

Socio-Cultural Barriers Against The Prevention Of Female Genital Mutilation

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Abstract: Female genital mutilation (FGM) is a major public health challenge. It is unequivocal that a good understanding of the socio-cultural factors promoting It would be invaluable in the formulation of preventive strategies. An observer rated questionnaire adapted from Demographic and Health Survey (DHS) and Multiple Indicator Cluster Survey (MICS) on FGM was administered on 300 consecutive female patients (aged 18 to 40 years) at the General Practice Clinic of University of Benin Teaching Hospital, Benin City, Nigeria. There was significant association between participants' perception of cleanliness, social acceptance, better marriage prospects, more sexual pleasure for partner, preservation of virginity, religious and traditional approval as benefits of FGM and the desire to circumcise daughters. However there was no association between FGM and age of sexual debut. Similarly, there was no association between FGM and premarital sexual intercourse. There is need to create more awareness on FGM. Traditional and religious custodians should be carried along. FGM may not protect against premarital sex.

Keywords: Socio-cultural, barriers, against, prevention, FGM

I. INTRODUCTION

Female Genital Mutilation (FGM) describes the partial or total removal of the external genitalia of the girl child for non-therapeutic reasons (WHO, 2007). It is also known as female genital cutting or female circumcision (WHO, 2007). The Nigeria national prevalence of FGM is 25% (NDHS, 2013). The prevalence varies among different zones in Nigeria, being highest in the South-west (47.5%) and least in the North-east (2.9%) (Nigeria Demographic and Health Survey (NDHS), 2013). However, FGM is not restricted to Nigeria, it is a world wide phenomenon. Yoder and Khan (2008) reported various prevalence from different countries as derived from a variety of local and sub-national studies. It is highest among the predominantly Muslim nations. The prevalence in Egypt was 95.8% as at 2005, Guinea 95.6% as at 2005 and Mali 95.6% as at 2001. Surprisingly, Niger that is also predominantly Muslim had a prevalence of 2.2% as at 2006. This raises the question of religion as a determinant of the practice of FGM.

FGM is also increasingly found in North America, Europe, New Zealand and Australia, owing to the large immigrant communities living in those parts of the world. The practice is prevalent in the Europe among certain communities originating from countries where FGM is practiced. The exact number of women and girls living with FGM in Europe is still unknown, although the European Parliament estimates that it is around 500,000 with another 180,000 women and girls at risk of being subjected to the practice every year (European Parliament Resolution, 2008). FGM has been documented in India, Indonesia, Iraq, Israel, Malaysia and United Arab Emirates. Anecdotal reports have been made on the existence of FGM in Colombia, Democratic Republic of Congo, Oman, Peru and Sri Lanka (WHO, 2008).

FGM has been shown to be done for several reasons. Sometimes it is a prerequisite to become a member of women's groups; a membership which is believed makes a girl child to mature into a responsible woman (Behrendt, 2011; Johnson, 2007). FGM is understood as a factor that makes a woman's chances of getting married better and even attract a

higher dowry (Chege, Askew & Liku, 2001). It is believed to protect a woman against premarital sex (Berggren, Yagoub, Satti et al., 2006; Gruenbaum, 2006) since it helps a woman to be able to control sexual desires. It therefore even ensures fidelity within marriage (Gruenbaum, 2006, Abusharaf, 2001). Some even believe that when a woman is circumcised, her husband or sexual partner gets more pleasure during sexual intercourse (Almroth-Berggren, Almroth, Bergstrom et al. 2001). Some Urhobo and the Ketu-Yoruba of Nigeria, circumcise females just prior to marriage as a procreation ritual. The part of the external genitalia that is severed is used for sacrifice so that the ancestors may give off springs to the couple (Nwajei & Otiono, 2003). FGM is believed to make girls clean and beautiful. The cutting off of parts of the genital is considered to remove masculine parts to attain smoothness which makes the girl child beautiful (Johansen, 2007). In some societies, a girl is believed to be bisexual unless she does circumcision (Adjetej, 2005). FGM, is sometimes understood as a religious exercise (Gruenbaum, 2006; Budiharsana, 2004; Dellenborg, 2004; Abdi, 2007).

In several cultures, circumcised elderly women often become the custodian of the practice. These women view FGM as essential to the identity of womanhood. Understandably, they interpret any effort aimed at checking the practice as an affront on their identity and culture (Johnson, 2007; Toubia & Sharief, 2003; Draege, 2007). FGM may be carried out to maintain ethnic identity. This is seen in the practice of FGM by immigrant communities (Johnson, 2007; Johansen, 2007; Dembour, 2001). Sometimes, FGM is carried out on women (and their female children) from non-practicing cultures when they marry into a culture where it is practiced (Shell-Duncan & Hernlund, 2006).

