
ASSESSMENT OF SELECTED SOCIO-ECONOMIC FACTORS ON THE KNOWLEDGE OF HEALTH CONSEQUENCES OF FEMALE GENITAL MUTILATION AMONG RESIDENTS OF GOMBE STATE, NIGERIA.

By

¹*Abdullahi Mohammed Isyaku*, ²*Saidu Isah*, ²*Bala Yunusa Tilde* & ³*Helen Sindama*

¹Department of Physical and Health Education
University of Maiduguri, Borno State.

²Department of Physical and Health Education
College of Education Azare, Bauchi State.

³Department of Physical and Health Education
University of Jos, Plateau State.

ABSTRACT

This Paper critically analysed the influence of Socio-economic factors on the Knowledge of health consequences of female genital mutilation (FGM) among residents in Gombe State. The Socio-economic factors studied were ethnic background, residential location and educational status. One research question was asked and three hypotheses were postulated. Cross-sectional household survey was used and multi-stage sampling procedure was employed to select 384 respondents. Researcher-developed questionnaire made up of 15 items was used to collect information on the Knowledge of health consequences of female genital mutilation for the study. Descriptive statistic of frequency count and percentage were used to organise the demographic information of the respondents while t-test was used to analyse hypothesis 1 and 2 and hypothesis 3 was analysed using one-way Analysis of Variance (ANOVA) of inferential statistics using statistical package for social science (SPSS) version 16.0 at alpha level 0.05. The finding revealed that Socio-economic factors have no significance influence on the knowledge of health consequences of female genital mutilation (FGM) among residents in Gombe State. It was recommended among others that health education and sensitization campaigns should be maintained to keep the general public conscious alive on the health consequences involved in FGM and motivate them to shun the practice, because knowledge alone is not sufficient to quit the practice but motivation and guidance would be helpful.

INTRODUCTION

There is no definitive evidence documenting when and why this ritual of removing or incising female external genitalia for non-medical reason female genital mutilation (FGM) started (Abdullahi, Saidu & Bala, 2012). However, Bruce (2011) asserted that female genital Mutilation (FGM) actually is a social custom that is being practiced by Animists, Christians

and Muslims in many countries across the world and it was estimated that approximately 100 to 140 million women have undergone female genital mutilation worldwide. The term female genital mutilation (FGM) has been defined as all procedures that involve total or partial removal of external female genitalia or other injuries to the female genital organs whether for cultural or any other non-therapeutic reasons (Edna

Adan University Hospital, 2010). Some authorities posited that Female genital Mutilation is one of the traditional practice that is detrimental to health that has no known health benefit and has been practiced for centuries in Africa for over 2000 years ago (Frances, 1997). The procedure is classified into four categories by World Health Organisation in Cabral, (2004):

- Type 1: Excision of the prepuce with or without excision of part or all of the clitoris
- Type 2: Excision of the clitoris with partial or total excision of labia minora
- Type 3: Excision of part or all of the external genitalia and stitching/narrowing of the vaginal opening (infibulation)
- Type 4: Unclassified, piercing, pricking, incision or stretching of the clitoris or labia; introduction of corrosive substance into the vagina, any other procedure that falls under WHO definition

Knowledge of health consequences of female genital mutilation refers to the body of facts and principles accumulated in the course of experience regarding any act of removing or incising female external genitalia for non-medical reason. Several factors exert significant impact on the knowledge of health consequences of female genital mutilation and its practice (Kouber & Muasher, 2011). Some studies showed that this practice accounts for many health consequences which include profuse bleeding; shock; severe pain; difficulty in passing urine and risk of HIV/AIDS transmission, chronic pelvic pain, pelvic

infection, urine retention, decreased in sexual enjoyment, psychological consequences, increase risk of caesarean section, development of vulva keloid, prolonged and obstructed labour, Post-partum haemorrhage, third degree laceration, infertility; maternal distress, maternal and child mortality and risk of vesico vaginal and recto vaginal fistulae among others (Abdullahi, Saidu, Bala & Shehu, 2013).

