VIEWS OF WOMEN ON THE HEALTH AND SECURITY IMPLICATIONS OF FEMALE GENITAL MUTILATION IN IREPODUN LOCAL GOVERNMENT AREA OF KWARA STATE

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Abstract

Female Genital Mutilation (FGM) is any surgical modification of the female genitalia, comprising all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for cultural or non-therapeutic reasons. The women determine the success of eradicating FGM procedure. The study is to investigate the view of women on the health and security implications of FGM in Irepodun Local Government Area of Kwara State. Descriptive research of survey method was used for the study. Multi-stage sampling technique was used to select two hundred (200) respondents in Irepodun Local Government Area. Data were collected with the use of researchers' designed questionnaire, validated by three experts in the Department of Health Promotion and Environmental Health Education and the reliability was determined using Pearson's Product Moment Correlation. A reliability coefficient of 0.76 was obtained. Two hundred (200) questionnaires were administered by the researcher and the four trained research assistants. Three hypotheses were formulated and tested. Demographic data collected were analyzed using frequency counts and percentage, while the formulated hypotheses were tested with the inferential statistics of t-test using Statistical Package for Social Science (SPSS) version 20.0 at 0.05 alpha level of significance. All the three alternate hypotheses were accepted because the critical value of 16.919 @ df=9 is greater than all the calculated chi-square values of the three hypotheses (6.880, 5.560 and 5.560). This implies that there is significant difference in the views of women on the health and security implication of FGM in Irepodun Local Government Area of Kwara State. From the findings of this study, it was concluded that FGM has done a lot of damages to the health of young girls and women that have either undergone or about to do the procedure. Based on the findings, it was recommended that Women should form a female forum that will give them up-to-date information on measures taken to eradicate FGM in other to reduce fears that can be threats to their psychological health.

Keywords: *Female Genital Mutilation, Women, Health and Security Implications.*

Introduction

A woman is a female human (Encyclopedia, 2015). It further stated that the term woman is usually reserved for an adult, with the term girl being the usual term for a female child or adolescent. It is unfortunate that majority of women have fallen a victim of Female Genital Mutilation (FGM)

FGM is any surgical modification of the female genitalia, comprising all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for cultural or non-therapeutic reasons (Wondimu, Nega, Mengistu & Arja, 2012). FGM is usually carried out on young girls between infancy and the age of 15, most commonly before puberty starts. The procedure is traditionally carried out by an untrained specialist with no medical training. Anaesthetics and antiseptic treatments are not generally used, and the practice is usually carried out using knives, scissors, scalpels, and pieces of glass or razor blades (World Health Organization, 2007). FGM is an ancient tradition in large parts of Africa, including Ethiopia, especially in the eastern part of the country (Wondimu, Nega, Mengistu & Arja, 2012).

According to Bettina & Hernlund, (2000), FGM procedure is irreversible and the effects last a lifetime. In Nigeria, like many other countries, FGM is forbidden by law. The 2003 Nigeria Demographic and Health Survey data was used to determine the spatial distribution of the prevalence of FGM. Data were available for 7,620 women; 1,673 (22.0%) interviewed had FGM and 2,168 women had living children, of whom 485 (22.4%) daughters had undergone FGM. Unmarried women were more likely to report a lower prevalence of FGM. (Spatial Distribution of Female Genital Mutilation, 2009). According to Lukman, Omotoso and Gordon, (2012), the prevalence of female genital mutilation was 83% in Kwara State,

According to International Journal of Women's Health, (2012) a World Health Organization inter-agency group has classified female genital cutting into four types: type 1, partial or total removal of the clitoris and/or the prepuce (clitoridectomy); type 2, partial or total removal of the clitoris and labia minora, with or without excision of the labia majora (excision); type 3, narrowing of the vaginal orifice with creation of a covering seal; cutting and repositioning the labia minora and the labia majora, with or without excision of the clitoris (infibulation); and type 4, all other harmful procedures to the female genitalia for non-medical purposes e.g. pricking, piercing, incising, scraping, and cauterization.