From the foregoing, socio-cultural factors are among the factors that have been found to drive the practice of FGM. However, there is paucity of data on factors militating against efforts at prevention of FGM in Nigeria. Consequently, the aim of this study was to update the knowledge on factors militating against the prevention of FGM and in particular to find out socio-cultural factors that may be barriers against the prevention of FGM among female patients attending the general practice clinic of the University of Benin Teaching Hospital, Benin City, Nigeria. It is unequivocal that a good understanding of these factors shall help in the formulation of preventive strategies.

II. METHODS

It was a cross-sectional descriptive study carried out at the General Practice Clinic (General Outpatient Clinic) of University of Benin Teaching Hospital, Benin City. Benin City is a cosmopolitan city with the Benin constituting the major ethnic group. Other ethnic groups are Esan, Owan, Etsako, Yoruba, Ibo, Hausa etc. Benin City is the state capital of Edo State as well as the administrative headquarter of Oredo Local Government Area.

Three hundred consecutive female patients aged 18 to 40 years were recruited from among the female patients attending the clinic, after sample size was calculated to be 288 using the formula; $N = z p q / d^2$ (Araoye, 2004) where the prevalence

of FGM in Nigeria is 25% (NDHS, 2013). Inclusion Criteria were those who were 18 to 40 years and gave consent. While exclusion criteria was those who presented as emergency to the clinic.

Data was obtained using a semi-structured questionnaire that was adapted from the Demographic and Health Survey (DHS) and Multiple Indicator Cluster Survey (MICS) (2011) on FGM/C using the study aim as a guide. Face-to-face interview was conducted using the questionnaire.

The data was entered into the statistical package for social sciences SPSS. Frequency and Chi-square were used for analysis. P-values less than 0.05 was regarded as significant. Fisher's exact test of significance was used for categorical data instead of Chi-square test when more than 25% of expected cell frequencies are equal to or less than 5. Analysis of variance was used to determine if there was a significant difference between the mean ages of onset of sexual activities.

The study was carried out in tandem with the Helsinki declaration on research on human subjects.

III. RESULTS

Social acceptance	Frequency	percentage
Yes	26	8.7
No	106	35.3
Not aware	168	56.0
Better marriage prospect		
Yes	40	13.3
No	74	24.7
Not aware	186	62.0
Preservation of virginity		
Yes	102	34.0
No	154	51.3
Not aware	44	14.7
More sexual pleasure for partner		
Yes	9	3.0
No	103	34.3
Not aware	188	62.7
Religious approval		
Yes	20	6.7
No	242	80.6
Not aware	38	12.7
Tradition approval		
Yes	106	35.3
No	183	61.0
Not aware	11	3.7
Cleanliness/hygiene		
Yes	56	18.7
No	138	46.0
Not aware	106	35.3

Table 1: Perceived benefits of FGM

Perceived Benefits of FGM	Desire to circumcision daughters			Total	p-values
	Yes	No	Don't know yet		
Cleanliness/hygiene	Yes (%)	29 (51.8)	26 (46.4)	1 (1.8)	56
	No	25	112	1	
				138	0.001

Had FGM	33(17.2%)	159(82.8%)	192
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Table 4: Comparison of premarital sexual intercourse between participants who had FGM and those who did not

IV. DISCUSSION

The highest proportion of the participants (35.3%) reported traditional approval as the benefit of FGM. Seventy five point five of them said they would circumcise their daughters. Where as less than half of those who did not report traditional approval as benefit of FGM said they would circumcise their daughters. The difference was statistically significant. This is not unique to the present study. FGM has been reported to be a traditional rite practiced by tribal groups (Slanger Snow & Okonofua, 2002; Anuforo, Oyedele & Pacquiao, 2004; IRIN news, 2007). The need to identify with traditional practices as laid down by forebears appears to be one reason while people continue to circumcise the girl child. This practice has continued despite the complications that may arise owing to the strong affinity to comply with tradition. It would therefore appear that stakeholders need to reach out to the custodians of tradition if FGM must be controlled.

Thirty four percent of the respondents believed that FGM helped to preserve virginity and (45.1%) of them (statistically significant) said they would circumcise their daughters. This belief may pose a challenge to the efforts aimed at preventing FGM. This finding is akin to what others have reported. (Anuforo, Oyedele & Pacquiao, 2004; Osifo & Evbuomwan, 2009; WHO, 2010). This belief may be false as it was shown in this study that FGM did not significantly differentiate participants who had premarital sex from those who did not have. Second, there was no difference between the age of onset of sexual activity between participants who had FGM and those who did not have. It therefore implies that other factors other than FGM determine the age at which the girl child experiences sexual debut. Similarly FGM does not protect against premarital sexual intercourse.

