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The Perspectives and Health Implications of Female Genital Mutilation among Amassoma Women in Bayelsa State, Nigeria

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Abstract: A study of the perspectives and health implications of Female Genital Mutilation (FGM) was carried out in Amassoma, Bayelsa State, Nigeria. The purpose of this study was to describe the perspective of practice, perspective of knowledge and quality of life after FGM. A survey was conducted, using a four-stage probability sampling technique between April 2010 and June 2010. About 98.7% of the respondents were women of Ijaw ethnic nationality. About 99.3% have knowledge of the practice of FGM and 94% have witness this event and 48.6% were not satisfied with the practice of FGM and family members constitute 92% of the main source of consent influencing the practice of FGM. However, 2% was contributed by health professionals. The study reveals that the effect of FGM on intercourse was 2.7%; quality of life assessment on pain, hemorrhage, urinary retentions infections and complications after FGM was 1.3% among study respondents. The campaign and interventions of opponents of FGM should be focused on the family and particularly parents.

Key words: Female genital mutilation, perspectives, health implication, women, Bayelsa State, Nigeria

INTRODUCTION

Female genital mutilation which is also called ritual cuttings or circumcision of genitalia in females has been and age long traditional rights in many parts of the world since medieval times. Female Genital Mutilation (FGM) is carried out in females at an estimated rate of 100,000 women worldwide and about 4-5 million procedures are performed annually in infants and girls (Kouba and Muasher, 1985).

Studies have provided that the benefits of FGM are preservation of cultural identity to be of particular importance for groups who have previously faced colonialism and for immigrants threatened by dominant cultures for reasons of its practice (Toubia, 1995). Whereas, Kopelman (1994) supposed that it maintain cleanliness and health.

FGM condemnation hinges on complications which may be immediate life threatening risks that includes hemorrhage, shock secondary to blood loss or pain, local infection and failure to heal, septicemia, tetanus, trauma to adjacent structures and urinary retentions (Institute for Development and Training, 1986; Armstrong, 1991). Physical, sexual and social consequences are anxiety before the event, terror at being seized and forcibly held during the event. Great difficulty during child birth and lack of sexual pleasure during intercourse (Crossette, 1995).

Studies have shown that there is a significant health risk associated with the practice of FGM in women and cultural importance is associated for continuing these practices. Recent reports still shows that this practice is prevalent and persists in many parts of the world (Elmusharaf *et al*., 2006).

The health consequences after this procedure is a confirmation of the burden on women who daily struggle with complications of FGM.

This procedure is explained in terms of cultural or traditional religions practices; many views and believes are held strongly in support of this illegal and unhealthy practices to the females commonly in the ages of four and eight (Toubia, 1995). A number of cultural related behaviours practiced by the people of Ijaw ethnic group may promote the practice of FGM for example, ceremonial organized FGM removal by parents with the support from other family members an age long traditional practice; participation or treatment of victims by nurses and other medical professionals who either involved in carrying out the procedure is noticed as a practice amongst this people.

Individuals often do not realize the aftermath and effects of these procedures. Until now, there is scare information on the profile of the perspectives of female genital mutilation and health implications on the people of this ethic nationality. This study is expected to fill existing gap. The aim of this study on female genital mutilation in

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Bayelsa State was to critically examine the perspective and health implication of this procedure in the people of the Ijaw ethnic nationality in Nigeria. Thus, the specific aims were as follows:

- To investigate the perspectives of female genital mutilation as practiced in Bayelsa State
- To determine the effect on quality of life on reproductive health after performance of the procedure of female genital mutilation
- To determine the perspectives to knowledge and opinions on female genital mutilation

Thus, the following questions were sought to be answered:

- What the perspective of female genital mutilation is as practiced in Bayelsa State?
- What is impact on quality of life on reproductive health after performance of female genital mutilation?
- What is the perspective of knowledge and opinions supporting female genital mutilation in Bayelsa State?

MATERIALS AND METHODS

Bayelsa State, made up of mainly Ijaw people are over a million and distributed among eight local government areas with few towns and isolated villages, located in the Southern part of Nigeria. It shares boundaries with Delta and Rivers States to the North and East, respectively and the Atlantic ocean on the West and South. It is a major oil and gas producing area. The major occupations of the people include fishing, farming, palm oil milling, lumbering, trading, carving and weaving. The culture practices are summed up to include water sprit worship, ritual acculturation or enculturation and practice of confederacies among other cultural practices.

This study of Female Genital Mutilation (FGM) or circumcision is a community based study of the perspective and health implications of female genital mutilation in younger people and older person 15-60 years of age.

This survey was conducted in Amassoma, an Ijaw speaking area in Bayelsa State, Nigeria, between April 2010 and June 2010. It consists of ten contagious areas in Southern Ijaw Local Government Area of the Bayelsa State.

