



## **Mother's perception of female genital mutilation among mothers in Owerre - Ebiri community in Orlu L.G.A.**

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### **Abstract**

Mothers' perception of female genital mutilation (FGM) is widespread in Nigeria. This study was conducted to assess the perceptions of FGM among mothers in Owerre-Ebiri Community in Orlu Local Government Area, of Imo State. The study adopted a descriptive survey design. Four research questions guided the study. The population of the study consisted of all the women attending August meeting at St. Mary's Catholic Church in Owerri-ebiri Community with a population of Eighty Women (80). All was selected because they were few in number. A structured questionnaire was used for data collection with Pearson Product Moment Correlation reliability Coefficient of 0.93 which yielded positive correlation. Data collected was analyzed using demographic tables which were presented in chi square for easy understanding. The results revealed that mothers perceived that social factors promote the practice of FGM and that cultural beliefs support FGM. On average, more than half of the respondents were aware of female genital mutilation. Also, there was a significant relationship between the educational background of the mothers and the perception that uncircumcised girls will be promiscuous. Based on the findings of the study, the following recommendations were made: Government and policy makers should make necessary adjustments and huge investment committed to eradicate FGM practices and local communities should create awareness on FGM through the organization of seminars, workshops and training on the risks of FGM and its health consequences; this will probably reduce the practice.

**Keywords:** mother's perception, female genital mutilation, Owerre-Ebiri community

### **Introduction**

Female genital mutilation (FGM), also referred to as female genital cutting or female circumcision, refers to all procedures that involve the partial or total removal of the external female genitalia, or other injury inflicted on the female genital organs for reasons that are not medical (UNICEF, 2013).

The practice of FGM is also widespread in Nigeria and the age at which it is carried out and the type practiced varies from one geographical region and cultural setting to another. The practice was found to be most common in the South-West (53.4%) and South-East (52.8%) regions of the country; a reflection of the fact that FGM is mostly practiced by the Yoruba and Ibo

tribes who primarily reside in these two regions. The prevalence of FGM in the remaining four geographic regions is as follows: South-South: 34.2%, North-West: 19.6%, North-Central: 11.4% and North-East: 2.7%. National Population Commission (NPC) (2010). (The types of FGM commonly practiced in Nigeria are Types I, II and III, with Type II reported to be the most common. Type IV is practiced more in the North as 'Gishri' cuts, and in the South as the introduction of herbs into the vagina. In Nigeria, FGM may be carried out during infancy, childhood or, during adolescence, as a 'rite of passage' to adulthood. It may also be carried out prior to a woman's marriage, during her first pregnancy or at death. FGM is reported to be

practiced among all social classes in the country and it is important to note that the practice cuts across the various religious groups, including Muslims, Christians and African traditional worshippers.

Okeke (2015) said the harmful effects of FGM on female health have been well researched and documented; although the practice has no health benefits whatsoever, it carries serious health consequences for girls and women who undergo the procedure and for their offspring (Bishai, 2010). Dare, (2014) opine that the immediate consequences include acute pain, haemorrhage shock and psychological consequences. Abdulcadir (2011) stated that long-term health risks include chronic pain, infections, keloid formation, birth complications, danger to the newborn clitoral neuroma, fear of men, sexual difficulties and emotional problems. According to Liao (2013) on 2006 study on FGM and obstetric outcome conducted in six African countries (Burkina Faso, Ghana, Kenya, Nigeria, Senegal and Sudan), women with FGM are significantly more likely to have adverse obstetric outcomes than those without FGM, and the frequency of complications increases with the degree of mutilation (Bank *et al.*, 2016).

Currently, Nigeria has no national law prohibiting FGM. According to a United Nations (2014) expert report on traditional practices affecting the health of women and children, some states have enacted laws banning its practice. Of the 36 states and the Federal Capital Territory, eight states were said to have enacted laws prohibiting FGM. These states are Abia, Bayelsa, Cross-River, Delta, Edo, Ogun, Osun and Rivers State (United Nation, 2014).

