

**AWARENESS, PERCEPTION AND PRACTICE OF FEMALE
GENITAL MUTILATION AMONG EXPECTANT MOTHERS IN JOS
UNIVERSITY TEACHING HOSPITAL JOS, NORTH-CENTRAL
NIGERIA**

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Introduction

- FGM refers to the removal of the female external genitalia or other injury to female genital organs for cultural or other non therapeutic reasons
- WHO estimates 130 million affected
- 2 million girls and young women at risk annually
- Prevalence in Nigeria 19% from 25%
- Account for $\frac{1}{4}$ of circumcised women world wide

Introduction 2

Religion

- Quran
- Hadith
- Bible

Aims and objectives

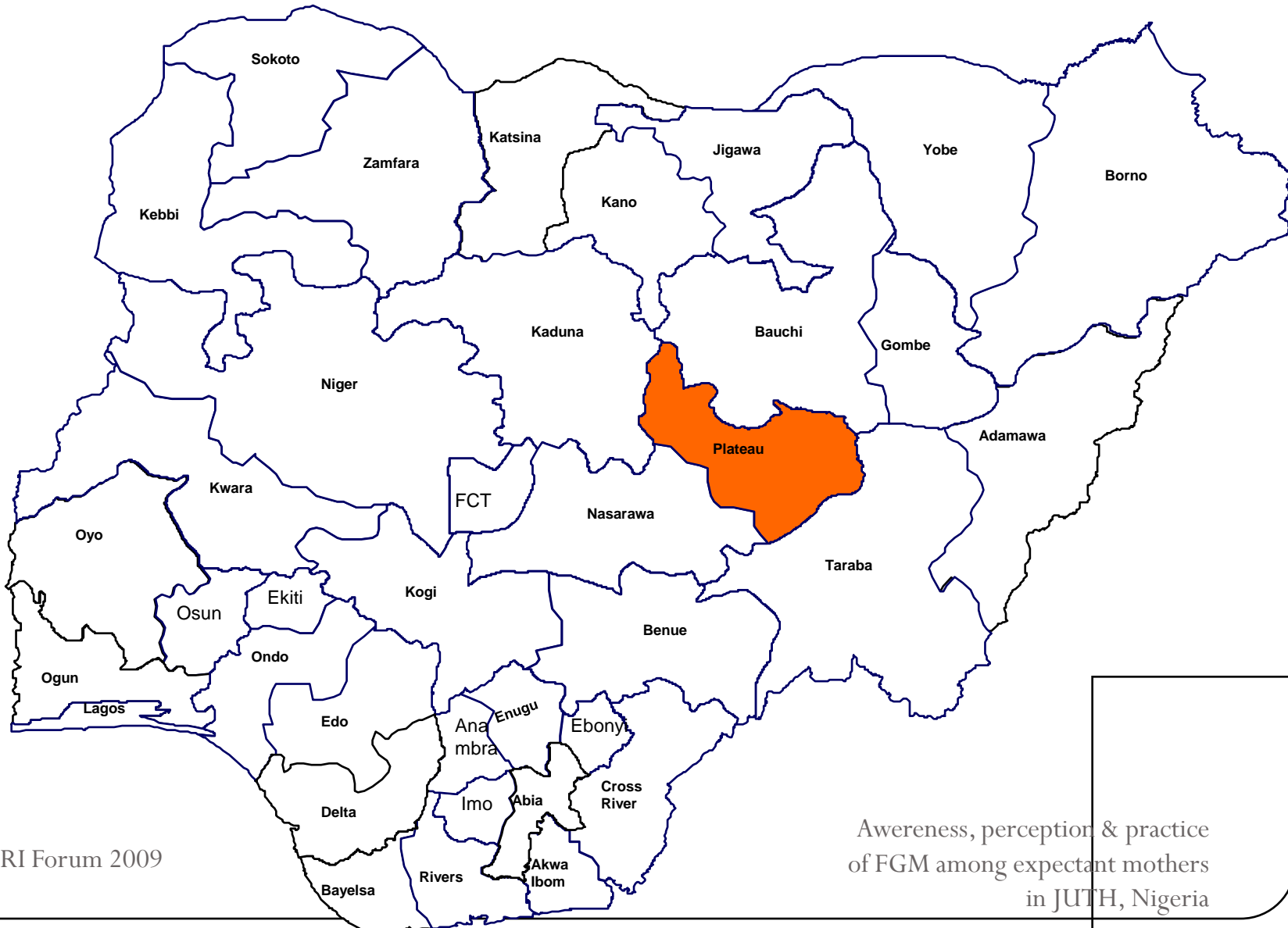
- To determine the awareness of FGM among expectant mothers in JUTH
- To determine perception and practice of FGM
- To determine association between sociodemographic variables and the practice