Clusters technique sampling was adopted with a four stage area probability sampling. In households with more than one eligible person aged 15 or older, fluency in Ijaw the language of the study was interviewed.

One hundred and fifty respondents were included based on the Kish table selection and their face to face interviews. A structured pretested questionnaire consisted of 28 questions with close and open ended types were used to collect information. The data for background socio-demographic, perspective of female genital mutilation or circumcision as practiced in Bayelsa State, impact on quality of life and reproductive health after performance of female genital mutilation and perspectives of knowledge and opinion supporting FGM practices included.

Respondents were informed about the study and provided consent mostly verbal but sometimes signed. Before interview was conducted consent was sought form the local government council and second from the community traditional leaders.

All the above information was analyzed using SPSS package for windows program. Simple proportions and percentages were computed. While key variables were cross tabulated and differences checked using the χ^2-test. The strength of association between some variables was also evaluated using spearmen's correlation. Differences were taken to be significant at $p<0.05$.

RESULTS AND DISCUSSION

This study shows that in total, 150 respondents participated. Majority 98.7% were females with 111 (74.0%) of them being single Table 1. The distribution of educational status was as follows: 48.7% had secondary school education, 30.7% had primary school education and 8.7% having acquired a university education and for others forms of education only 4.0%. The occupation of the respondents shows that majority were civil servants and business persons 46 (30.7%), respectively and 31 (20.7%) being farmers. Majority, 138 (92.0%) of them were Christians and 148 (98.7%) were majorly of the Ijaw ethnic group.

Knowledge perspectives on female genital mutilation in Table 2 shows that majority of the respondents 99.3% had knowledge of the practice with 94% having witnessed the practice of which 30% witness duration is <1 year ago. 15.3% years ago and >53% for 2 or more years. The 144 (96%) of these respondent have done or practices female genital mutilation in the family of whom 115 (76.7%) have attendance of female genital mutilation rites or never and 31 (20.6 %) for 2 or more times. Whereas, 19 (12.7%) was most satisfied and 73 (48.6%) not satisfied.

The perspectives of distribution Table 3 shows that sources of consent for female genital mutilation was mainly from parents 124 (82.7%) and family 14 (9.3%).

Table 1: Distribution of the socio-demographic of respondents (n = 150)

Total number of respondents	N	Percentage
Sex		
Female	148	98.7
Male	2	1.3
Marital status		
Married	5	3.3
Widow	10	6.7
Separated	10	6.7
Divorced	4	2.7
Single	111	72.0
Cohabitation	10	6.7
Educational status		
No schooling	12	8.0
Primary school	46	30.7
Secondary school	73	48.7
University	13	8.7
Others	6	4.0
Occupation		
Civil servant	46	30.7
Farmer	31	20.7
Unemployed	19	12.7
Retired	8	5.3
Business	46	30.7
Religion		
Christianity	138	92.0
African religion	1	0.7
None	3	2.0
Others	6	4.0
Ethnicity of Ijaw nationality n (%)		
Yes	148	98.7
No	2	1.3

Table 2: Characteristics of respondents perspectives on knowledge and opinion of female genital mutilation N (150)

Knowledge items of perspectives	N	Percentage
Knowledge of practices of FGM		
Yes	149	99.3
No	1	0.7
Witnessed FGM		
Yes	141	94.0
No	9	6.0
Last duration of witness of FGM		
<1 year	46	30.0
1 year ago	23	15.3
2 years ago	27	18.0
3 or more years	53	35.3
Not sure	1	0.7
Participated in FGM in the family		
Yes	144	96.0
No	4	2.7
Not sure	2	1.3
Attendance of FGM rites		
2 or more times	31	20.6
1 time or never	115	76.7
Not sure	4	2.7
Opinion on FGM		
Most satisfied	19	12.7
Partly satisfied	58	38.7
Not satisfied	73	48.6

About 63.3% is of the opinion female genital mutilation should be stopped. Total of 28% thinks that it sustains culture and traditional values. Whereas, 4.7% says, it is very risky procedure with no benefits and 3.3% is of the opinion that it is beneficial to physical and reproductive health. Beliefs shows that majority 99 (66%)

Table 3: Distribution of perspectives of respondents on female genital mutilation and circumcision N (150)