Although studies have explored the knowledge, attitude and practice of FGM among healthcare professionals (Onuh, 2016) not many have explored the perceptions of mothers about the practice. Assessing the perceptions of mothers about FGM may provide insight into their beliefs and what might await their girl-child. Hence, this study sought to assess the perceptions of FGM among mothers in Owerri ebiri in Orlu Local Government Area in Imo, in the South-East of Nigeria, where FGM is reported to be most prevalent. A related goal was to determine whether there is a relationship between the mothers' educational background and the perception that uncircumcised females will become promiscuous. The findings may be helpful in drawing up educational programme to eradicate the practice and as such safeguard the health of girls and women in Nigeria.

## Objectives of the Study

The objective of the study is to examine mothers' perception of female genital mutilation in Owerri-ebiri Community in Orlu Local Government Area of Imo State.

Specifically, the objectives of this study will include to:

- i. To determine perceive social factors that promote the practice of Female Genital Mutilation in Owerre-ebiri community in Orlu Local Government Area.
- ii. To identify perceive cultural beliefs that support Female Genital Mutilation in Owerre-ebiri community in Orlu Local Government Area.
- iii. Determine the level of mothers' awareness on Female Genital Mutilation in Owerri ebiri Orlu Local Government Area.
- iv. To determine the relationship between the mothers' educational background and the perception that uncircumcised females will become promiscuous.

## Materials and Methods

### Design

The study adopted a descriptive survey design. Descriptive survey is a method of research which concerns itself with the present phenomena in terms of conditions, practices, beliefs, processes.

### Setting

The study was conducted in Owerri Ebiri Community in Orlu Local Government Area of Imo State. The area is located along the road leading to Imo State University Teaching Hospital Orlu. The community is located between the following Orlu communities Umunna and Umuowa community. They are predominantly farmers, petty traders with few civil servants. They lack good road network and portable water, some of the communities are connected to the national grid, and majority of them are Christian while a few are traditionalist.

### **Population of Study**

The target population of this study was all the women attending August Meeting at St Mary's Catholic Church, in Owerri Ebiri Community Orlu Local Government Area, with a total population of eighty women (80). These groups of women were used because they are accessible and are in a better position to provide the needed information about FGM.

### **Sampling Technique**

The total population of the study was 80 women and according to Nwanna, (2016) who said that when the population is in few numbers, that the whole population should be used.

### **Instrument for Data Collection**

Structured questionnaire was used for data collection. The instrument was developed by the researcher using the information gathered from reviewed literature which covered different areas of female genital mutilation. The questionnaire was presented in two sections; sections A and B. Section A has 6 items for demographic data while section B has 22 items and was used to collect information on the perceive social factors that promote the practice of female genital mutilation and cultural belief that support female genital mutilation among women. Items 6 – 22 of the instruments were arranged in 4 point Likert scale style.

### **Validity of Instrument**

The validity of the instrument was done by two (2) lecturers in department of nursing sciences. The structured questionnaire was submitted to them for face and content validity and all adjustment and corrections were made and final correction made and approved by the project supervisor before administering the instruments to the respondents.

### **Reliability of Instrument**

Test-retest was used whereby the researcher distributed the instrument to the mothers in Orlu who were not part of the study. After 10 days the same instrument was photocopied and administer to them again. After this the researcher collected the questionnaire and use Pearson Product Moment Correlation Coefficient to analyze the data. The result yield 0.93 which was positive correlation.

### **Method for Data Collection**

Application was made to the leaders of the Owerri Ebiri women during their August Meeting for permission to carry out the research work which was positively granted. Verbal informed consent will be obtained from each respondent, and respondents were assured of confidentiality and anonymity. The instrument will be administered on one on one basis by the researcher. The women will be sensitized by the researcher for the data collection process during their meetings. The language of the questionnaire is English although some explanations will be made in vernacular because some of the respondents are not educated. All copies of the instrument will be retrieved back on the spot following the filling of the form by the respondents.

### **Method of Data Analysis**

Data were collated and tallied before computing. Demographic data were presented in chi square which will be presented in tables for easy understanding.

