

Assessment of Knowledge, and Attitude Pertaining Female Genital Mutilation among Rural Dwellers of Itas Gadau Local Government Area, Bauchi State, Nigeria

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ABSTRACT:

This study was carried out about knowledge, and attitude pertaining Female Genital Mutilation among rural dwellers of Itas Gadau local government area (LGA). To achieve a survey was conducted among respondents obtained from rural dwellers of Itas Gadau LGA. And the simple random sampling techniques were employed in this study. The population utilized comprises of the women in the Itas Gadau LGA. In determining the sample size, the researcher adopted Taro Yamani formula to select 133 respondents. Self-constructed and validated questionnaire was used for data collection. The collected and validated questionnaires were analyzed while the hypothesis were tested using Chi-square statistical tool SPSS v23. The result of the test revealed that, rural dwellers of Itas Gadau LGA are aware about practice of Female Genital Mutilation and their attitude is negative. Based on the above findings, the researchers recommended that efforts of stakeholders in health should be geared towards planning and implementing aggressive programs aimed at creating more awareness on the negative effect of FGM and its practice. Capacity building should be organized for all cadres of health care providers to grossly know the elements of the practice of FGM and its implication to maternal and new born health. All governmental and non-governmental organizations should put hands on deck to eliminate FGM at all levels.

Keywords: Female, genitals, mutilation, Bauchi, Female Genital Mutilation

INTRODUCTION:

Certainly, every year about 2 million girls are affected by the practice of female genital mutilation (FGM) (Balla, 2001; Bashir, 2004). About 26 countries in Africa are reporting the menace of FGM; for example, Somalia has 98% prevalence, Egypt had 97% prevalence, and Uganda has 5%. The practice of FGM can be traced in Oman, Yemen, Malaysia, India, Indonesia, etc. Likewise, Australia, USA, Canada, and France regarded FGM practice as a great human right violation that should be avoided. FGM is a sum of all activities such as partial or total removal of the external part of the genital of female (Assad, 2002; Bashir, 2004). Other injuries affecting female genitals are classified as parcels of FGM (Federal Republic of Nigeria, 2007). The FGM is considered in four kinds. Type I FGM

involves the removal of clitoral hood (entire or partial removal of clitoris). TYPE II FGM is considered as the removal of clitoris along with the parcel of labia minora. Type III FGM deals with the act of removing genital parts and an activity of narrowing the vagina (Defrawia et al., 2001; Glanz & Lewis, 2005). The type III practice is known for affecting urine and menstrual ability of the victim. Whereas, Type IV includes all other operations of the female genital; for example, piercing, pricking, incision, cutting (Yankan Gishiri), etc. The processes of FGM are hardly reversible and are disadvantageous to the victims affected. Parable, bleeding, shock, stress, and infection are some of the effects of FGM practices (FGN, 2007; Onyeakpa & Odugu, 2023).

Meanwhile, there are different views and perceptions towards the FGM practices. An olden study in 1983

shows that only 17.4% females were regarding FGM as bad; while over the years the trend has continued to alter; more people are becoming aware and educated and in turns are repugnant towards FGM (Onuh et al., 2006). However, diverse reasons are said to be behind the FGM practices; such as commandments from religions and cultures. A study reported that, some people from Southern Nigeria thought that, FGM help to restrain females from engaging in prostitution; a claim that is changing, because female treated through FGM are experiencing sexual dissatisfaction and in turn the urge to search for more males to quench their desires (Onyekpa & Odugu, 2023). Some cultures regarded FGM as a way of cleanliness, family gesture, a ploy to control sexual promiscuity, and cultural or ethnic identity. Some believed that, FGM is a prelude that signifies the transition of girl to adulthood or womanhood (Akpaeti, 2000; Abacha, 2003; Chukwuma et al., 2023).

