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DETERMINANTS OF PERCEPTION OF FEMALE GENITAL MUTILATION AMONG WOMEN OF CHILDBEARING AGE IN NORTHERN SENATORIAL DISTRICT OF CROSS RIVER STATE

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Abstract
Female genital mutilation is among the reproductive health issues that remain a burden in many parts of the world despite various interventions. This study aimed to investigate the perception of female genital mutilation (FGM) among women of childbearing age in the Northern Senatorial District of Cross River State. The study adopted a descriptive cross-sectional design. The population of this study consisted of women of childbearing age in the Northern Senatorial District of Cross River State. A sample size of 590 respondents with a two-stage sampling procedure was used for the study. Data was collected using a self-developed questionnaire and analyzed using simple frequencies, percentages, and Chi-square at the 0.05 level of significance. The result showed that 390(66.1%) of the respondents had a good perception of female genital mutilation among women, while 200 (33.9%) had a poor perception of female genital mutilation among women. The tested hypotheses revealed that there was a significant association between age (X^2 value = 65.986; df =3; p<0.05), religion (X^2 value = 81.889; df =3; p<0.05), cultural practices (X^2 value = 12.457; df =3; p<0.05) and education (X^2 value = 189.210; df =3; p<0.05) and perception of female genital mutilation among women of childbearing age in Northern Senatorial District of Cross River State. It was concluded that socio-demographic factors such as age, religion, cultural practices, and educational level are associated with perception. It was recommended amongst others that targeted, staged-based information, education and communication interventions should be implemented by the Government, NGOs and stakeholders, etc to improve reduce and control adherence to female genital mutilation.

Keywords: Female Genital Mutilation, Health Issues, Perception, Women, Childbearing Age

Introduction

Female genital mutilation is one of the reproductive health issues that continue to be a concern in many regions of the world despite multiple interventions. All across the world, girls and women are subjected to the destructive traditional practice of female genital mutilation (FGM). According to Obijiofor et al. (2020), FGM is any procedure that involves the partial or total removal of the external female genitalia and/or harm to the female genital organs, whether done for cultural or other non-therapeutic reasons.

Ahinkorah (2021) said that it is widely accepted to be a violation of human rights but that it is also difficult to modify since it has become deeply ingrained in cultural ideas and perceptions over decades and generations. Therefore, based on WHO data, it is projected that 200 million women and girls worldwide have been subjected to the practice and that an additional three million are in danger of doing so each year. This indicates that FGM is a serious form of discrimination, a violation of the human rights of girls and women, and has well-documented detrimental impacts on health. Obijiofor et al. (2020) claim that it is a concern in several communities all over the world, including more than 28 African countries.

It is more common in countries like Nigeria, Egypt, Mali, Eritrea, Sudan, the Central African Republic, and the northern part of Ghana, according to Chibber et al. (2011), where it has persisted for a very long period. The highest prevalence rates are found in Somalia and Djibouti, where FGM is practically the norm. FGM is therefore extensively practised there, where it is estimated that 25% of all female circumcisions are performed. The world's highest absolute number of FGMs occur in Nigeria.

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FGM is most prevalent in the south-south region of Nigeria (77%), followed by the southeast (68%) and southwest (65%). Even if it unpredictably takes a more extreme form, it is nevertheless practised to a lesser extent in the north. Nigeria, a nation of 200 million people, is estimated to have a prevalence rate of 41% for female genital mutilation (FGM), a practice that is widespread throughout most civilizations and is considered a cultural tradition (Okeke et al., 2012). 29 countries in Africa perform FGM, with varying percentages of girls and women who have undergone the surgery (Ahinkorah, 2021).

Okeke et al. (2012) noted that despite all the necessary influence of medical innovation as well as sincere and diligent activity like awareness programs, public orientations, funding of studies, and publication by the government, non-governmental organizations, as well as private individuals both at the national and international level to eradicate this bigoted practice, the phenomenon still appears to be in vogue to this day. However, there are still instances in Nigeria where infants and young children are circumcised alone due to cultural and religious beliefs, traditions, myths, and the like. The burden of FGM is therefore great in low-income nations, particularly in Nigeria's Northern Senatorial District of Cross River State, despite the various health hazards connected with it (WHO, 2020).

