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Demographic Predictors of Cultural Practices Regarding Female Genital Mutilation among Married Women in Ebonyi State, Nigeria

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Authors' contributions

This work was carried out in collaboration among all authors. Authors LNOA and COA designed the study, performed the statistical analysis, wrote the protocol and wrote the first draft of the manuscript. Authors LNOA, ENOO, JNN and ANE managed the analyses of the study. Authors ON and PII managed the literature searches. All authors read and approved the final manuscript.

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ABSTRACT

Background: Peoples' life and quality of health are usually dependent on the cultural practices and norms of the community.
Objectives: This study investigated Female Genital Mutilation Practices and Associated Factors among Married Women in the Ebonyi State of Nigeria.
Methods: The descriptive survey research design was adopted for the study. The study was

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conducted from August 2019 to January 2020. Out of 260 questionnaires distributed, only 7 copies were discarded and a total of 253 women were drawn for the study through multi-stage sampling technique. Frequency, percentage, and logistics regression were the statistical tools used for data analysis.

Results: The majority of the participants: aged 25-34 years (37.9%); Christians (76.3%); urban dwellers (50.2%); had tertiary education (36.4%); had 3-4 children (32.0%); and were in business (29.2%) respectively. The cultural practices regarding FGM among married women in Ebonyi State were high (60.5%). Also, the majority of the participants (67.7%) were circumcised. Age by birth, religious affiliation, location, level of education, number of children, and occupation were predictors of the cultural practice of FGM with obvious variations. There is no significant difference existed with respect to religious affiliation, level of education, number of children, and occupation (P-value>0.05) while the difference was observed on the age by birth and location (P-value<0.05).

Conclusion: The high cultural practice of FGM is influenced by certain demographic predictors. Thus, there is a need for the Ebonyi State government in collaboration with other health agencies to adopt effective interventions, public health enlightenment, and mass education focusing on the negative consequences of FGM practices.

Keywords: Female genital mutilation; associated factors; married women; normative approach.

1. INTRODUCTION

Female genital mutilation or cutting (FGM) is an old age culturally rooted practice which has for many years constituted a serious reproductive health concern in the world. It is an act which has no health benefits but a widespread practice that is done on a female child between the ages of infancy and 15years [1,2]. FGM is any intentional act which results in the altering or inflicting of injury on the female genital organs for reasons not associated with medicine [1]. The act has been observed as a dangerous traditional practice requiring the removal of the external female genital organs [3]. There are practically four major procedures of FGM. Four of these procedures were identified to include clitoridectomy, (partial or total removal of the clitoris), excision,(partial or total removal of the clitoris and the labia minora), infibulations, (narrowing of the opening of the vaginal by creating a covering seal) and all non medically base harmful manipulation of the female genitalia such as pricking, piercing, incising, scraping and cauterizing the genital area [1]. This unhealthy manipulation of the female genitalia has been found to have severe physical, emotional, and psychological health consequences on the girl child.

The act by law is a violation of human rights of females, a reflection of inequality between male and female and an extreme form of discrimination against women. FGM thus violates the rights of victims as well as their right to health, security, and physical well being, freedom from torture, cruelty, inhuman treatment, and right to life especially when procedure cause the death of a victim. Worse still, the fact that girls undergo FGM without their consent constitutes infringement on the right of their body [4]. FGM obviously has no single benefit but offers only short and long lasting harm to the victims. It is for these reasons that numerous campaigns powered by health agencies, government and the health sectors were initiated to fight against FGM practice. The major reason for the fight against FGM is not just to protect those females who are already at risk but to also ensure that children to be born in the future are protected from being cut and consequently free from its health implications. The reduction and complete eradication of FGM practice means protecting the population of young persons who are the most affected by the menace of the FGM [5].