Nevertheless, conventional health knowledge reiterated that there are no benefits due to FGM; whereas, the practice interferes with the function of the victims. Mostly, the FGM instigate complications and it affects reproductive, sexual, psychological, and social domains of health of the affected victim. Some of the consequences of FGM are: severe pain, urinary problems, bleeding, injuries, fistula, fracture, pelvic inflammation diseases etc (Chukwuma et al., 2023). FGM causes transmission of diseases such as HIV, and related sexually transmitted problems (Arbesemen et al., 2003; (Sarkingobir et al., 2019).

Additionally, long-term effects of FGM include the pain in sexual intercourse, difficulty in childbirth, urinary incontinence, infertility, menstrual abnormalities etc. Beginning from 2018, every year FGM complications treatment or management engulfed about 1.4 billion United States Dollars, an amount that is expected to reach 1.4 billion dollars in the next 30 years to come (Drie & Landmark, 2002; Chukwuma et al., 2023). Therefore, some sub-objectives set to be achieved by this research are as follows: a. determination of knowledge of rural people of Itas Gadau local government area, Bauchi, Nigeria. b. Assessing of knowledge of rural dwellers concerning the health implications of FGM at Itas Gadau. c. Surveying the attitude of rural people of Itas Gadau local government area regarding FGM practices.

MATERIALS AND METHOD:

Research Design:

A research design entails the type of study method employed in the conduct of the study. Pertaining this work, to properly utilized the available resources a survey design was applied, because it involves collection

of data at a given time and among certain number of respondents (Waheed et al., 2021; Sarkingobir, 2023).

Population of the study:

For the sake of this work, the entire rural dwellers in Itas Gadau local government area Bauchi, Nigeria served as study population; because study population entails all the people residing in a given geographical area in the considered timeframe where the study is being conducted. Mostly, people who are one-time health workers are surveyed because they are the key informants or convenient samples.

Sample and Sampling Procedure:

In any study, the population to study constitutes the whole elements that the data would be drawn from. However, in most of the cases the whole population is bulky and could not be properly handled. The entire population could not properly support information gathering; therefore, researchers are compelled to systematically pick representatives of the entire population in order that the study is feasible. That representative from the entire population under study is conventionally regarded as sample. Sample size constitutes the exact number of elements drawn from the whole population to as representative. Systematically, sample size was obtained using a formula; therein, Taro Yamane formula was used (assuming $N= 200$) and a value of 133.3 was arrived.

Instrument for Data Collection:

Albeit, there are different types of instruments to collect information for research purposes, this study involved the use of questionnaire. The questionnaire is constituted with two sections. Section A records the demographic characteristics of study respondents, and section B asked questions about the knowledge and attitude of the study elements. The instrument was validated through the help of peers and a pilot study conducted help significantly in making further corrections.

Methods of Data Analysis and Presentation:

A raw data information collected in any research would be easier to discern when properly managed and using appropriate tools. For the sake of this study, simple descriptive statistical tools such as frequency, and percentage were used. Moreover, a chi-square test was conducted in order to test the entire hypothesis of the study. The final information managed in this work was presented using a tool of frequency distribution table, because frequency table are forefront data presentation tools for easy explanation and comprehending of meanings through observation.

RESULTS AND DISCUSSION:

Results:

The results for this work are found in Tables 1-7 of this section. In this section, the obtained data were presented, and analyzed according to the submissions made by the

participants of the study. Data were presented in tabular form for easy identification and understanding during any sort of observation. The data collected from the respondents were analyzed in tabular form with simple percentage for easy understanding.

Showing The Gender According to The Respondents of the Study

Response	Frequency	Percent	Valid Percent	Cumulative Percent
Male	77	57.9	57.9	57.9
Female	56	42.1	42.1	100.0
Total	133	100.0	100.0	

From the Table 1, it shows that 57.9% of the respondents were males while 42.1% of the respondents were females.