### **Ethical Consideration**

Before the researcher administer questionnaire to the women attending August meeting, application was written to the chairperson, clearance was gotten from them to embark on the research attaching introduction letter from the Nursing Sciences Department explaining the purpose of the study. Informed consent was obtained from study participants after being informed in detail about the nature and the purpose of the study. All respondents have filled the questionnaire independently with nurse assistance and appropriate measures were taken to assure confidentiality of information both during and after data collection.

## Results

**Table 1:** Percentage distribution of the socio-economic profile of respondents

Variables	Frequency	Percent (%)
Age (year)		
18-25	8	10.0
26-30	14	17.5
31-35	28	35.0
36 and above	30	37.5
Educational Level		
Non-Formal	8	10.0
Primary	22	27.5
Secondary	20	25.0
Tertiary	26	32.5
Vocational	4	5.0
Religion		
Christianity	78	97.5
Traditionalist	2	2.5
Circumcised		
Yes	52	35.0
No	28	65.0
FGM Practice		
Yes	58	72.5
No	22	27.5

Table 1 shows the profile of the respondents. It indicates that most respondents were in the 30-aboveyear's age group, attained tertiary education,

mostly Christian, were circumcised and female genital mutilation are still practice in their community.

**Table 2:** Respondents perceived social factors that promote the practice of FGM

S/N	Items	SA	A	D	SD	Mean	Rank
6	Female genital mutilation is practiced because of fear of early pregnancy and promiscuity among womenfolk.	62	18	0	0	3.78	Agreed
7	FGM women are not acceptable among peers in social meetings/functions in my community, FGM is also practiced to maintain cleanliness and good health in women folk	21	30	11	18	2.68	Agreed
8	Female Genital mutilation raises the social status of the family and promotes social morality and decency in women.	28	16	14	22	2.63	Agreed
9	FGM of women enhances better chances of marriage in girls and also circumcision of women increases male sexual pleasure.	34	18	18	10	2.95	Agreed
<b>Grand Mean</b>						<b>3.01</b>	<b>Agreed</b>

Result from the data of Table 2 shows respondents' perceived social factors that promote the practice of FGM. It revealed that female genital mutilation is practiced because of fear of early pregnancy and promiscuity among womenfolk with mean rating of 3.78, FGM women are not acceptable among peers in

social meetings/functions in my community and FGM is also practiced to maintain cleanliness and good health in women folk (2.68), female genital mutilation raises the social status of the family and promotes social morality and decency in women (2.63), FGM of women enhances better chances of marriage in girls

and also circumcision of women increases male sexual pleasure (2.95). The grand mean has a mean value of 3.01 which is within the range of agreement.

Therefore, respondents perceived that social factors promote the practice of FGM.

**Table 3:** Respondents perceived cultural beliefs that support FGM

S/N	Items	SA	A	D	SD	Mean	Rank
10	Female Genital mutilation is done in order to initiate girls into womanhood.	32	28	11	9	3.04	Agreed
11	Female Genital Mutilation preserves family honour and prevents immorality and also helps women to preserve their virginity	30	18	18	14	2.80	Agreed
12	Female Genital mutilation enhances fertility and promotes child survival.	28	16	14	22	2.63	Agreed
13	The presence of clitoris makes a lady to desire having sex always.	34	18	18	10	2.95	Agreed
<b>Grand Mean</b>						<b>2.86</b>	<b>Agreed</b>

Result from the data of Table 3 shows respondents' perceived cultural beliefs that support FGM. It revealed that FGM is done in order to initiate girls into womanhood (3.04), it preserves family honour and prevents immorality and also helps women to preserve their virginity (2.80), it enhances fertility and

promotes child survival (2.63), and the presence of clitoris makes a lady to desire having sex always (2.95). The grand mean has a mean value of 2.86 which is within the range of agreement. Therefore, respondents perceived that cultural beliefs support FGM.