FGM practice refers to the habitual involvement in activities that result in the cutting of the female genitalia of self, others or family members. With reference to the law regarding FGM practice, a person is found guilty of the practice of FGM, if he or she attempts or engage another to perform the act, incites, aids, abet or counsel others to carry out or attempt to perform FGM [3]. This legal standard was used to assess what constitutes practice of FGM in the study. High level of FGM practice among community members is apparently unhealthy and could have overwhelming negative consequences not only to the females but to the society at large. Research has repeatedly shown that the level of FGM practice is high in most developing countries of the world. Study have reported that over 200

million females who are already circumcised could be found in 30 countries mostly in Africa, Middle East and Asia where the level of FGM practice is apparently high [1]. Nigeria is one of the countries in Africa that has the highest absolute number of FGM prevalence in the world being responsible for up to one quarter of the total estimated number of circumcised women in the world [6].

It was projected in 2015 that if FGM practice is not curtailed that the level of girls to be cut within 2015- 2030 will continue to rise to the tune of 68 million. Thus about 25 countries have continued to experience high prevalence of FGM. It was further projected that if by 2015 a total of 3.9 million girls were cut, that the number of those to be cut in 2030 will increase to 4.6 million. This projected increase in FGM and the consequent damage that the practice might cause in the future however calls for concerted efforts towards its eradication in all the states in Nigeria. Consequently, with the existing public health initiatives and interventions of both the Nigerian government and other health agencies since 2016, it is expected that the practices of FGM in some communities including Ebony State would reduce to zero per cent. Therefore, there is greater expectation that government sponsored programme would have made remarkable impact in peoples' knowledge, attitude and practices of FGM in Ebonyi State. Unfortunately, the increasing rates of the reported practices place a huge doubt on the effectiveness of the initiatives and intervention programmes. However, data presenting the status of the practices among married women is lacking and thus the need for the current research.

To successfully win the fight against FGM in any community requires the precise establishment of its level of practice as well as factors associated with it. Establishment of these facts is paramount for effective intervention programme plan and execution. Previous studies show that age, religion, parity, location, occupation and level of education are notable predictors of FGM practices [7-9]. Research has also shown that rural women, who had no formal education, practice FGM more than their urban counterparts [8]. The younger age participants and those with higher education were found to be more protective against FGM practices than others [10]. The present study considered these demographics very vital in establishing the status of FGM among married women in Ebonyi state.

Ebonyi state with respect to FGM practice in 2011 had an estimated 50% of the girls cut and thus ranked number three among the five states in Nigeria [11]. However due to this high level of practice which obviously presents serious health challenge, the state government through the office of the wife of the governor embarked on FGM intervention programme in 2016 (when the state ranked the second most FGM prevalent state in the country) to eradicate FGM in the state [12]. This programme was executed through the Family Succor and Upliftment Programme with the support of all relevant stakeholders in the state (traditional institutions, political leaders, relevant groups) and development partners (UNICEF, USAID, and UNFPA). The intervention aimed at increasing FGM awareness through health education campaign, establishment and enforcement of FGM laws in all communities in the state, identification and consequent punishment of offenders in line with the established laws [12]. The desire to carry out this study was prompted by the fact that this state sponsored programme may have altered the level of FGM practice in the state and consequently it's ranking in Nigeria. It is thus important to carry out a study on FGM practice among women in the state since they are the major recipients of the act and also the sole perpetrators of the practice. This study will provide data which will be used to assess the efficacy of the Government programme on FGM as well as give direction for future FGM interventions in the state.

1.1 Purpose of the Study

This study investigated the demographic predictors of cultural practices regarding FGM among married women in Ebonyi State of Nigeria and further verified the null hypotheses of no significant difference within variables.

1.2 Specific Objectives

This study seeks to determine the:

1. Status of FGM practices among married women in Ebonyi State of Nigeria.
2. Status of FGM among married women in Ebonyi State of Nigeria according to age by birth.
3. Status of FGM practices among married women in Ebonyi State of Nigeria by religious affiliation
4. Status of FGM practices among married women in Ebonyi State of Nigeria by location

5. Status of FGM practices among married women in Ebonyi State of Nigeria according to level of education.
6. The status of FGM practices among married women in Ebonyi State of Nigeria based on number of children.
7. Status of FGM practices among married women in Ebonyi State of Nigeria by occupation.