Showing Various Positions Held by Participants

Respondents	Frequency	Percent	Valid Percent	Cumulative Percent
Community Health Workers	37	27.8	27.8	27.8
Nurses	50	37.6	37.6	65.4
Midwives	23	17.3	17.3	82.7
Counselors	23	17.3	17.3	100.0
Total	133	100.0	100.0	

The Tables 2 indicates that, out of the 133 participants, 37 respondents (making 27.8% of the participants) are Community Health Workers; 50 participants (37.6 %) are nurses; 23 participants (17.3% of the respondents) are midwives; while 23 respondents (17.3% of the respondents) are counselors.

Testing of Hypotheses:

“Hypothesis One: Rural dwellers of Itas Gadau LGA are not knowledgeable about the effect of female genital mutilation on the sex drive of the girl-child”

Response	Observed N	Expected N	Residual
Agreed	40	33.3	6.8
strongly agreed	50	33.3	16.8
Disagreed	26	33.3	-7.3
strongly disagreed	17	33.3	-16.3
Total	133		

	Rural dwellers of Itas Gadau LGA are knowledgeable about the effect of female genital mutilation on the sex drive of the girl child
Chi-Square	19.331 ^a
Df	3
Asymp. Sig.	.000
a. 0 cells (0.0%) have expected frequencies less than 5. The minimum expected cell frequency is 33.3.	

Decision Rule:

Therein, researchers therefore reject the null hypothesis that state that “Rural dwellers of Itas Gadau LGA are not knowledgeable about the effect of female genital mutilation on the sex drive of the girl child” because calculated value of 19.331 is above the critical value of 7.82. Thus, the alternative hypothesis has to be accepted saying that “Rural dwellers of Itas Gadau LGA are knowledgeable about the effect of female genital mutilation on the sex drive of the girl-child”.

Testing of Hypothesis Two:

Hypothesis Two: Rural dwellers of Itas Gadau LGA are not knowledgeable about the health implication of female genital mutilation practices

Table: 5. Rural dwellers of Itas Gadau LGA are knowledgeable about the health implication of female genital mutilation practices

Response	Observed N	Expected N	Residual
Yes	73	44.3	28.7
No	33	44.3	-11.3
Undecided	27	44.3	-17.3
Total	133		

Table: 6. Test Statistics 2

	Rural dwellers of Itas Gadau LGA are knowledgeable about the health implication of female genital mutilation practices
Chi-Square	28.211 ^a
Df	2
Asymp. Sig.	.000
a. 0 cells (0.0%) have expected frequencies less than 5. The minimum expected cell frequency is 44.3.	

Decision Rule:

There researchers therefore reject the null hypothesis that state that, “Rural dwellers of Itas Gadau LGA are not knowledgeable about the health implication of female genital mutilation practices” since the calculated value of 28.211 is above the critical value of 5.99. Thus, the alternative hypothesis is accepted that state that “Rural dwellers of Itas Gadau LGA are knowledgeable about the health implication of female genital mutilation practices”.

Hypothesis Three: The attitude of rural dwellers of Itas Gadau LGA on the practice of female genital mutilation is negative

Table: 7. The attitude of rural dwellers of Itas Gadau LGA on the practice of female genital mutilation is negative

Response	Observed N	Expected N	Residual
Agreed	40	33.3	6.8
strongly agreed	50	33.3	16.8
Disagreed	26	33.3	-7.3
strongly disagreed	17	33.3	-16.3
Total	133		

Table: 8. Test Statistics 3

	The attitude of rural dwellers of Itas Gadau LGA on the practice of female genital mutilation is negative
Chi-Square	19.331 ^a
Df	3
Asymp. Sig.	.000
a. 0 cells (0.0%) have expected frequencies less than 5. The minimum expected cell frequency is 33.3.	

Decision Rule:

There researcher therefore accept the null hypothesis that state that the attitude of rural dwellers of Itas Gadau LGA on the practice of female genital mutilation is negative as the calculated value of 19.331 is greater than the critical value of 7.82. Therefore, the alternative hypothesis is rejected that state that, the attitude of rural dwellers of Itas Gadau LGA on the practice of female genital mutilation is positive.