Other perceived benefits of circumcision given by the respondents included social acceptance, better marriage prospect, more sexual pleasure for partner and satisfaction of religious requirement. Eighteen point seven percent of the respondents believed that FGM has the benefit of making a girl clean and hygienic and 51.8% (statistically significant) of these respondents expressed their intention to circumcise their daughters. Where as 18.1 % of those who did not report cleanliness/hygiene as benefit of FGM expressed desire to circumcise their daughters. This finding was similar to that of Johansen (2007), who reported that FGM was believed to make a girl clean and also to remove the "masculinity". Also, 8.7% of the total respondents believed that FGM has the benefit of making a girl socially acceptable to her peers and the community and 42.3% (statistically significant) of them expressed their intention to circumcise their daughters. Behrendt (2011) reported that the belief that FGM makes a girl clean/hygiene, pressure from peers and the need to avoid stigmatization are major reasons why a girl would desire circumcised.

Thirteen point three percent of the respondents believed that FGM confer on the girl child better marriage prospect;

	(%)	(18.1)	(81.2)	(0.7)		
	Not aware (%)	24 (22.6)	82 (77.4)	0 (0.0)	106	
Social acceptance	Yes (%)	11 (42.3)	14 (53.8)	1 (3.8)	26	0.040
	No (%)	24 (22.6)	81 (76.4)	1 (0.9)	106	
	Not aware (%)	43 (25.6)	125 (74.4)	0 (0.0)	168	
Better marriage prospect	Yes (%)	20 (50.0)	19 (47.5)	1 (2.5)	40	0.001
	No (%)	9 (12.2)	64 (86.5)	1 (1.4)	74	
More sexual pleasure for Partner	Not aware (%)	49 (26.3)	137 (73.7)	0 (0.0)	186	
	Yes (%)	6 (66.7)	3 (33.3)	0 (0.0)	9	0.030
	No (%)	22 (21.4)	81(78.6)	0 (0.0)	103	
Religious approval	Not aware (%)	50 (26.6)	136 (72.3)	2 (1.1)	188	
	Yes (%)	11 (55.0)	9 (45.0)	0 (0.0)	20	0.040
	No (%)	60 (24.8)	180 (74.4)	2 (0.8)	242	
Preserve virginity	Not aware (%)	7 (18.4)	31 (81.6)	0 (0.0)	38	
	Yes (%)	46 (45.1)	56 (54.9)	0 (0.0)	102	0.001
	No (%)	27 (17.5)	125 (81.2)	2 (1.3)	154	
Traditional approval	Not aware (%)	5 (11.4)	39 (88.6)	0 (0.0)	44	
	Yes (%)	80 (75.5)	16 (15.1)	10 (9.4)	106	0.001
	No (%)	90 (49.2)	78 (42.6)	15 (8.2)	183	
	Not aware (%)	6 (54.5)	4 (36.4)	1 (9.1)		

Table 2: Association between perceived benefits of FGM and the desire to circumcise daughters

Circumcision	Mean (years)	Standard deviation
Yes	19.68	2.590
No	20.75	7.202
Not sure	20.05	3.052
Total	20.05	4.610

ANOVA test=0.219

Table 3: Age at sexual debut versus circumcision

	Absence of premarital sex	Had premarital sex	Total	p-value
Did not have FGM	15(13.9%)	93(86.1%)	108	0.454

and 50% (statistically significant) of them would circumcise their daughters. Also, 3.0% of the respondents believed that men derived more sexual pleasure from uncircumcised women and 66.7% (statistically significant) of them would circumcising their daughters. Since the Nigerian society places a lot of value on the ability of a woman to be married and keep her marriage, this belief is a major challenge to the fight against FGM. Studies from Sudan showed respondents would want FGM to continue because it enable the female to preserve virginity and protect her from promiscuity, enables more sexual pleasure for men and consequently ensures better marriage prospects (Berggren, Yagoub, Satti et al., 2006; Gruenbaum, 2006):

It was also found out that 6.7% of the respondents believed that FGM had a religious benefit and 55% (statistically significant) of those who had this belief would circumcise their daughters. The finding of religion as a reason for FGM is similar to reports by other researchers. Religion has been reported as a major reason why people would perform FGM (Clarence-Smith, 2007; Johnson, 2007).

V. CONCLUSION

There is need to create more awareness on FGM. Traditional and religious custodians should be carried along. FGM may not protect against premarital sex. There is need for more studies on FGM with a view to evaluating the other perceives benefits. Participants' bias may have been a Limitations of this study. The participants may have respondent in a manner as to please the examiner being an observer rated questionnaire. Second, the findings may not reflect what happens in the community.

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