1.3 Research Questions

The following research questions guided the study:

1. What is the status of FGM practices among married women in Ebonyi State of Nigeria?
2. What is the Status of FGM among married women in Ebonyi State of Nigeria according to age by birth?
3. What are the Status of FGM practices among married women in Ebonyi State of Nigeria by religious affiliation?
4. What are the Status of FGM practices among married women in Ebonyi State of Nigeria by location?
5. What is the the status of FGM practices among married women in Ebonyi State of Nigeria according to level of education.
6. What is the status of FGM practices among married women in Ebonyi State of Nigeria based on number of children?
7. What is the Status of FGM practice among married women in Ebonyi State of Nigeria by occupation?

1.4 Hypotheses

The following null hypotheses were postulated to guide the study at .05 level of significance at appropriate degree of freedom.

$H0_1$: Age by birth is not a significant determinant of FGM practices among married women in Ebonyi State of Nigeria.

$H0_2$: Religious affiliation is not significantly associated with FGM practices among married women in Ebonyi State of Nigeria.

$H0_3$: Location is not a significant determinant of FGM practices among married women in Ebonyi State of Nigeria.

$H0_4$: Level of education is not a significantly associated with FGM practices ong married women in Ebonyi State of Nigeria.

$H0_5$: Number of children is not a significant determinant of practices regarding FGM among married women in Ebonyi State of Nigeria.

$H0_6$: Occupation is not a significant determinant of FGM practices among married women in Ebonyi State of Nigeria

2. MATERIALS AND METHODS

2.1 Study Design and Sampling

A descriptive cross sectional research design was conducted between August 2019 – January 2020 to investigate female genital mutilation practices and associated factors among married women in the Ebonyi State of Nigeria. A total sample of 253 married women aged 15 years and above was purposefully drawn from a 2010 projected population of 1,244,671 females in Ebonyi state. The age limit of 15 years and above was due to the fact that the practice of FGM is usually performed by female individuals within the reproductive age of 15 years and above. The exclusion criteria were based on female individuals below the ages of 15 years, unmarried and non-indigenes of Ebonyi State, since the practice of FGM is culturally influenced. These women were drawn using a multistage sampling procedure. The first stage involved the purposive selection of 4 out of 13 Local Government Areas (LGA) in the state that has both urban and rural characteristics. In order to have easy access to women, major community associations belonging to the women in the selected LGAs were used. Consequently the second stage was the selection of women from each of the 4 LGAs. A total of 63 women who were present for association meeting on the day of data collection and who gave their consent were stochastically selected from each of the 4 LGAs. This process gave a total of 253 sampled married women that was studied

2.2 Instrument for Data Collection

Questionnaire was the only instrument used for data collection. The questionnaire - “Female Genital Mutilation Practices Questionnaire - FGMPQ” was organized in two sections: A&B. Section A elicited the demographic profiles of the participants, while the B generated data on the status of FGM practices among the participants. The FGMPQ was written in English language.

The two sections (A&B) of FGMPQ were bundled into one study package for the convenience of the participants. This instrument was face validated by five experts in the department of Hume kinetics and Health Education of Ebonyi state university Abakailiki. After which it was subjected to a reliability test using test-re-test. The reliability test yielded a strong internal consistency of 0.85. Prior to the distribution of questionnaires, formal introduction of the study was given by the researchers and informed consent obtained from all the prospective participants. The researchers conducted the administration and distribution of the questionnaire to all the participants. The items of the questionnaire were organized to elicit responses from the participants without any bias.

2.3 Statistical Analysis

After a critical cross-check of the returned copies of the questionnaire for completeness of responses, the quantitative data generated was entered into Microsoft Excel and then exported to SPSS 21 for detailed analysis. Frequency, percentage and logistics regression were the statistical tools used for data analysis and also, in determining the practices and demographic factors regarding FGM among the participants in Ebonyi State. The practice is considered high when the percentage value is 50 and above, and considered low when the percentage score is below 50.