METHODOLOGY

Study setting

- JUTH; 530 bed facility
 - Referral centre
 - Different ethnic groups
 - ANC formed study population
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- Design ; cross sectional study
 - One in three systemic random sampling of all pregnant women
 - 1st to 31st July 2007

Nigeria



Cont'd

Sample size

- $n = z^2pq/d^2$
- z = standard normal deviate (1.98)
- p = Prevalence (0.19)
- $q = 1 - p = 0.81$
- d = error margin (0.05)
- $n = 236$

300 recruited and 260 agreed to participate

- Analysis; Epi Info version 3.3.2, descriptive qualitative & quantitative variables
- χ^2 for significance of association
- p -value less than 0.05 considered significant

Results

- 94.6% were aware of FGM.
- Mass media was the main source of information
- Majority(83.8%) wanted the practice to be discontinued
- 31.3% reported having had FGM
- Most done by traditional healers
- About 14.6% have a plan to circumcise their daughters citing tradition, marriage prospects, and faithfulness to husband as their reasons
- Only 16.2% wanted the practice to continue

Results-contd

- Sub group analysis revealed ethnicity influences attitude to FGM ($p < 0.001$, $\chi^2 = 72.95$ MH)
- Religion of the respondents has no association with the practice in this study ($p = 0.254$, MH)
- Educated mothers are less likely to have the intention to circumcise their daughters ($\chi^2 = 66.22$, $p < 0.001$, MH)

Tables

- Table 1. Sociodemographic Characteristics of expectant mothers in JUTH 2007

Characteristic	No	(%)
Age		
<20	21	8.1
21-25	75	28.8
26-30	100	38.5
31-35	57	21.9
>35	7	2.7
Ethnic group		
Hausa	51	19.6
Igbo	40	15.4
Yoruba	36	13.8
Berom	23	8.8
Mughavul	15	5.8
Ngas	14	5.4
Edo /SM¶	13	5.0
Tarok	10	3.8
Idoma	9	3.5
Tiv	9	3.5
Others (NM)¶	40	15.4

Awereness, perception & practice
of FGM among expectant mothers
in JUTH, Nigeria

Tables cont'd

• Marital Status		
• Single	9	3.5
• Married	251	96.5
• Religion		
• Christian	153	58.8
• Muslim	107	41.2
• Education		
• None	6	2.3
• Primary	24	9.2
• Secondary	120	46.2
• Tertiary	110	42.3
• Parental Education		
• None	92	35.4
• Primary	96	36.9
• Secondary	42	16.2
• Tertiary	30	11.5
• ¶ SM-Southern minorities		
• NM-Northern minorities		

Tables cont'd

- Table 2. Awareness of Female Genital Mutilation among 260 pregnant women in JUTH

• Variable	No.	%
• Awareness of types		
• Clitoridectomy	82	34.2
• Excision	8	3.2
• Infibulations	0	0
• Don't know	163	63.9
• Source of information		
• Parents	60	24.3
• Relatives	12	31.5
• Health workers	37	15
• Combination	60	24.3
• Mass media	78	31.5

Tables cont'd

- **Awareness of complications¶**

• HIV transmission	213	86.3
• Hepatitis	65	25.7
• Pain	101	80.6
• Wound Infection	159	67.9
• Sexual dissatisfaction	149	62.9
• Difficult delivery	122	51.3
• Don't know	20	8.1
• Others	4	1.6

Tables cont'd

• Age of circumcision		
• <1 year	33	44.6
• 1-5years	31	41.9
• >5years	10	13.5
• Practitioners who did the operation		
• TBA/barbers	43	
50.6		
• Health worker	7	8.2
• Traditional healer	5	5.9
• Don't know	30	35.3
• ¶multiple responses		

Discussion

- High level awareness 94.6% similar to other studies from other regions
- Low knowledge of types 66%
- Strong negative attitude towards practice 83.8%, educated parents less likely to have the intention to circumcise their daughters
- Complications HIV, pain, sexual dissatisfaction and hepatitis

Continued

- 15.8% in favour of continuation, lower than SW 67%, Lagos 37.6% ?cultural factors
- Significant relationship between respondents ethnicity and the practice, confirms the influence of culture
- Religion does not seem to have effect on the practice in our study population
- Those who wanted practice to continue point to ; good culture, tradition, marriage prospects 14.3% chastity 31.3%
- Those against point to bad culture, medical complications

Continued

- Prevalence 31.3% higher than NDHS, due to cosmopolitan nature, hospital based
- TBA 50.6%, 8.2% health workers

Conclusion

- There is high level of awareness of the FGM among respondents who also have negative attitude to the practice, even as the practice is still prevalent. More Health education is needed to illustrate the dangers of the practice in order to safeguard the health of the girl-child.

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Thank you!!!