**Table 4:** Respondents' level of awareness on Female Genital Mutilation

S/N	ITEMS	Freq	%
14	Majority of mothers are aware of consequences of FGM in their community	37	46.3
15	Mothers are not aware of the health benefit of not practicing Female genital mutilation	61	76.3
16	There is increase awareness of FGM in mothers due to awareness	61	76.3
17	Public awareness is the most effective means of FGM Education.	58	72.5
Grand Total		217	67.9%
Average		54	67.9

Result from the data of Table 2 shows respondents' level of awareness on Female Genital Mutilation. It revealed that 46.3% of the mothers are aware of consequences of FGM in their community, 76.3% of mothers are not aware of the health benefit of not practicing female genital mutilation, there is increase

awareness of FGM in mothers due to awareness (76.3%) and public awareness is the most effective means of FGM Education (72.5%). Therefore, on average, 67.9% of the respondents were aware of female genital mutilation.

**Table 5:** Contingency coefficient between the variables

Variables	C	Remark
Educational background Perception that uncircumcised females will become promiscuous	0.47	Weak positive relationship

The result presented in Table 5 shows the contingency coefficient between the variables. It revealed a contingency coefficient of 0.47 which indicates weak positive relationship between the mothers' educational background and the perception that uncircumcised females will become promiscuous. This implies that the more educated the mothers are, the more they perceive that uncircumcised females will become promiscuous and vice versa.

## Discussion

From the result shown in Table 2 revealed that female genital mutilation is practiced because of fear of early pregnancy and promiscuity among womenfolk, women are not acceptable among peers in social meetings/functions in my community and FGM is also practiced to maintain cleanliness and good health in women folk, female genital mutilation raises the social status of the family and promotes social morality and decency in women, FGM of women enhances better chances of marriage in girls and also circumcision of women increases male sexual pleasure. The grand mean has a mean value which is within the range of agreement. Therefore, the respondents perceived that social factors promote the practice of FGM. This could be because of female genital mutilation is a practice that has long fascinated health and all other health related disciplines such as sociology and psychology. The reasons for FGM include cultural/customs, religion, decreasing the sexual desire of women, social, hygiene and aesthetic.

This finding collaborate the result of Mustapha (2011) who noted that strong social pressure also maintains high levels of circumcision, which is believed to promote premarital chastity among women. Abubakar (2014) stated that in some parts of Nigeria, uncircumcised children were sometimes regarded as "unholy" and looked down upon as socially inferior. Seventy seven percent of the women interviewed have had FGM, 30.2% women had had a daughter with FGM and 4.5% said that they intended that their daughter should have it. The study showed that age, religion, wealth, ethnicity, literacy, years of education, household affluence, region and who had responsibility for health care decisions in the household, were all significantly related to the practice of FGM. This goes to show that social factors promote the practice of FGM.

Result from the data of Table 3 shows respondents' perceived cultural beliefs that support FGM. It revealed that FGM is done in order to initiate girls into

womanhood, it preserves family honour and prevents immorality and also helps women to preserve their virginity, it enhances fertility and promotes child survival, and the presence of clitoris makes a lady to desire having sex always. The grand mean has a mean value which is within the range of agreement. Therefore, respondents perceived that cultural beliefs support FGM. Female genital mutilation is a custom or tradition synthesized over time from various values especially religious and cultural values. The reasons for maintaining the practice include custom, religions, decreasing the sexual desire of women, hygiene, aesthetic facility for sexual desire of women, fertility (Briggs, 2010). Briggs noted that those who preserve the practice are largely women who live in the traditional societies in rural areas and follow tradition passively practiced. Also where the practice exists, most women believe that as good Muslims for example, they have to undergo the operation and in order to be properly clean, fit for marriage, female circumcision is a precondition.