FGM is the external female genitalia being removed whole or partially, or the female genital organs being damaged in some other way for non-medical reasons (Ahinkorah, 2021). Focusing on young females between the ages of infancy and adolescence, it is predominantly carried out in Africa and the Middle East. Over 200 million women and girls alive today have undergone some kind of FGM, and 30 million girls are at risk of experiencing it within the next ten years, according to verified evidence. FGM has been related to several negative effects, including intense pain (often without the use of anaesthetic drugs), acute urine retention, vaginal lacerations at coitus, and haemorrhage, according to Andro et al. (2016) and UNICEF (2016). Poor life quality, mortality, or both could be long-term repercussions of FGM (Reisel & Creighton, 2015).

According to Kandala et al. (2018), perception is the organization, identification, and interpretation of sensory data that is necessary to represent and comprehend the information or environment being delivered. According to this, perceptions may differ from person to person throughout the world, particularly in terms of personal beliefs or elements that are influenced by the immediate surroundings. However, UNICEF (2016) discovered that FGM is influenced by perception across all racial/ethnic groups.

Female genital mutilations are very common, however, they are typically not acknowledged or documented in clinical settings. There is a pervasive dearth of awareness about the best method for sexual problem identification and evaluation, even among professionals who recognize the need to address sexual difficulties in their patients. Understanding that sexual functioning is a complicated bio-psycho-social process regulated by the endocrine, vascular, and neurological systems is vital. According to UNICEF (2016), it's critical to consider a person's psychological state as well as their family, societal, and religious beliefs, as well as their physical and mental health, past experiences, ethnicity, and sociodemographic circumstances. Sexual dysfunctions may result from a breakdown in any of these areas.

Sociocultural determinants have been the key influence on FGM. It also has an impact on conduct and style of life. Many people still undergo FGM due to societal norms that their mothers and grandmothers instilled in them, and any attempt to stop it is met with hostility from the community and the possibility of social isolation. According to UNICEF (2016), female genital mutilation or cutting may be seen as a social institution supported by an unwritten system of rewards and sanctions. FGM promotes tribal identification as a result, especially in a multi-tribal country like Nigeria where different tribes practice FGM at various times and for different reasons. Similar beliefs were held by the Abangussi tribe of Kenya, who believed their circumcision practice set them apart from the nearby non-circumcising tribes (Reisel & Creighton, 2015).

According to reports, FGM is a way of life for certain people. It deals with choices or behaviours people make that affect their health. Typically, girls do not elect to have FGM. The decision is made by the girl's parents, grandparents, guardians, and other relatives who represent her interests. Since some persons are uninformed that they have had FGM, lifestyle decisions including sexual promiscuity and virginity preservation should be left to the individual (Kandala et al., 2018). Hence, in some studies, circumcised girls may be more promiscuous because they believe they can have sex without losing their virginity. Additionally, they believe themselves to be more attractive, sophisticated, and superior to uncircumcised girls. The women of the Cross River North Senatorial District have also noticed some of these sexual concerns, so this is not too distant from them. Hence,

this study aimed to investigate the determinants and perception of female genital mutilation among women of childbearing age in the Northern Senatorial District of Cross Rivers State.

Methodology

The study area was the Northern Senatorial District of Cross River State. The design for this study was a cross-sectional survey research design. The population for this study comprised women of childbearing age in the Northern Senatorial District of Cross River State. **A** sample size of 600 was calculated using the Cochran formula. The instrument for data collection was a self-developed questionnaire titled 'Perception of Female Genital Mutilation among Women of Child-Bearing Age' (DPFGMWCBA). To establish the face and content validity of the instrument, a draft of the instrument accompanied by the objectives, research questions and hypotheses were vetted by three experts in the field of health education. The test-retest method was used to test the reliability of the instrument with a reliability coefficient of 0.76 obtained for the study. Data collected were coded using an Excel spreadsheet and exported to Statistical Product and Service Solution (SPSS) and analysed using the descriptive statistics of frequency and percentages (%), mean, and standard deviation for demographic data and research questions. Inferential statistics of chi-square were used to test the null hypotheses at 0.05 alpha level.

Results

The results of the study are presented in Table as shown below;

Research question 1: What is the perception of female genital mutilation among women of childbearing age in the Northern Senatorial District of Cross Rivers State?

