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Mothers' perceptions of female genital mutilation

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Abstract

The practice of female genital mutilation (FGM) is widespread in Nigeria. This study was conducted to assess the perceptions of FGM among mothers at a primary healthcare centre in Lagos, Nigeria. A convenience sample of 95 mothers completed the pre-tested, semi-structured questionnaires. Data analysis was carried out using descriptive statistics and a chi-square test was used to test for association between variables. 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 a third (30.5%) believed that FGM promotes a woman's faithfulness to her husband. About a quarter (26.3%) reported that women who have undergone FGM are not at any risk of gynaecological complications. There was a significant relationship between the educational background of the mothers and the perception that uncircumcised girls will be promiscuous. These perceptions about FGM show that government at all levels should continue with educational efforts aimed at eradicating this practice.

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 [1–3]. The World Health Organization (WHO) describes four classes of FGM: Type I (clitoridectomy) is the partial or total removal of the clitoris and, in very rare cases, only the prepuce (the fold of the skin surrounding the clitoris). Type II (excision) is the partial or total removal of the clitoris and the 'labia minora', with or without excision of the 'labia majora'. Type III (infibulation) is the narrowing of the vaginal opening through the creation of a covering seal formed by cutting and repositioning the inner or outer labia with or without removal of the clitoris. Type IV includes all other harmful procedures to the female genitalia for non-medical purposes, such as pricking, piercing, incising, scraping and cauterizing the genital area.

The practice is most common in 28 countries in the eastern, north-eastern and western regions of Africa, including Nigeria, and in some countries in Asia and the Middle-East. FGM has also been reported to be practiced among migrants from these areas living in Australia, Canada, Europe, New Zealand and the United States, and among some population groups residing in Central and South America [2]. Typically, traditional circumcisers/healers or female relatives have been reported to carry out the practice; healthcare providers have also been implicated [3–7].

In the past two decades or more, there has been increasing international interest in FGM due to its multiplicity, its effects and the recognition that the practice is a violation of the fundamental human rights of girls and women. It is estimated that 100–140 million girls and women worldwide are living with the consequences of FGM [2, 4] and the United

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Nations Children's Fund (UNICEF) further reports that up to 30 million girls under the age of 15 may still be at risk of the procedure. An average of 36% of girls aged 15–19 years have had FGM carried out on them, in comparison with an estimated 53% of women aged 45–49 years [1, 8].

The practice of FGM is 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 population of Nigeria was estimated at 170 million people in 2012 [9], and the 2008 Nigeria Demographic Health Survey reported that the prevalence of FGM among girls and women aged 15–49 years was 30%. Among girls aged 15–19 years, the percentage reported to be circumcised was 21.7%. 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% [10]. 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 [5].

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 [5, 7].

The harmful effects of FGM on female health have been well researched and documented; although the practice has no health benefits whatsoever [2, 11], it carries serious health consequences for girls and women who undergo the procedure and for their offspring [12]. The immediate consequences include acute pain, haemorrhage [13], shock and psychological consequences [14]. Long-term health risks include chronic pain, infections, keloid formation, birth complications, danger to the newborn [2, 3, 11], clitoral neuroma [15], fear of men, sexual difficulties and emotional problems [16]. According to a 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 [17].

In 1994, Nigeria joined other members of the United Nations in making resolutions to eliminate FGM and steps have been taken to achieve this. Some of these include the establishment of a multi-sectoral technical working group on harmful traditional practices (HTPs), carrying out studies and national surveys on HTPs, the launch of a Regional Plan of Action and the formulation of a National Policy and plan of action [5].

Currently, Nigeria has no national law prohibiting FGM. According to a United Nations 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 [18]. A report by the Economic Commission for Africa affirms the United Nations expert report, although it omits Abia and Delta from the list of states that have enacted laws prohibiting FGM [19].