Perspectives items	N	Percentage
Sources of consent		
Parents	124	82.7
Family	14	9.3
Health professional	3	2.0
Community leader	8	5.3
Others not sure	1	0.7
Opinion on FGM		
Should be stooped	95	63.3
A very risky procedure with no benefits	7	4.7
Sustains culture and traditional value	42	28.0
Beneficial to physical and reproductive health	5	3.3
Indifference	1	0.7
Belief on FGM		
FGM should be against the law	99	66.0
The practice that should be discontinued	25	16.7
Reduces promiscuity among women folk	13	8.7
Is the traditional and religious obligation	8	5.3
Makes sex difficult and unsatisfying	5	3.3
FGM increases sex demands		
Yes	118	78.7
No	32	21.3
Views on FGM		
A very good practice	30	20.0
A very bad practice	85	56.7
It maintains our culture	22	14.7
Not convinced of its benefits	13	8.7

Table 4: Distribution of general and reproductive health perspectives with performance of female genital mutilation (N = 150)

Perspectives	N	Percentage
FGM has effect on intercourse		
Yes	4	2.7
No	146	93.3
Health status after female genital mutilation		
Excellent	9	6.0
Good	126	86.0
Fair	10	6.7
Unfair	2	1.3
Quality of life assessment of FGM		
Pains due to incisions and cuttings	79	52.0
Bleeding/Hemorrhage	54	36.0
Infections and complications	6	4.0
Urinary retentions	8	5.3
Affects reproductive health	3	2.0

responded that female genital mutilation should be against the law, discontinued (16.7%) and others as shown in Table 3. About 118 (78.7%) for yes indicating female genital mutilation increases sex demand with 85 (56%) of the view it's a very bad practice and 30 (20%) a very good practice.

Table 4 shows that there is no effect on general or reproductive health on intercourse for majority (93.3%) and performance of female genital mutilation shows that 126 (86.0%) had good health status after female genital mutilation and another 9 (6.0%) had excellent health with only 2 of 150 of respondents being unfair. Quality of life assessments of FGM shows that 79 (52.0%) of the respondents identifies pains due to incisions and cuttings after female genital mutilation. Bleeding or hemorrhage as common complains after female genital mutilation with

Table 5: Perspectives of knowledge and opinion with performance of female genital mutilation

Variables	χ^2-value	df	p-value
Complains after FGM	59.18	5	0.000
Reasons against FGM	18.45	6	0.005
Views on FGM	3.18	3	0.360
Sex demand	0.08	1	0.780
Belief on FGM	5.97	4	0.200
Opinion on FGM	3.91	4	0.420

54 (36.0%) of these respondents also infections and complications after FGM was recorded to be common among 4.0% with urinary retentions and effects on reproduction health being, respectively 5.3 and 2.0%.

Perspectives of knowledge and opinion with performance of female genital mutilation was carried out to find differences. Statistical analysis in Table 5 showed that only complains after female genital mutilation was a significant (χ^2 = 59.184, p = 0.000) and also a statistically significant increase (χ^2 = 18.448, p = 0.005) was detected for reasons against female genital mutilation. The detection of significance enables health educators and authorities to consider knowledge and educational awareness a point of critical value in positively contributing to eradication of FGM if necessary machinery is set in place. Whereas, others were not significant (χ^2 = 3.183, p = 0.364 on views of female genital mutilation: χ^2 = 0.081, p = 0.776 for sex demand after female genital mutilation: χ^2 = 5.972, p = 0.201 on belief on female genital mutilation and χ^2 = 3.906, p = 0.419 for opinion after female genital mutilation). Despite, the latter items not being significant, the implication is that they are still important and relevant to consider to completely stopping the practice in this South-South region of Nigeria.

This study examined the perspectives and health implications of female genital mutilation or circumcision on the people of Amassoma an Ijaw ethnic group of Bayelsa State in the Niger Delta area. The perspective of practice of female genital mutilation was based on the followings: sources of consent opinions, beliefs, sex demand and views of female genital mutilation. With the results indicating the perspectives of female genital mutilation to be a negative procedure that needs attention and solution. Also, respondents had a very good knowledge on practice, witness and attendance of female genital mutilation rites. The result shows that the perspectives of the people of Ijaw ethnic group is that FGM do not necessary have a negative impact on general and reproductive health on performance of female genital mutilation. The findings of this study is not expected therefore the need to supports the completely eradicate of this practice as the effect of female genital mutilation was over and above that which could be attributed to any specific ethnic group or religious beliefs alone nor knowledge of the people.