3. RESULTS

A total of 253 women were included in the study. Table 1 shows the socio-demographic characteristics of the study respondents. A selected group of married women within the ages of 15 years and above from Ebonyi State of Nigerian were surveyed. There were 260 copies of questionnaires distributed. Only 7 copies were discarded. The remaining 253 copies were successfully completed, returned and thus used for the final analysis. The age categories of the participants varied greatly as follow: 96(37.9%); 91(36.0%); and 40(15.8%) were within the ages of 25-34; 15-24; and 35-44 years while only 18(7.1%) and 8(3.2%) were within 45-54 and 55 years plus. Majority of the participants 193(76.3%) were Christians while only 39(15.4%) and 21(8.3%) were Pagans and Islams respectively. There was slight difference in locations. About 127(50.2%) were urban dwellers while 126(49.8%) indicated living in rural setting. Majority of them 92(36.4%); 66(26.1%); and 53(20.9) had tertiary; informal; and secondary education while only 42(16.6.8%) had Primary education respectively. The participants indicated having varying number of children as follow: 81(32.0%); 70(27.7%); and 59(23.3%) for participants with 3-4; 1-2; and none children while only 43(17.0%) has 5 children and more. Of them, 74(29.2); 74(29.2) and 60(23.8) indicated business, artisan and civil service as their occupation while only 45(17.8%) were housewives respectively. see Table 1.

Table 2 shows the grand percentage mean score of 60.5 indicated that the practices regarding FGM among selected group of married women in Ebonyi State of Nigeria was high. As shown in the Table, majority of the participants (67.7%) were circumcised. Also, FGM was/is practiced in one-third of the families (75.7); and approximately 75 percent of the participants had aided the performance of FGM in the past. Surprisingly, about 56.6 percent of the participants would present their daughters for FGM in future. Interestingly, only 45.6 percent of the participant would recommend that FGM should be performed. See Table 2.

Table 3 shows the variations in predictors of cultural practices regarding FGM and significant differences within variables are presented. The Table shows notable differences on the demographic predictors of cultural practices regarding FGM. For instance, the participants within the ages of 35-44 (60.0%); 45-54 (55.6%); and 55 years and above (75.0%) indicated high practices of FGM while those within the ages of 15-24 (18.7%); and 25-34 (44.8%) showed low practice, suggesting that age by birth is one of the determinants of FGM practices. A good number of participants who were Pagans (74.4%) and Islam (52.4%) showed high practice of FGM while their Christian counterparts (31.1%) indicated low, denoting that religious affiliation is a determinant. Also, the participants in urban settings (50.2%) showed high practices of FGM while the rural counterparts (49.2%) indicated low practice, thus, suggesting that location is another determinant. While the participants with secondary education (22.6%) and tertiary education (22.8%) indicated low practices of FGM, their counterparts with informal education (66.7%) and primary education (54.8%) indicated high practice, presenting level of education as another determinant. Only the married women with 5 children and above (65.1%) indicated high practice of FGM while those with none (30.5%); 1-2 (21.4%); and 3-4

(48.1%) children respectively, indicated low practice of FGM, thus, considering number of children as a determinant. Finally, the housewives (42.2%); civil servants (36.7%) and artisans (25.7%) indicated low practices of FGM while their business counterparts (54.1%) indicated high practices of FGM. The above findings suggest that age by birth, religious affiliation, location, level of education, number of children and occupation are obvious demographic determinants of the practices of FGM by the women in the state. Based on the outcome of the null hypotheses testing, no significant difference existed with respect to religious affiliation (P=0.431>0.05), level of education (P=0.206>0.05), number of children (P=0.106>0.05) and occupation (P=0.278>0.05) while difference was observed on the age by birth (P=0.039<0.05) and location (P=0.048<0.05) respectively see Table 3.