Many reasons have been documented for the continued practice of FGM in Nigeria. They are mainly sociocultural and vary from one community to the other. They include the preservation of virginity or prevention of premarital sex, the prevention of promiscuity [20], spiritual satisfaction, social acceptance, family honour, cleanliness or hygiene, aesthetic reasons, increased sexual pleasure for the husband, enhancing fertility and increasing marriageability [5, 7]. A local myth among some Ibos in the south-east region of Nigeria is that if a baby's head touches the clitoris, the baby will die or the breast milk will be poisonous [21]. Another possible

reason for the continued practice of FGM may be lack of awareness and knowledge of the health problems associated with FGM.

Although studies have explored the knowledge, attitude and practice of FGM among healthcare professionals [22–24], 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 attending a primary healthcare centre in Lagos, in the south-west of Nigeria, where FGM is reported to be most prevalent [10]. A related goal was to determine whether there was 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 programmes to eradicate the practice and as such safeguard the health of girls and women in Nigeria.

Methods

Procedure

In July 2012, women attending a primary healthcare centre in a semi-urban area of Lagos State were recruited for the study using a convenience sampling technique. Mothers under the age of 45 years who brought their infants for immunization at the primary healthcare centre during the 6-week period of data collection were invited to participate; a total of 106 mothers attended the clinic during this period, of which 95 agreed to participate in the study. Two trained research assistants who were registered nurses administered the semi-structured questionnaires to the respondents following written permission received from the head of the healthcare facility. The goal and objective of the study were explained to each participant before the questionnaire was administered. They were assured that participation was voluntary and should they decide not to participate, they would not be victimized. The questionnaire was developed following a review of the relevant literature, with the aim of exploring the perceptions of the practice of FGM. It was pretested among 10 mothers at a different study site, after which the necessary corrections were made. A pilot study was then undertaken to assess whether the participants easily understood the questions and how long it would take to complete the interview. This provided feedback regarding the clarity of the questions. Test–retest reliability was done to ensure internal consistency of the instrument. Regarding face validity, the participants found the questions short and understandable and the whole interview required approximately 20 min to complete. The team of lecturers (experts) found the content of the questionnaire valid. For the non-literate mothers, the research assistants had to interpret the questions in an understandable language.

Ethical approval for this study was obtained from the Ethical Research Committee of the School of Nursing, Lagos University Teaching Hospital in Lagos. Prior to obtaining an overview of the actual situation in which the investigation was conducted, content validation of the questionnaire was done by senior lecturers at the School of Nursing.

Measures

Demographic characteristics

Information was collected on the age, religion, marital status, ethnic group, educational level and occupation of the mothers.

Perceptions of FGM

Perceptions were assessed using the following statements: 'The clitoris should be removed because it's the male part of the female body'; 'FGM promotes a woman's faithfulness to her husband'; 'Uncircumcised females will be promiscuous'; 'Women with FGM are at risk of gynaecological complications'; 'Long-term effects of FGM include anxiety disorders'; and 'FGM is beneficial for the female'. The response options for these statements were 'yes', 'no' or 'I don't know'.

Data management

Data collected from questionnaires were duly inspected for errors before they were analyzed. Data

analysis was carried out using descriptive statistics, and Pearson's chi-square test (χ^2) was used to test for associations between variables.

Results

Demographic characteristics

Table I presents the demographic characteristics of the mothers. Just over a third (36.8%) were between the ages of 25–29 years. The majority of the mothers (67.4%) was Christians and only 7.4% were single. Most of them were from the Yoruba (61.1%) and Ibo (32.6%) ethnic groups of Nigeria. Just over half (52.6%) had secondary level education and 55.8% said they were self-employed.