Evidence from numerous studies revealed that several socio-economic factors exert significant influence on the knowledge of health consequences of FGM. Some of the factors studied in this context were residential location, ethnicity and educational status. In a study conducted by Mitike and Dereessa (2009) revealed that there was no significant difference between the rural and urban residents in the knowledge of health consequences of female genital mutilation in their study area. Similarly, in a study of spatial distribution of FGM in Nigeria by Kandala, Nwakeze and Kandala (2010) revealed that the higher the level of education attained by the respondents and her partner, the more likely to become more aware on the health consequences and significantly to lower the prevalence of FGM in women and daughters. Keita and Blankhart (2006) also added that significant difference exists between urban and rural residents in Faranah districts in Guinea. Koustuv, Stephen and Bjarne (2010) reported that urban residents when compared to rural residents exhibited higher likelihood of opting for discontinuation of the practice. Moreover, educational status is expected to play a vital role in the knowledge of FGM. Though that, it was

revealed that there was relationship between the Knowledge of health consequences and the practice of FGM among residents in Gombe State (Abdullahi, et al., 2012). Moreover, in a survey of the attitude of Khartoum University students towards FGM Knowledge and practice by Herieka and Dhar (2003) revealed that only 46.9% of the female respondents and 59.9% male respondents showed significant difference in the knowledge of health consequences of female genital mutilation.

Culture is a vital factor; it plays a great significant role in influencing human behaviour including the knowledge. Koustuv, et al., (2010) asserted that in societies where FGM is practice, a girl cannot be considered as an adult or a woman until she had FGM and she cannot marry without going through the practice. Moreover, social pressure is usually brought on families who resist conforming to the tradition of female circumcision (Frances, 1997). As in Somalia, a prospective husband's family may have the right to inspect the bride's body prior to marriage. In addition Kasinga and Bashir (1998) stressed that by allowing clitoris to be removed; a girl is heightened to another level of pure motherhood in Sudan and Boyle (2002) further added that the Masai of Tanzania will not call a woman 'mother' when she has children if she is not circumcised. It was further reported that among the six predominant ethnic groups in Nigeria, the Hausa, the Fulani, the Yoruba, the Igbo, Ijaw and the Kanuri as reported by Odujinrin, Akitoye and Oyediran (2009) studied that significant difference exist in the knowledge of FGM among the six major ethnic groups.

However, Koustuv, et al, (2010) reported that people with positive cultural conceptions of FGM were less likely to favour the discontinuation. This has categorically indicated that socio-cultural factors have significant influence on the knowledge of health consequences of FGM.

STATEMENT OF THE PROBLEM

United Nations Population Fund (2004) study showed that the FGM is still persisting in Gombe state and one of the respondent in focus group discussion said Angurya (meaning Clitoris) is removed/cut from female because it prevent conceiving/ pregnancy and it also causes serious pain during sexual intercourse and it obstructs as well as itches the woman if not removed. But very little or no researches were carried out to analyse the influence of ethnicity, residential location and educational status on the knowledge of health consequences of FGM in the study area. It is against this background that this research was designed to assess the influence of socio-economic factors on the Knowledge of health consequences of female genital mutilation among residents of Gombe State.

PURPOSE OF THE STUDY

This paper investigated the influence of Socio-economic factors on the Knowledge of health consequences of female genital mutilation among residents in Gombe State.

RESEARCH QUESTION

What is the influence of Socio-economic factors on the knowledge of health consequences of female genital mutilation among residents in Gombe State?

HYPOTHESIS

1. There is no significant difference in the knowledge of health consequences of female genital mutilation between urban and rural residents in Gombe State.
2. There is no significant difference in the knowledge of health consequences of female genital mutilation between Formal and Non-formal educated residents in Gombe State.
3. There is no significant difference in the knowledge of health consequences of female genital mutilation among the different ethnic groups in Gombe State.

METHODOLOGY

This study was designed to investigate the influence of Socio-economic factors on the knowledge of health consequences of female genital mutilation among residents in Gombe State. Cross-sectional household survey was adopted. Cross-sectional household survey was used for the purpose of this study. Cross-sectional household survey is viewed as a study in which measurements are done as a single observation like 'snap shot'. It involved observation of all of a population, or a subset, at a particular point in time with the aim to describe a situation e.g.

distribution of an event in a population in relation to age, sex and other specified characteristics (Njodi & Bwala, 2003; Arauoye, 2004).