4. DISCUSSION

This study investigates factors that determine practices of female genital mutilation among married women in Ebonyi State of Nigeria. The outcome of the study is quite encouraging as it presents crucial information that could be instrumental in designing new programmes or strengthening the existing ones in combating female genital mutilation practices. It has also availed quantitative data and contributed positively to the field of research, education and public health policy making particularly in Ebonyi State and Nigeria. In this study, it was discovered that practices regarding FGM by married women in Ebonyi State of Nigeria was high. Hence, it could be deduced that the people of Ebonyi holds greater honor and regard to their cultural practices more than the anticipated negative consequences to health. Further evidence abounds that the majority of the participants (67.7%) were circumcised. Also, a good number of families are eager to continue the practice of FGM irrespective of the known negative consequences on the health of the girl child. This finding is quite strange and has triggered much concern to public health professionals. Although, our research did not capture the punishments for violating any cultural practice in the state, yet it could be assumed that the sanctions on defaulters are not stiff enough and thus could be responsible for the willingness to continue the practice of FGM despite the prevailing health consequences. It is also surprising that more than 50 percent of the participants are ready to present their daughters for FGM in future, implying that the practice of FGM would be very difficult to eradicate if strict public health interventions are not put in place.

Table 1. Socio-demographic characteristics of respondents Table 1 participants' profile [N = 253]

S/N	Demographics	F	%
Age by Birth	15-24	91	36.0
	25-34	96	37.9
	35-44	40	15.8
	45-54	18	7.1
	55+	8	3.2
Religious Affiliation	Christianity	193	76.3
	Islam	21	8.3
	Pagan	39	15.4
Location	Urban	127	50.2
	Rural	126	49.8
Level of Education	Non-Formal	66	26.1
	Primary	42	16.6
	Secondary	53	20.9
	Tertiary	92	36.4
No of Children	None	59	23.3
	1-2	70	27.7
	3-4	81	32.0
	5+	43	17.0
Occupation	Housewife	45	17.8
	Civil Servant	60	23.8
	Business	74	29.2
	Artisan	74	29.2

F = frequency; % = Percentag

Table 2. Percentage distribution of FGM practices among a selected group of women in Ebonyi state

Items	Yes%	No%	Dec
Are you circumcised?	67.7	32.3	HP
Is FGM practiced in your family	75.7	24.3	HP
Do you recommend that FGM should be performed?	45.6	54.4	LPLP
Have you ever aided the performance of FGM in the past	73.5	26.5	
Will you perform FGM in future when compelled by certain Circumstances?	44.0	56.0	LP
Will you present your daughter for FGM	56.6	43.4	LP
Group practice	**60.5**	**46.1**	**LP**

Key less than 50% Low Practice (LP) 50 and above =High Practice (HP)

Table 3. Summary of Regression Analysis on Socio-demographic Factors of FGM Practices in Ebonyi State (N = 253)

Variables	Demographics	N	%Yes	%No	Status	P value
Age by birth	15-24	91	18.7	82.3]	LP	0.039<0.05
	25-34	96	44.8]	55.2	LP	
	35-44	40	60.0	40.0	HP	
	45-54	18	55.6	44,4	HP	
	55+	8	75.0	25.0	HP	
Religious affiliation	Christianity	193	31.1	68.9	LP	0.431>0.05
	Islam	21	52.4	47.6	HP	
	Pagan	39	74.4	25.6	HP	
	Location					
Location	Urban	127	37.8	62.2	LP	0.048<0.05
	Rural	126	41.3	48.7	LP	
Level of education	Non-formal	66	66.7	33.3	HP	0.206>0.05
	Primary	42	54.8	55.2	HP	
	Secondary	53	22.6	77.4	LP	
	Tertiary	92	22.8	77.2	LP	
No of children	None	59	30.5]	69.5	LP	0.106>0.05
	1-2	70	21.4	78.6	LP	
	3-4	81	48.1	51..9	LP	
	5+	43	65.1	34.9	HP	
Occupation	Housewife	45	42.2	57.8	LP	0.278>0.05
	Civil servant	60	36.7	63.3	LP	
	Business	74	54.1	45.9	HP	
	Artisan	74	25.7	74.3	LP	