Table I. *Demographic characteristics of the mothers (N = 95)*

Characteristic	Frequency (*n*)	Percentage (%)
Age (years)		
20–24	8	8.4
25–29	35	36.8
30–34	25	26.3
35–39	20	21.1
40–44	7	7.4
Religion		
Christianity	64	67.4
Islam	31	32.6
Marital status		
Married	88	92.6
Single	7	7.4
Ethnic group		
Yoruba	58	61.0
Igbo	313	32.6
Hausa	3	3.2
Others[a]	3	3.2
Educational background		
Primary level	18	19.0
Secondary level	50	52.6
Tertiary level	27	28.4
Occupation		
Trading	53	55.8
Civil Servant	24	25.3
Housewife	18	18.9

[a]Ijaw, Fulani.

Perceptions of FGM

Table II presents the mothers' perceptions of the practice of FGM. Although a slight majority (52.6%) did not perceive that the clitoris should be removed because it is the male part of the female body, over a quarter (27.4%) thought otherwise and a fifth (20%) did not know. A majority (56.8%) perceived that FGM promotes a woman's faithfulness to her husband and about a third (30.5%) were not in support of this perception. Almost half (44.2%) agreed that uncircumcised females will become promiscuous. Regarding the risk of gynaecological complications after FGM, 40.0% agreed, 26.3% disagreed and 33.7% were unsure. A large proportion (43.1%) reported that anxiety disorders are a long-term effect of FGM whereas 29.5% were unsure. On the whole, a third (33.7%) of the mothers felt that FGM is beneficial for women whereas more than half (56.8%) perceived the practice as not beneficial.

Relationship between educational background, FGM and promiscuity

As shown in Table III, there was a significant relationship between the educational background of the mothers and the perception that uncircumcised females will be promiscuous ($P < 0.05$). Mothers with a tertiary education were least likely to agree with this statement (25.9%), compared with about half of the mothers with a secondary education or less.

Discussion

This study explored the perceptions of mothers attending a primary healthcare facility in Lagos State in the south-west of Nigeria regarding the practice of FGM. None of the mothers was in the adolescent age group (10–19 years) and the majority (92.6%) was married. A possible explanation for this finding is that in Lagos State, which is fairly cosmopolitan, childbearing and marriage is not very common among adolescents, compared with states located in the northern parts of the country. Results also showed that the mothers were primarily from two ethnic groups; Yoruba (61.0%) and Ibo (32.6%). These proportions are representative of the tribes that mostly reside in this area.

Table II. *Perceptions of the effects of FGM*

Variable	Yes *n* (%)	No *n* (%)	I don't know *n* (%)
The clitoris should be removed because it is the male part of the female body	26 (27.4)	50 (52.6)	19 (20.0)
FGM promotes a woman's faithfulness to her husband	29 (30.5)	54 (56.8)	12 (12.7)
Uncircumcised females will become sexually promiscuous	42 (44.2)	47 (49.5)	6 (6.3)
Women with FGM are at risk of gynaecological complications	38 (40.0)	25 (26.3)	32 (33.7)
Long-term effects of FGM include anxiety disorders	41 (43.1)	26 (27.4)	28 (29.5)
FGM is beneficial for the female	32 (33.7)	54 (56.8)	9 (9.5)

This table shows that 32 (33.7%) respondents believe that FGM is beneficial, 42 (44.2%) believe that uncircumcised females will be promiscuous and 29 (30.5%) believe that FGM promotes faithfulness of a woman to her husband.

Table III. *Relationship between educational background and promiscuity*

	An uncircumcised female will be promiscuous					
Educational background	Yes *n* (%)	No *n* (%)	I don't know *n* (%)	Total *n* (%)	χ^2	*p*-value
Primary	9 (50.0)	5 (27.8)	4 (22.2)	18 (100.0)	16.1	0.003
Secondary	26 (52.0)	23 (46.0)	1 (2.0)	50 (100.0)		
Tertiary	7 (25.9)	19 (70.4)	1 (3.7)	27 (100.0)		

There is a significant relationship between educational background and perception that uncircumcised females will be promiscuous ($p < 0.05$).