There are several reasons provided to justify the practice of female genital mutilation such as preserving virginity, eliminating vagina odour, purifying the breast milk, beautifying the woman's face, prevent nervousness and promiscuity (Umoh & Ogba, 2012). The persistence of the practice is nevertheless propelled

by interrelated socio-cultural factors, these varying within regions, countries and ethnic groups within the same country (United Nation International Children Education Fund, 2005). There are no health benefits of FGM. Girls who undergo FGM before 10years of age seem to be more vulnerable to serious complications than those who are older at the time of FGM (Bjalkander, Bangura, Leigh, Berggren, Bergstrom & Almroth, 2012). Victim's are posed to health problems and insecurity since removing and damaging healthy and normal female genital tissue interferes with the natural functions of girls' and women's bodies.

According to Üstün & Jakob, (2005) health is a state of being sound, while security is the degree of resistance to, or protection from, harm (encyclopedia, 2015). In a situation when girls are subjected to FGM under duress to be faced with health problems and various forms of the FGM adverse effects such as severe pain, shock, bleeding, chronic vaginal and pelvic infections, abnormal periods, difficulty passing urine, and persistent urine infections and kidney impairment then we say there is problem of health insecurity for such women. Victims suffer from a feeling of anxiety, terror, humiliation and betrayer which may have a long term negative effect on them (**Ogba, 2008**). FGM can sometimes cause death (Dike, Ojiyi, Chukwulebe & Egwuatu, 2012). All these effects can be categorized into physical effect, sexual effect and psychological effect (Umoh & Ogba, 2012) which constitute the variables used by the researcher in this study.

Case histories and personal accounts taken from women indicate that FGM is an extremely traumatic experience for girls and women, which stays with them for the rest of their lives. FGM covers a range of procedures, but in the great majority of cases it involves the excision of the clitoris and the labia majora. At its most extreme, the procedure entails the excision of almost all the external genitalia and the stitching up of the vulva to leave only a tiny opening. Whatever form it takes, FGM is a violation of the human rights of girls and women; and it is a grave threat to their health. Therefore the researcher investigates the views of women on the health and security implication of FGM in Irepodun Local Government Area.

Statement of the Problem

The complications of FGM – physical, psychological, and sexual – require skilled and sensitive management by health care workers, but FGM is rarely mentioned, let alone covered in detail, in the training curricula of nurses, midwives and other health professionals. World Health Organization is committed in producing a range of training materials to build the capacity of health personnel to prevent and manage the health complications of FGM yet the gap is not

satisfactorily filled. Though, much has been achieved over the past two decades in lifting the veil of secrecy surrounding FGM but there is still an enormous amount to be done to provide quality services to those affected, and to prevent other little girls and women from adding to their numbers. It is hoped that bringing FGM into mainstream education for health professionals will increase the pressure for elimination of the practice, while at the same time throwing out a lifeline to those who have felt isolated with their problems for so long. It will also expose the dangers of FGM to those that practice it ignorantly under the umbrella of culture and religion. The study therefore, investigates the views of women on the health and security implications of FGM in Irepodun L.G.A.

Research Questions

1. Is there any significant difference in the views of women on physical health and security implications of FGM in Irepodun Local Government Area of Kwara State?
2. Is there any significant difference in the views of women on sexuality health and security implications of FGM in Irepodun Local Government Area of Kwara State?
3. Is there any significant difference in the views of women on psychological health and security implications of FGM in Irepodun Local Government Area of Kwara State?

Research Hypotheses

1. There is significant difference in the views of women on physical health and security implications of FGM in Irepodun Local Government Area of Kwara State.
2. There is significant difference in the views of women on sexuality health and security implications of FGM in Irepodun Local Government Area of Kwara State.
3. There is significant difference in the views of women on psychological health and security implications of FGM in Irepodun Local Government Area of Kwara State.

Methodology

The research design adopted for the study is a descriptive survey method because it entails the direct observation in the collection of data. The population of the study comprised the total number of people in Irepodun Local Government Area of Kwara State that was estimated to be 147,594. Multi-stage sampling technique was used to select two hundred respondents (women) attending eleven

selected health centres representing each ward in Irepodun Local Government Area on their out-patient clinic days. A self structured questionnaire on the hypotheses formulated for the study was used for data collection. Experts validated the questionnaire within and outside the department of Health Promotion and Environmental Health. The reliability of the instrument was ascertained through the test-retest method of two weeks interval was used for the study. The two results obtained were correlated using Pearson Product Moment Correlation Coefficient. The co-efficient of 0.76 was obtained. Inferential statistics of chi-square was used for data analyses.