This is in line with Odunjiri (2012) and Onadeko (2015) who identified tradition, religion, improve fertility and deliveries, prevention of promiscuity, ritual for prevention of promiscuity, ritual for womanhood and hygiene purposes as the reasons for the continuation of this practice. Some respondents who do not favour the continuation of this practice gave reasons such as sexual difficulties, complications of labour, human right preservation of dignity of women and reduction of women sexual pleasures for not supporting the practice. The Sudan Demographic and Health Survey stated that painful personal experience, religious prohibition and failure to achieve sexual satisfaction as reasons for not favouring continuation of the practice. Female genital mutilation is an old age operation practiced in various parts of the world at times for different reasons. The reasons and justifications reflect the ideological and historically situation on the societies in which it has developed. The commonest excuses hinge on culture and tradition. Other fabulous reasons include modification of socio-sexual attitudes to preserve family honour, prevent promiscuity, and ensure virginity and faithfulness to the husband. There is also the illusion that severely narrowed vaginal canal increases sexual pleasure for the husband who sees it as a sign of virginity. Religion, superstitious beliefs, myths, gender identity and development into womanhood are other reasons given for perpetuating this obnoxious practice of FGM (WHO, 2012). Therefore, one can rightly perceive that cultural beliefs support FGM.

Result from the data of Table 2 shows respondents' level of awareness on female genital mutilation. It revealed that mothers are aware of consequences of FGM in their community, they are not aware of the health benefit of not practicing female genital mutilation, there is increase awareness of FGM in mothers due to awareness and public awareness is the most effective means of FGM education. Therefore, on average, majority of the respondents are aware of female genital mutilation. This is in accordance with Okoronkwo (2011) who reported that all the respondents were aware that female genital mutilation was practiced in the community. The respondents were mutilated while. Of those whose genitals were mutilated, 93.7% had it at childhood, 3.4% at puberty, 0.9% during marriage and 0.6% had this ritual during the first pregnancy. The dangers and complications of female circumcision outweigh any supposed benefits. In a similar study, Obionu (2016) conducted a cross-sectional study of the perspectives and practical of FGM among women and found out that the perception of health dangers posed by FGM depends on the level of education, exposure of the subjects and also from the area where they come from. In this study, the researchers observed that the women's awareness of the campaign against FGM was high, however their high awareness lacked in-depth knowledge of the true meaning and complication of FGM. A large proportion of the respondents favoured continuation of female circumcision. Their reasons were largely based on preservation of tradition fulfilling religious obligations and preventing promiscuity. The proponents of circumcision further believed that uncircumcised women are promiscuous, not marriageable and are disgrace to family.

The result presented in Table 5 shows the contingency coefficient between the variables. It revealed a contingency coefficient which indicates weak positive relationship between the mothers' educational background and the perception that uncircumcised females will become promiscuous. This implies that the more educated the mothers are, the more they perceive that uncircumcised females will become promiscuous and vice versa. That is, improvement in mothers' educational background would lead to positive perception that uncircumcised females will become promiscuous. This is in agreement with the findings of Ahanonu (2014) who carried out a research on the practice of female genital mutilation and it was conducted to assess the perception of FGM among mothers at primary health centre in Lagos, Nigeria. A convenience sample mothers completed the semi structured questionnaire. The findings showed that the

mothers held ambivalent beliefs about the practice. Although over half of the respondents 56.8% perceived the practice of FGM as not being beneficial, 44.2% thought that uncircumcised girls will become promiscuous. Nearly 30.5% believed that FGM promotes a woman faithfulness to her husband. About 26.3% reported that women who have undergone FGM are not at risk of gynecological complications. Also, there was a significant relationship between the educational background of the mothers and the perception that uncircumcised girls will be promiscuous. These perceptions about the FGM showed that government at all levels should continue with educational efforts aimed at eradicating this practice.

## Conclusion

Based on the findings of the study, it was concluded that mothers perceived that social factors promote the practice of FGM and that cultural beliefs support FGM. On average, more than half of the respondents were aware of female genital mutilation. Also, there was a significant relationship between the educational background of the mothers and the perception that uncircumcised girls will be promiscuous. These perceptions about the FGM showed that government at all levels should continue with educational efforts aimed at eradicating this practice. It also this means that there should be forum to educate mothers on the risks associated with FGM. This is because a higher level of education was related to the perception that uncircumcised girls will be promiscuous.

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