Findings show that the mothers had ambivalent perceptions of the practice of FGM. To illustrate this, the majority of participants (56.8%) reported that they do not perceive the practice as being beneficial to the female, yet almost half of them (44.2%) thought that uncircumcised females will become sexually promiscuous. This latter finding is similar to that of another Nigerian study, which found that mothers were of the opinion that FGM prevents sexual promiscuity [20]. It could be that the mothers in our study shared the opinion of FGM having no benefits for females because of the ongoing campaigns against the practice, as well as the fact that they were being interviewed by healthcare professionals, who are seen to be among the groups involved in championing the fight against FGM in the country. They also likely reported that uncircumcised females will become sexually promiscuous because this is a widely held perception in the community where our study was carried out. This reflects their true beliefs about the practice even though they also alluded that the practice has no benefits. Empirically, there is little or no evidence to validate the belief that FGM inhibits sexual promiscuity among women. Nonetheless, sexual promiscuity has been reported to be associated with early childhood sexual abuse in both males and females [25]. Furthermore, to indicate the presence of misconceptions among the mothers in our study, almost a third (30.5%) reported that FGM promotes a woman's faithfulness to her husband, and a similar proportion believed that the practice prevents sexual promiscuity. This finding corresponds with that of a survey conducted in Egypt, which reported that 34% of the women interviewed were in support of the continuation of the practice because they felt that it could prevent adultery [26]. These perceptions are likely to be some of the reasons fuelling the practice in our setting.

Another interesting finding from our study is that a large percentage of the mothers reported a lack of awareness of some of the problems associated with

FGM. Roughly, a third (33.7%) reported that they did not know that women who have undergone FGM are at risk of having gynaecological problems. Likewise, 29.5% were not aware that anxiety disorders are some of the long-term effects of FGM. Further research in this area is recommended. Lack of awareness of the possible health problems which can occur later in the life of a woman who has undergone FGM, particularly Types II and III, may make a woman favour the practice. Thus, sensitizing women not only to the immediate problems but also to the possible future health problems caused by FGM may serve as a deterrent even though the practice may still continue despite such awareness, as was reported in a survey in Egypt where FGM Type III is most commonly practiced [26].

In this study, a significant relationship was found between the educational background of the mothers and the perception that uncircumcised females will become promiscuous, thus reinforcing the need to educate individuals especially at the grassroots level about the practice. A recent study conducted in Ethiopia has shown that community education is strongly associated with changing attitudes against the practice [27].

Our findings are indicative of the likely stance on the practice of FGM among mothers in the south-west of Nigeria and may likely be the reason for its continued practice in spite of the ongoing global campaigns against FGM. Mothers, who are responsible for caring and protecting their children, may in good faith subject their daughters to this harmful practice because of these misconceptions. Thus, it becomes imperative that cultural myths and misconceptions associated with the practice should be dispelled and accurate information provided. Adequate knowledge of the health implications of FGM is necessary to protect the health and rights of girls and women. As such, educational programmes involving all stakeholders should be organized in communities to intensify sensitization of the public on the harmful effects of the practice. Additionally, as FGM is more of a social convention not governed by religious beliefs [26], support needs to be provided by influential persons and groups in the wider community for its eradication, because it may be easier for individuals and families to abandon the practice when receiving this kind of support. Multilateral organizations and agencies such as the WHO, UNICEF, United Nations Population Fund (UNFPA), United Nations Development Fund for Women (UNIFEM) and non-governmental organizations have called upon all states to take appropriate and effective measures to eradicate the practice [3]. In light of this, the Nigerian government has the chief responsibility of protecting the rights and health of its citizenry and as such, should step up efforts towards enacting a federal law banning the practice in the country. There is also a need to continue the campaign against the practice and to ensure that those found perpetrating FGM are prosecuted.

Limitation of study

The limitations to this study include limited generalizability due to recruitment of participants in one primary healthcare centre. The study would have benefited from interviews and focus group discussions.

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Conflict of interest statement

None declared.

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