The population of this study comprised the entire residents in the State which is 2,353,879 people (Nigerian muse, 2007). According to Kreycie and Morgon (1971) in Emaiku (2008) reported that in a population of 100,000 and above a sample of 384 respondents is sufficiently enough to be used as a sample for the study at the alpha level of 0.05. Therefore, the sample of this study used was 384 residents. Multi-stage sampling procedure was used to select the respondents using stratified random sampling, Simple random sampling, equal distribution and convenient sampling techniques. The instrument was a researcher-developed questionnaire based on modified Likert scale of 15 items on the knowledge of health consequences of Female Genital mutilation among residents in Gombe State and the statements were keyed in a positive response and the decision rule is 2.5. The instrument was divided into two sections A and B Section 'A' focuses on demographic information of the respondents while section 'B' required information on the knowledge of health consequences of female genital mutilation. The research instrument was validated expert in the field of health education and split-half method was used to test the reliability and 0.89 co-efficient was obtained. Descriptive statistical technique of frequency count and percentage were used to organise and describe the demographic characteristics of the respondents and the hypotheses 1, 2 were analysed using t-test and

hypothesis 3 was analysed using one-way ANOVA at 0.05 level of significance.

RESULTS

The study analysed the influence of Socio-economic factors on the Knowledge of health consequences of female genital mutilation between residents in Gombe State. The result is presented as follows:

Table 1: Information on Demographic Characteristics of the Respondents

Variables		Respondents	Percentage
Ethnic Groups	Fulani	169	47.4
	Tangale	107	29.9
	Tera	81	22.7
Total		357	100.0
Residential Location	Urban	164	46
	Rural	192	54
Total		357	100.0
Educational Status	Formal Educated	181	50.7
	Non-formal educated	176	49.3
Total		357	100.0

Table 1 contains the information on the demographic characteristics of the residents. The respondents were selected from three ethnic groups: Fulani, 169 (47.4%); Tangale, with 107 (29.9%) and Tera with 81 (22.7%). With regard to the residential location of the respondents 192 (54%) were drawn from rural areas while 164 (46%) were drawn from urban areas. Similarly,

181 (50.7%) respondents had formal education and 176 (49.3%) had no formal education.

Research Question

What is the influence of Socio-economic factors on the knowledge of health consequences of female genital mutilation among residents in Gombe State?

Table 2: Mean Scores of Residents' Opinion on Knowledge of Health Consequences of Female Genital Mutilation.

ITEMS	SA	AG	DA	SD	Mean
1. Severe pain and profuse bleeding are some of the health consequences of female genital mutilation.	191 (53.5%)	126 (35.3%)	32 (8.9%)	8 (2.2%)	3.40
2. HIV/AIDS and Hepatitis B can be transmitted through female genital mutilation practice.	123 (35.5%)	135 (37.8%)	75 (21%)	24 (6.7%)	3.00
3. Women who have had female genital mutilation often experience painful sexual intercourse.	116 (32.5%)	139 (38.9%)	78 (21.8%)	24 (6.7%)	2.97
4. Female genital mutilation often causes women to experience painful menstrual cycle.	105 (29.4%)	133 (37.7%)	85 (23.8%)	33 (9.2%)	2.86
5. Female genital mutilation increases the higher risk of caesarean section during childbirth.	115 (32.2%)	128 (35.9%)	95 (26.6%)	19 (5.3%)	2.95
6. Post-circumcision bleeding can lead to death.	155 (43.4%)	152 (42.6%)	38 (10.6%)	12 (3.4%)	3.26
7. Prolonged and obstructed labour can occur as a result of female genital mutilation practice.	98 (27.5%)	155 (43.4%)	82 (23%)	22 (6.1%)	2.92
8. Female genital mutilation practice increases the risk urine retention.	105 (29.4%)	151 (42.3%)	73 (20.5%)	28 (6.2%)	3.93
9.. Female genital mutilation practice causes holes that allow urine and feaces to be seeping into vagina uncontrollably (vesico vaginal & recto vaginal fistulae).	123 (34.5%)	147 (41.2%)	61 (17.1%)	26 (7.3%)	3.02
10. Scar formation can occur as a result of Female Genital mutilation practice.	117 (32.8%)	151 (42.3%)	73 (20.5%)	16 (4.5%)	3.03
11. Abnormal tissue growth on the vaginal lips (vulva keloid) can occur as a result of Female genital mutilation practice.	101 (28.3%)	154 (43.1%)	75 (20%)	27 (7.5%)	2.92
12. Scar tissues are relatively inelastic and can tear during childbirth and can cause vaginal laceration.	114 (31.9%)	154 (43.1%)	70 (19.6%)	19 (5.3%)	3.01
13. Female genital mutilation practice increases the chance of maternal and child distress during birth process.	147 (41.2%)	133 (37.3%)	58 (16.2%)	19 (5.3%)	3.14
14. Female genital mutilation causes uterine infection and renders women infertile.	124 (34.7%)	125 (35%)	82 (22.9%)	26 (7.2%)	2.97
15. Shock can occur due to severe pain as a result of female genital mutilation practice.	152 (42.6%)	132 (37%)	47 (13.2%)	26 (7.2%)	3.14
AVERAGE MEAN					3.10