Similarities exist with the previous studies [13,14,12] who reported high practices of FGM in their various studies respectively. Also, similar report was recorded from the 2011 National Survey on FGM in Nigeria, which indicated that 50 percent of Ebonyi female children were circumcised, ranking the state as number 3 in Nigeria [15]. Indeed, the outcome of our research has placed a huge doubt on the effectiveness of the ongoing intervention progromme for the eradication of FGM in the state. The programme, which started since 2016, aims to increase awareness and educate people of the health and legal consequences of the practices of FGM. Nonetheless, when people are enlightened and well-informed through effective interventions, change in behavior becomes inevitable. In parallel assertion, indicated that increased awareness on the health consequences of FGM would eventually lower its practice [16].

The majority of the participants is Christians and had tertiary education. This finding is very interesting and quite suggestive. It shows that both the church and schools could collaboratively be used as instruments or effective vessels to educate and enlighten the people on the health effects of FGM practice on female individuals in the state. At present, our finding demonstrates that indigenes of Ebonyi state value their culture

and beliefs more that any health interventions or public health initiatives. There is need for a well-organized public health empowerment programme and sensitization campaign on the negative health consequences regarding FGM practices by all women, to be carried out routinely by the state government and all concerned non-governmental health agencies. Also, for the existing programmes, there is need for critical assessment to consider the pattern of implementation of the programmes in the state, and as well as the way in which the awareness campaigns and mass education is being organized and implemented.

This study revealed that age by birth, religious affiliation, location, level of education, number of children and occupation are the determinants of FGM practices with clear variations. For instance, the participants within the ages of 35-44; 45-54; and 55 years and above indicated high practices of FGM. Others include: the participants who are Pagans and Islam; the urban dwellers; those with informal education and primary education; married women with 5 children and above; and those in business. The above findings indicate that age by birth, religious affiliation, location, level of education, number of children and occupation are determinants of FGM practice in the State. Statistically, no significant difference existed with respect to religious affiliation, level of education, number of children and occupation while difference was observed on the age by birth and location respectively. Findings of this study are consistent with other studies which recorded clear demographic variations regarding FGM practices [9]. In application, findings of the study can be adopted by the state government in modifying the existing initiative on the eradication of FGM in the state with consideration on the variations in the demographic factors.

The descriptive approach adopted in this research in establishing the status of FGM practices by married women constituted the strength of the study. Findings of this research is restricted to married women in Ebonyi State and therefore, cannot be generalized to the larger population of married women worldwide. Further research involving a larger population of married women in varying states, ethnic groups, and cultures are highly recommended. Our research is limited to the use of questionnaire and quantitative data. Hence, there is need to conduct similar study using qualitative approaches involving qualitative methodologies and interpretations

5. CONCLUSION

The high cultural practice of FGM is influenced by certain demographic predictors such as: age by birth, religious affiliation, location, level of education, number of children and occupation. However, there is need for the Ebonyi State government in collaboration with other health agencies to adopt effective interventions, public health enlightenment and mass education focusing on the negative consequences of FGM practices

6. RECOMMENDATIONS

1. Since some percentage of the women still engage in the act, it is good that the government sponsored FGM intervention in the state persist and perhaps to be assisted by other health agencies in the state in other to ensure that all the people in the state are fully informed on the need to discontinue the act.
2. FGM laws should be formulated and vigorously enforced and culprits made to face the full weight of the law.
3. Intervention programme on FGM in the state should focus more on rural, older and less educated women.
4. All channels of communication including the media should be implored by health programmers in the dissemination of FGM information in the state.

CONSENT

As per international standard or university standard, patients' written consent has been collected and preserved by the author(s).

ETHICAL APPROVAL

This study was approved by the Enugu State Ministry of Health. [Ethical Approval code: ENSRA.026/MoH/0761]. This is one of the State Ministries of Health in Nigeria that gives approval and legal permission to conduct studies of this kind and also in accordance with the principles of the Declaration of Helsinki [17].

COMPETING INTERESTS

Authors have declared that no competing interests exist.

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