Table 1: Perception of female genital mutilation among women of childbearing age

Variables	Frequency	Percentages
Perception of female genital mutilation		
Good	390	66.1
Poor	200	33.9
Total	590	100

Table 1 shows the perception of female genital mutilation among women of childbearing age in the Northern Senatorial District of Cross River State. The result showed that 390(66.1%) of the respondents had a good perception of female genital mutilation among women while 200(33.9) had a poor perception of female genital mutilation among women.

Research question 2: Does age determine the perception of female genital mutilation among women of childbearing age in the Northern Senatorial District of Cross River State?

Table 2: Age and perception towards female genital mutilation

Variables	Perception		Total Freq %
	Good Freq %	Bad Freq %	
Age			
< 20 years	177(78.0)	50(22.0)	227(100)
21-30 years	72(66.1)	37(33.9)	109(100)
31-40 years	89(75.4)	29(24.6)	118(100)
41-50 years	52(38.2)	84(61.8)	136(100)
Total	390(66.1)	200(33.9)	590(100)

Table 2 shows if age determines the perception towards female genital mutilation among women of childbearing age in the Northern Senatorial District of Cross River State. The result showed that 177(78.0%) of the respondents were aged <20 years, 72(66.1%) aged 21-30 years and 89(75.4%) 31-40 years and 52(38.2%) aged 41-50 years had good perception towards female genital mutilation.

Research question 3: Does religion determine the perception of female genital mutilation among women of childbearing age in the Northern Senatorial District of Cross River State?

Table 3: Religion and perception towards female genital mutilation

Variables	Perception		Total Freq %
	Good Freq %	Bad Freq %	
Religion			
Christian	234(63.9)	132(36.1)	366(100)
Muslim	50(94.3)	3(5.7)	53(100)
Traditional	29(33.3)	58(66.7)	87(100)
Others (Pagans, Hindu)	71(84.5)	13(15.5)	84(100)
Total	390(66.1)	200(33.9)	590(100)

Table 3 shows if religion determines the perception towards female genital mutilation among women of childbearing age in the Northern Senatorial District of Cross Rivers State. The result showed that 234(63.9%) of Christians, 50(94.3%) of Muslims, 29(33.3%) of traditionalists and 71(84.5%) of other religions (Pagans) had good perceptions towards female genital mutilation.

Research question 4: Does cultural practice determine the perception of female genital mutilation among women of childbearing age in the Northern Senatorial District of Cross River State?

Table 4: Cultural practice and perception towards female genital mutilation

Variables	Perception		Total Freq %
	Good Freq %	Bad Freq %	
Female genital mutilation among women should not be a cultural practice			
Yes	216(64.3)	120(35.7)	336(100)
No	92(71.9)	36(26.1)	128(100)
Don't know	82(65.1)	44(34.9)	126(100)
Total	390(66.1)	200(33.9)	590(100)

Table 4 shows if cultural practices determine the perception towards female genital mutilation among women of childbearing age in the Northern Senatorial District of Cross River State. The result showed that 216(64.3%) of the respondents did not believe that FGM is practised, 92(71.9%) disagreed and 82(65.1%) who did not know had a good perception towards female genital mutilation.

Research question 5: Does educational level determine the perception of female genital mutilation among women of childbearing age in the Northern Senatorial District of Cross River State?

Table 5: Educational level and perception towards female genital mutilation

Variables	Perception		Total Freq %
	Good Freq %	Bad Freq %	
Education			
None	29(44.6)	36(55.4)	65(100)
Primary	73(70.8)	30(29.2)	103(100)
Secondary	194(65.1)	104(34.9)	298(100)
Tertiary	94(75.8)	30(24.2)	124(100)
Total	390(66.1)	200(33.9)	590(100)

Table 5 shows if education determines the perception towards female genital mutilation among women of childbearing age in the Northern Senatorial District of Cross River State. The result showed that 29(44.6%) who had no formal education 73(70.8%) who had primary education, 194(65.1%) who had secondary education and 94(75.8%) who had tertiary education had a good perception towards female genital mutilation.