Table 2 showed the distribution of respondents' opinion providing information to answer the research question on the influence of Socio-economic factors on the knowledge of health consequences of female genital mutilation among residents in Gombe State. The result revealed that all mean scores of the items in this section were above 2.5 considered positive in this study and the average mean was 3.10 which is as well positive. This signifies that the residents in Gombe state have the knowledge of health consequences of female genital mutilation. This also answer the research question one which asks about the influence of Socio-economic factors on the knowledge of health consequences of female genital mutilation among residents in Gombe State.

The results showed the following means of an items in the section that severe pain and profuse bleeding can occur as a result of female genital mutilation has a mean of (3.40); risk of

transmitting HIV/AIDS and hepatitis B accounts for (3.00); painful sexual intercourse (2.97); painful menstruation (2.86); risk of death due to post-circumcision bleeding (2.95); increase risk of caesarean section during child birth (3.26); prolonged and obstructed labour (2.92); risk of urine retention (3.93); increase risk of VVF and RVF (3.02); scar formation (3.01); development of vulva keloid (3.92); vaginal laceration during birth process (3.01); maternal and child distress during childbirth (3.14); uterine infection and infertility having (2.97) and shock due to severe pain as a result of FGM practice with (3.14). This showed the mean scores of items in the section with an average mean of 3.10.

Hypothesis I

There is no significant difference in the knowledge of health consequences of female genital mutilation between urban and rural residents in Gombe State.

Table 3: Summary of t-test Analysis on Difference between Urban and Rural Residents on Knowledge of Health Consequences of FGM.

Residential Location	N	Mean	Sd	Std Error	df	t-cal	t-critic
Urban	164	44.93	6.507	0.508	355	1.093	1.960
Rural	192	46.17	6.868	0.496			

t-cal = 1.093 at df 355; < t-critical 1.960 at 0.05 level of significance

Table 3 revealed the t-test analysis on the difference between the urban and rural residents in Gombe state. The result revealed that

the mean and standard deviation of urban residents (44.93 ± 6.507) did not significantly differ with the mean and standard deviation of the

rural residents (46.17 ± 6.868) on the knowledge of health consequences of female genital mutilation. In addition, the calculated t-value of (1.093 df 354; $P > 0.05$) is less than the critical value (1.960). This clearly implies that there is no significant difference between urban and rural residents in the knowledge of health consequences of female genital mutilation. Therefore, the hypothesis which stated that there is no significant difference between urban and

rural residents in the knowledge of health consequences of female genital mutilation in Gombe state is upheld.

Hypothesis 2

There is no significant difference in the knowledge of health consequences of female genital mutilation between Formal and Non-formal educated residents in Gombe State.