Results and Discussion

Table 1: Presentation of Respondents' Personal Data

S/N	VARIABLES	FREQUENCY	PERCENTAGE%
1.	Age		
	14-24yrs	40	20.0
	25-35 yrs	42	21.0
	36-46 yrs	62	31.0
	47 yrs Above	56	28.0
	Total	200	100.0
2.	Location		
	Rural	82	41.0
	Urban	118	59.0
	Total	200	100.0
3.	Marital Status		
	Married	40	20.0
	Single	62	31.0
	Divorced	42	21.0
	Widow	56	28.0
	Total	200	100.0
4.	Educational Status		
	Literate	158	79.0
	Illiterate	42	21.0
	Total	200	100.0

Table 1 shows that 62(31%) of the respondents were between 36-46yrs of age, 118(59%) of the respondents were urban, 62(31%) were single and 158(79%) of the respondents were literates.

Hypothesis 1: There is significant difference in the views of women on physical health and security implications of FGM in Irepodun Local Government Area of Kwara State.

Table 2: Chi-square Analysis of the Views of Women on the Physical Health and Security Implications of Female Genital Mutilation in Irepodun L.G.A

S/N	ITEMS	SA	A	D	SD	Row total	DF	Cal value	Table value	Remarks
1	Mutilated ladies experience abnormal periods.	160 (16.3%)	40 (65%)	0 (0%)	0 (0%)	200				
2	FGM can lead to difficulty in passing urine.	118 (14.3%)	82 (61.8%)	0 (0%)	0 (0%)	200				
3	FGM can lead to severe pain in the vagina.	158 (14%)	42 (69%)	0 (0%)	0 (0%)	200	9	6.880	16.919	Ho Accepted
4	FGM can lead to genitalia bleeding infections.	138 (0%)	62 (59.5%)	0 (0%)	0 (0%)	200				
	Column Total	**316**	**428**	**56**	**0**	**800**				

@0.05 alpha level of significance

Table 2 shows that the calculated chi-square value is 6.880 and the table value is 16.919 with the degree of freedom 9 at 0.05 alpha level of significance. Since the table value of 16.919 is greater than the calculated value of 6.880 at 9 degree of freedom, the alternate hypothesis is therefore accepted. This implies that there is significant difference in the views of women on physical health and security implications of FGM in Irepodun Local Government Area of Kwara State.

Hypothesis 2: There is significant difference in the views of women on sexuality health and security implications of FGM in Irepodun Local Government Area of Kwara State.

Table 3: Chi-square Analysis of the Views of Women on the Sexuality Health and Security Implication of Female Genital Mutilation Women in Irepodun L.G.A

S/N	ITEMS	SA	A	D	SD	Row total	DF	Cal value	Table value	Remarks
1	FGM enhances sexually transmitted infections.	82 (16.3%)	118 (65%)	0 (0%)	0 (0%)	200				
2	FGM makes my male partner experience pain and complications.	138 (14.3%)	62 (61.8%)	0 (0%)	0 (0%)	200				
3	FGM contributes to infertility.	96 (14%)	104 (69%)	0 (0%)	0 (0%)	200	9	5.560	16.919	Ho Accepted
4	FGM makes me loose Sexual desire.	0 (0%)	114 (59.5%)	56 (22.5%)	0 (0%)	200				
	Column Total	**316**	**428**	**56**	**0**	**800**				

@0.05 alpha level of significance

Table 3 shows that the calculated chi-square value is 5.560 and the table value is 16.919 with the degree of freedom 9 at 0.05 alpha level of significance. Since the table value of 16.919 is greater than the calculated value of 5.560 at 9 degree of freedom, the alternate hypothesis is therefore accepted. This implies that there is significant difference in the views of women on sexuality health and security implications of FGM in Irepodun Local Government Area of Kwara State.

Hypothesis 3: There is significant difference in the views of women on psychological health and security implications of FGM in Irepodun Local Government Area of Kwara State.

Table 4: Chi-square Analysis of the Views of Women on the psychological health and security implications of FGM in Irepodun Local Government Area of Kwara State.