Response	Frequency	Percentage
Chronic pain	50	37.60
Pain during urination	40	30.08
Low sex derive	22	16.54
Vaginal discharge	12	9.02

The attitude of rural dwellers of Itas Gadau LGA on the practice of female genital mutilation is negative	
Chi-Square	19.331 ^a
Df	3
Asymp. Sig.	.000
a. 0 cells (0.0%) have expected frequencies less than 5. The minimum expected cell frequency is 33.3.	
Infection	6 4.51
Fainting	3 2.25
Total	133 100.0

DISCUSSION:

The aim of the study was to assess the knowledge attitude and practice of female genital Mutilation among rural dwellers of Itas Gadau L.G.A Bauchi, Bauchi State. 133 questionnaires were returned which represent 90% response rate. The data collected from the respondents were analyzed in tabular form with simple percentage for easy understanding. A total of 133 questionnaires were distributed and 133 questionnaires were returned. The effects of FGM found by this survey (Table 7) are in agreement with the effects reported in Onyekpa & Odugu (2023), and Chukwuma et al., (2023) in South Eastern Nigeria study. The practice of FGM can be greatly alleviated if the various health models could be utilized. Parable, the use of health belief to change the education and awareness level of the supporters and perpetrators of FGM could do a great and persuasive approach (Simpson, 2015). Likewise, taking advantage of Socioecological Model by altering the education levels of communities, counselling affected people, developing social media campaigns, developing social marketing and improving community participation, are good options to deal with FGM practices in the affected rural areas (Simpson, 2015; Sarkingobir et al., 2023).

Certainly, in the rural communities, women groups, the health care providers and the general public would ensure that FGM practice is totally eliminated and its practice are abandoned if they: Believe that there is a danger of women getting infection, bleeding, shock

prolonged labor, infertility from FGM practice (perceived susceptibility) (Simpson, 2015). · Thus, it is believed that, support by the social group, social structures and religious groups on the practice of FGM is effective in eliminating the dangers of FGM such as bleeding, infection, shock, infertility, prolonged labour etc (perceived benefits) (Simpson, 2015; Musa et al., 2023). Meanwhile, the method (not supporting the preservation of FGM practiced is safe, and use of education and mass media) will be helpful. Likewise, means of not preserving or eliminating FGM practice are seen through massive mobilization and sensitization, the social groups, social structures and religious groups wagging war against perpetrators of FGM, x-raying the benefits of not preserving its practice etc (no barriers to behaviour change) (Bardie, 2004).

Communities, healthcare providers and the entire public receive reminder cues as awards for best communities or stakeholders who have eliminated FGM practice (El Dareer, 2002; Health System Development Project, 2008). The entire communities, women group' and all become confident and convinced on the benefits on not preserving FGM practice and this is through regular and continuous health education and mobilization on the demerits and cenospecies of FGM continuous practice. This model is one of the oldest attempts to explain health behavior. It is based on the premise that for a behavior change to succeed, individuals must have incentive to change, feel threatened by their current behavior and fell

that a change will be beneficial and be at acceptable cost. They must feel competent to implement that change (Glanz & Lewis, 2005, Simpson, 2015; Musa et al., 2023).

CONCLUSION:

The study therefore concludes that: Rural dwellers of Itas Gadau LGA are knowledgeable about the effect of female genital mutilation on the sex drive of the girl-child; rural dwellers of Itas Gadau LGA are knowledgeable about the health implication of female genital mutilation practices; and the attitude of rural dwellers of Itas Gadau LGA on the practice of female genital mutilation is negative.

RECOMMENDATIONS:

According to findings of this work, the researchers recommends that efforts of stakeholders in health should be geared towards planning and implementing aggressive programs aimed at creating more awareness on the negative effect of FGM and its practice. Capacity building should be organized for all cadres of health care providers to grossly know the elements of the practice of FGM and its implication to maternal and new born health. All governmental and non-governmental organizations should put hands on deck to eliminate this ugly trend. To this end, government at all levels should make policies, promulgate laws, and punish offenders of the practice of FGM and their supporters.

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