Table 4: Summary of t-test Analysis on Difference between Formal Educated and Non-formal Educated Residents on the Knowledge of Health Consequences of FGM

Educational Status	N	Mean	Sd	Std Error	df	t-cal	t-critic
Formal	181	45.36	6.932	0.515	355	-0.580	1.960
Non-Formal	176	45.78	6.535	0.493			

t-cal = -0.580 at df 355; < t-critical 1.960 at 0.05 level of significance

Table 4 shows the t-test analysis on the knowledge of health consequences of female genital mutilation between Formal and Non-formal educated residents in Gombe state. The analysis shows that the mean and standard deviation of formal educated residents (45.36 ± 6.932) did not significantly differ with the mean and standard deviation of non-formal educated residents (45.78 ± 6.535). This indicated that no significant different exist and the hypothesis which stated that there is significant difference between

Formal educated and Non-formal educated residents in the knowledge of health consequences of female genital mutilation in Gombe state is accepted.

Hypothesis 3

There is no significant difference in the knowledge of health consequences of female genital mutilation among ethnic groups in Gombe State.

Table 5: Summary of One-way ANOVA Among Ethnic Groups on the knowledge of Health Consequences of Female Genital Mutilation

	SS	DF	MS	F-ratio	Sig.
Between groups	148.641	2	74.321		
Within Groups	15990.928	354	45.172	1.645	0.194
Total	16139.569	356			

F-ratio = 1.645 at df 356; > 0.194 at 0.05 level of significance

Table 5 contains information on the One-way analysis of variance between the ethnic groups in the knowledge of health consequences of female genital mutilation among residents in Gombe state. The result revealed that no significant difference exist between the ethnic groups in the study community. The hypothesis which suggested no significant difference among the ethnic groups in the knowledge of health consequences of female genital mutilation is retained. This implied that there is no significant difference in the knowledge of health consequences of female genital mutilation between the ethnic groups in Gombe State.

DISCUSSION

This study investigated the influence of the Socio-economic factors on the Knowledge of health consequences of female genital mutilation among residents in Gombe State. The factors studied were residential location, educational status and ethnic backgrounds. The finding of this study with regard to residential location showed that there was no difference between urban and rural residents on the knowledge of health

consequences of female genital mutilation in Gombe state. The finding is not unexpected when compared to the finding of Mitike and Dereessa (2009) which revealed that there was no significant difference between the rural and urban residents in the knowledge of health consequences of female genital mutilation in their study area.

The finding further contradicts the outcome of Keita and Blankhart (2006) that significant difference exists between urban and rural residents in Faranah districts in Guinea. Moreover, the result of this study concerning the influence of educational status indicated no significant difference between formal educated and non-formal educated residents. This finding is not in line with Kandala, et al. (2010) study which revealed that the higher the level of education attained by the respondents and her partner, the more likely she is to become more aware on the health consequences of FGM. Moreover, as in the study of a survey of the attitude of Khartoum University students towards FGM Knowledge and practice by Herieka and Dhar (2003) revealed that only 46.9% of the female respondents and

59.9% male respondents showed significant difference in the knowledge of health consequences of female genital mutilation.

In addition, the finding of the study regarding influence of ethnic background on the knowledge of health consequences of female genital mutilation between residents showed that significant difference did not exist between Fulani; Tangale and Tera, the predominant ethnic groups in the in Gombe state. This outcome is unexpected considering that, it was reported that among the six predominant ethnic groups in Nigeria, the Hausa, the Fulani, the Yoruba, the Igbo, Ijaw and the Kanuri as reported by Odujinrin et al. (2009) study that significant difference exist in the knowledge of FGM. The implication of the study showed that socio-economic factors have no significant influence on the knowledge of health consequences of female genital mutilation among residents in Gombe state.

CONCLUSION

It can therefore be concluded that Socio-economic factors; residential location, educational status and ethnic background have no significant influence on the knowledge of health consequences of female genital mutilation among residents in Gombe state, as revealed from this study.

RECOMMENDATIONS

Based on the conclusion made, the following recommendations are hereby put forth:

- ✓ Present health education and sensitization campaigns should be improved upon to keep the general public consciousness on the health consequences involved in FGM practice and encourage them to shun the practice, because knowledge alone is not sufficient to quit the practice but motivation and guidance would be helpful.
- ✓ Community dialogue with traditional leaders and advocacy visits should be intensified regarding the health consequences involved in female genital mutilation practice. This could be done with the view to increase awareness among the general populace.
- ✓ Collaborative efforts from both governmental and non-governmental organisations should be made in conducting periodic research to find out whether the knowledge of health consequences of FGM is apparent on the practice or not;

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