigeria.

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Table 1: Age Distribution of Respondents

Age	No	Percentage
15 - 24	200	24.1
25 - 34	480	57.8
35 - 44	120	14.5
45. - 54	30	3.6

Mean = 28.5 Years.

Table 2: Reason for Supporting Circumcision

Reason	No	Percentage
Cultural	100	40
Moral	100	40
Religious	20	8
Others	20	8
No reason	10	4

Table 3: Who performed the Circumcision

Traditional doctor	160 (50.6%)
Traditional Birth attendant (TBA)	80 (25.3%)
Trained nurses/midwives	64 (20.3%)
Medical doctors	0 (0%)
Others	12 (3.8%)

Table 4: Attitude to FGM By Educational Level of Respondents