S/N	ITEMS	SA	A	D	SD	Row total	DF	Cal value	Table value	Remarks
1	FGM causes depression.	160 (16.3%)	40 (65%)	0 (0%)	0 (0%)	200				
2	FGM gives the feelings of anxiety.	118 (14.3%)	82 (61.8%)	0 (0%)	0 (0%)	200				
3	FGM gives the feelings of humiliation and betrayer.	158 (14%)	42 (69%)	0 (0%)	0 (0%)	200	9	5.560	16.919	Ho Accepted
4	FGM stabilizes a woman's social acceptance.	138 (0%)	62 (59.5%)	0 (0%)	0 (0%)	200				
	Column Total	**316**	**428**	**56**	**0**	**800**				

@0.05 alpha level of significance

Table 4 shows that the calculated chi-square value is 5.560 and the table value is 16.919 with the degree of freedom 9 at 0.05 alpha level of significance. Since the table value of 16.919 is greater than the calculated value of 5.560 at 9 degree of freedom, the alternate hypothesis is therefore accepted. This implies that there is significant difference in the views of women on psychological health and security implications of FGM in Irepodun Local Government Area of Kwara State.

Hypothesis 1: There is significant difference in the views of women on physical health and security implications of FGM in Irepodun Local Government Area of Kwara State. The result of the computed data showed that the table value (16.919) is greater than the calculated chi-square value (6.880) at 9 degree of freedom of 0.05 alpha level. Based on the result of the tested hypothesis one, the alternate hypothesis above is accepted which therefore implies that there is significant difference in the views of women on physical health and security implications of FGM in Irepodun Local Government Area of Kwara State.

The result is in line with the findings of Mandara (2004) which stated that the reported immediate complications of FGM were excessive bleeding, difficulty

with urination and shock during the procedure. The intervention is traumatic as girls are usually physically held down during the procedure (Talle, 2007).

Hypothesis 2: There is significant difference in the views of women on sexuality health and security implications of FGM in Irepodun Local Government Area of Kwara State. The analysis of the table value of 16.919 is greater than the calculated chi-square value 5.560 at 9 degree of freedom of 0.05 alpha level of significance. Therefore the alternate hypothesis stated above is accepted based on the computation. It implies that there is significant difference in the views of women on sexuality health and security implications of FGM in Irepodun Local Government Area of Kwara State.

The finding corroborated with Gruenbaum (2006) who opined that as the infibulations opens up through penetrative sex; sexual intercourse is frequently painful during first few weeks of sexual initiation. Almroth, Elmusharaf, El-Hadi, Obeid, El Sheik and Elfadil (2005) also opined that FGM causes infertility due to cutting of the labia majora, as it is evidenced that the more tissue is removed the higher the risk for infection.

Hypothesis 3: There is significant difference in the views of women on psychological health and security implications of FGM in Irepodun Local Government Area of Kwara State. The analysis of the table value of 16.919 is greater than the calculated chi-square value 5.560 at 9 degree of freedom of 0.05 alpha level of significance. Therefore the alternate hypothesis stated above is accepted based on the computation. It implies that there is significant difference in the views of women on psychological health and security implications of FGM in Irepodun Local Government Area of Kwara State.

This finding is in accordance with Malmstrom (2007) who reported that the pain, shock and the use of physical force by those performing the procedure are mentioned as the major reasons why many women conclude FGM is traumatic. However, the fear of these and other post likely consequences causes anxiety or depression to their health.

Conclusion

There is significant difference in the views of women on the health and security implications of FGM in Irepodun Local Government Area. This is indicated in the responses of the selected women on their views on health and security implications of FGM. Based on the findings of this study the following conclusions were made:

1. There is significant difference in the views of women on the physical health and security implications of FGM in Irepodun Local Government Area. This is evident in the responses of the views of the sampled women about the physical health and health implications of FGM to them.
2. There is significant difference in the views of women on the sexuality health and security implications of FGM in Irepodun Local Government Area. This is evident in the responses of the views of the sampled women about the sexuality health and health implications of FGM to them.
3. There is significant difference in the views of women on the psychological health and security implications of FGM in Irepodun Local Government Area. This is evident in the responses of the views of the sampled women about the psychological health and health implications of FGM to them.

Recommendations

Based on the findings of this study, the researcher made the following recommendations that:

1. Women should form a female forum that assures, give courage and as well give account for all the measures they have taken to eradicate FGM in other to reduce threats to their psychological health especially those that are yet involved in FGM act.
2. Women should raise alarm in the event that they get to know about FGM by informing the police and other authorities to prevent damages to the victim's sexuality health in the nearest future.
3. Politicians, lobbies and organizations that actively fight against genital mutilation so that it will be condemned and banned completely in Irepodun and Nigeria as a whole should be supported to enhance good physical health for the females.

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