Hypotheses

Hypothesis 1: There is no significant association between age and perception of female genital mutilation among women of childbearing age in the Northern Senatorial District of Cross River State

Table 6: Chi-square test showing a significant association between age and perception of female genital mutilation among women of childbearing age in the Northern Senatorial District of Cross River State

Variables	Perception		Total Freq %	χ^2 P-value Df
	Good Freq %	Bad Freq %		
Age				
< 20 years	177(78.0)	50(22.0)	227(100)	65.986
21-30 years	72(66.1)	37(33.9)	109(100)	0.000
31-40 years	89(75.4)	29(24.6)	118(100)	3
41-50 years	52(38.2)	84(61.8)	136(100)	
Total	390(66.1)	200(33.9)	590(100)	

*Statistically significant ($p<0.05$)

The result showed that there is a significant association between age and perception of female genital mutilation among women of childbearing age in the Northern Senatorial District of Cross River State (X^2 value = 65.986; df =3; $p<0.05$). Therefore, the null hypothesis which states that there is no significant association between age and perception of female genital mutilation among women of childbearing age in the Northern Senatorial District of Cross River State was rejected

Hypothesis 2: There is no significant association between religion and perception of female genital mutilation among women of childbearing age in the Northern Senatorial District of Cross River State

Table 7: Chi-square test showing a significant association between religion and perception of female genital mutilation among women of childbearing age in the Northern Senatorial District of Cross River State

Variables	Perception		Total Freq %	χ^2 P-value Df
	Good Freq %	Bad Freq %		
Religion				
Christian	234(63.9)	132(36.1)	366(100)	81.889
Muslim	50(94.3)	3(5.7)	53(100)	0.000
Traditional	29(33.3)	58(66.7)	87(100)	3
Others (Pagans, Hindu)	71(84.5)	13(15.5)	84(100)	
Total	390(66.1)	200(33.9)	590(100)	

*Statistically significant ($p<0.05$)

The result showed that there is a significant association between religion and perception of female genital mutilation among women of childbearing age in the Northern Senatorial District of Cross River State (X^2 value = 81.889; df =3; $p<0.05$). Therefore, the null hypothesis which states that there is no significant association between religion and perception of female genital mutilation among women of childbearing age in the Northern Senatorial District of Cross River State was rejected

Hypothesis 3: There is no significant association between cultural practice and perception of female genital mutilation among women of childbearing age in the Northern Senatorial District of Cross River State

Table 8: Chi-square test showing significant association between cultural practices and perception of female genital mutilation among women of childbearing age in Northern Senatorial District of Cross River State

Variables	Perception		Total Freq %	χ^2 P-value Df
	Good Freq %	Bad Freq %		
Cultural practices				
Yes	216(64.3)	120(35.7)	336(100)	12.457
No	92(71.9)	36(26.1)	128(100)	0.000
Don't know	82(65.1)	44(34.9)	126(100)	2
Total	390(66.1)	200(33.9)	590(100)	

*Statistically significant (p<0.05)

The result showed that there is a significant association between cultural practices and perception of female genital mutilation among women of childbearing age in the Northern Senatorial District of Cross River State (X^2 value = 12.457; df =3; p<0.05). Therefore, the null hypothesis which states that there is no significant association between cultural practices and perception of female genital mutilation among women of childbearing age in the Northern Senatorial District of Cross River State was rejected

Hypothesis 4: There is no significant association between education and perception of female genital mutilation among women of childbearing age in the Northern Senatorial District of Cross River State

Table 9: Chi-square test showing a significant association between education and perception of female genital mutilation among women of childbearing age in the Northern Senatorial District of Cross River State

Variables	Perception		Total Freq %	χ^2 P-value df
	Good Freq %	Bad Freq %		
Education				
None	29(44.6)	36(55.4)	65(100)	189.210
Primary	73(70.8)	30(29.2)	103(100)	0.000
Secondary	194(65.1)	104(34.9)	298(100)	3
Tertiary	94(75.8)	30(24.2)	124(100)	
Total	390(66.1)	200(33.9)	590(100)	

*Statistically significant (p<0.05)

The result showed that there is a significant association between education and perception of female genital mutilation among women of childbearing age in the Northern Senatorial District of Cross River State (X^2 value = 189.210; df =3; p<0.05). Therefore, the null hypothesis which states that there is no significant association between education and perception of female genital mutilation among women of childbearing age in the Northern Senatorial District of Cross River State was rejected

Discussion

The result showed that 390(66.1%) of the respondents had a good perception of female genital mutilation among women while 200(33.9%) had a poor perception of female genital mutilation among women. The finding of this study is in keeping with that of Bogale et al. (2014), Yirga et al. (2012) and Knight et al. (2009) whose studies reported that the majority of respondents had a negative perception of female genital mutilation among women of childbearing age. The finding of the study is also consistent with the finding of Chikhungu and Madise