The perspectives of female genital mutilation or circumcision as practiced in Bayelsa State: The results of the investigation of the main outcomes of perspectives of FGM revealed that both parents and family contributed to the increase surge of the practice of female genital mutilation with as high as 82.7% from parents giving their consent and 9.3% as support from family. Also, perspectives of FGM as practiced in Bayelsa State revealed that 2.0% of health professional's consented to this practice as well as 5.3% consenting among community leaders in this area of Niger Delta. This finding is no surprise but significant in its self, since the findings tended to show that if any, there is increasing awareness of health risk posed by female genital mutilation and its importance therefore necessitated the use of health care professionals to carry out these cuttings in the belief that it will be safer for the circumcised. This result is in agreement with reports of Onuh *et al*. (2006) were nurses were found to routinely perform female genital mutilation but not just consenting in a state where female genital mutilation is illegal. Because of reasons of cultural identification and preservation the community leaders merely participated involving in FGM procedures and for not wanting to lose their respectable positions as cultural traditions requires of leaders besides the fact that token of gratifications are given for successful FGM rites. Results showed that 63.3% is of the opinion female genital mutilation should be stopped, though 28% is of the opinion it sustains culture and tradition values with 4.7% of the opinion it's a risky procedure with no benefits whereas, 3.3% is of the opinion it's beneficial to physical and reproductive health. This result is similar to findings by Nwajei and Otiono (2003) which reported >67% of circumcised students say no to FGM among female students in a Nigerian university. There are several possible explanations for the findings. Implicit within the statement made by Idowu (2008) is the assumption that the various attempt made by many international organization concerned with the eradication of this practice in Nigeria have been able to accomplish a little and it's a disturbing development. The result of this study showed that majority 66% of Ijaws in Amassoma community from Bayelsa State in Niger Delta area belief female genital mutilation performance should be against the law and 16.7% belief the practice should be discontinued. These findings is clearly in agreement within the WHO Progress report with assumption that FGM is deeply a tradition that infringes on human right, particularly the woman and many women say the practice should be stopped with law prohibiting the practice and offenders prosecuted (WHO, 2006). Furthermore, another explanation for this behavior is that female genital mutilation is regrettably hinged to tradition and culture.

Therefore, the people refuse to yield to law and medical campaigns. However, 8.7% of women folk beliefs FGM reduce promiscuity undermining whether it makes sex difficult and unsatisfying for 3.3% of the respondents. This result is of similar beliefs and opinion on FGM research from Nigeria as indicated in places where FGM is practiced to justify the notion that women who genital are not mutilated are promiscuous (Kandala *et al*., 2009). The result revealed that female genital mutilation increases sex demand 118 (78.7%) because sex is not pleasurable as FGM once done it extinguishes sexual sensitivity and pleasure and 56.7% is of the view that it is a very bad practice. These finding were not unexpected. With mutilation of the genital (clitoris) and reduced sensitivity accompanied by severe pains; intercourse becomes unbearable and difficult (Adeyemo, 2003; Baasher, 1979).

Effect on quality of life and reproductive health with performance of female genital mutilation: Result of this study showed that people of Ijaw ethnic nationality are not totally ignorant of effect on quality of life on status of reproductive health after performance of female genital mutilation. The result revealed pain due to incisions and cuttings 79 (52.7%) as most predominant effect on quality of life on reproductive health following procedure of FGM. Bleeding/hemorrhage 54 (36.0%) the second most predominant effect on quality of life on reproductive health after procedure of female genital mutilation. These findings are comparable to earlier report by Lightfoot-Klein which indicated the procedures of female genital mutilation are so devastating to health and wellbeing that they destroy their quality of life. Other association with quality of life on reproductive health after performances of female genital mutilation include: infections and complications, urinary retentions and effect on reproductive health itself making up to 17 (11.3%). However, the result revealed that the number of people that affirmed to effect on quality of life on reproductive health specifically after performance of female genital mutilation were very low 3 (2%). A possible explanation of this is because pain of this procedure in this area of Amassoma in Niger Delta is regarded as a normal process and as such the event is even seen as good and excellent thing and assumed not affecting the quality of life on reproductive health.

The perspectives of knowledge and opinion on female genital mutilation: Result from this study showed that 99.3% of the respondents have knowledge on practice of female genital mutilation. The implication of this is that more of the practice of female genital mutilation still goes on in this area as evidenced be 94% having witness its practice and 45.3% was in the last 1 year or less. Despite, 96% of the respondent have done or carried female genital mutilation in their family with 20% in attendance of female genital mutilation rites for two or more times. It is expected that this cultural obligations will eventually pass away in the future (Table 2) though, opinions showed that even when 18.6% of the respondents were not satisfied with practice of female genital mutilation in this group of ljaw people from Niger Delta. About 38.7% was partly satisfied and 12.7% most satisfied. This means that as knowledge increase and people gets sensitized about the harmful effect of female genital mutilation they will no loner be convenient with the practice and it ceases this finding agrees with that of Otiono which found that circumcision may die a natural death.

CONCLUSION

Researchers expected that the perspectives of the practice, knowledge and health implication arising out of female genital mutilation to be generally different because of cultural diversity but however found it to be similar from finding around the globe. Researchers conclude that effective change leading to eradication of female genital mutilation can be acquired through continuous health education of its impacts on quality of life and reproductive health.

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