(2015) who discovered that respondents had a negative view of female genital mutilation. This is so because women are beginning to have good knowledge of female genital mutilation. Hence, their perception of female genital mutilation. However, the finding of this study deviates slightly from the finding of Sakeah et al (2018) whose study suggested that few women had a positive view of female genital mutilation. Hence, the differences reported could be due to strong cultural practices. The finding of this study revealed that there was a significant association between age and perception of female genital mutilation among women of childbearing age in the Northern Senatorial District of Cross River State ($p<0.05$). This shows that age is associated with the perception of female genital mutilation among women of childbearing age. The finding of this study corroborates that of Obijiofor et al. (2010) and Ahinkorah (2021) whose studies reported that age is associated with the perception of female genital mutilation among women.

The finding of the study is also in keeping with the studies of Ndiaye et al. (2010), Okeke et al. (2012) and Sakeah et al. (2018). These studies reported that age contributes to the way women relate to female genital mutilation among women of childbearing age. The studies also revealed that women who were advanced more in age saw nothing wrong with female genital mutilation among women of childbearing age compared to younger women due to long cultural practices. Hence, the similarities reported in these studies and the present study could be because most of these women who had positive perceptions towards female genital mutilation were influenced by cultural permissiveness. This has also shown that these cultural beliefs were passed from generation to generation. However, the finding of this study deviates slightly from the finding of Yirga et al. (2012) who attributed the perception of female genital mutilation among women of childbearing age to educational level. Hence, women who are educated would view female genital mutilation negatively because it has no medical importance.

The finding of this study revealed that there is a significant association between religion and perception of female genital mutilation among women of childbearing age in the Northern Senatorial District of Cross River State ($p<0.05$). This shows that religion is associated with the perception of female genital mutilation among women of childbearing age. The finding of this study is in keeping with the studies of Ahnkorah (2021) and Karmaker et al. (2011) whose studies reported that religion plays an important role in the perception of female genital mutilation among women. The finding of this study is also similar to the studies of Bjalkander et al. (2012), Kandala et al. (2018) and Yasin et al. (2013). These studies discovered that religion is associated with the perception towards female genital mutilation among women of childbearing age. This is so because religion could tell whether female genital mutilation among women should be practised or not. Hence, among women who practice female genital mutilation, especially among traditionalists and or other religions, female genital mutilation is seen as the right thing to do or part of their religious rituals. However, the finding of this study is not in keeping with that of Grose et al. (2019) who saw that the perception of female genital mutilation among women of childbearing age was due to environmental and cultural origin as it has no medical benefits for women instead inflicted pains, injuries and maternal complications for women.

The finding of this study revealed that there is a significant association between cultural practices and perception of female genital mutilation among women of childbearing age in the Northern Senatorial District of Cross River State ($p<0.05$). This shows that cultural practice is associated with the perception of female genital mutilation among women of childbearing age. The finding of this study corroborates with that of Grose et al. (2019), Bogale et al. (2014) and Yasin et al. (2013) whose studies revealed that the perception of female genital mutilation among women of childbearing age is highly associated with strong cultural practices. This is to say that female genital mutilation among women of childbearing age is mainly determined by cultural practices. The finding of this study is also in keeping with that of Sakeah et al. (2018), Ogundoyin et al. (2021) and Chikhungu and Madise (2015). These studies discovered that the perception of female genital mutilation among women of childbearing age was due to cultural practices. Hence, the similarities reported were because female genital mutilation among women of childbearing age was a cultural permissiveness in the areas of these studies. However, the study of Relph et al. (2013) linked it to poor educational improvement bearing in mind that female genital mutilation had no medical benefits.

The finding of this study revealed that there is a significant association between education and perception of female genital mutilation among women of childbearing age in the Northern Senatorial District of Cross River State ($p<0.05$). This shows that educational level contributes to the perception of female genital mutilation among women of childbearing age. The finding of this study corroborates that of Ahinkorah (2021) and Sakeah et al. (2018) whose studies affirmed that educational level contributes to the perception of female genital mutilation among women of childbearing age. The finding of this study is also in keeping with the studies of

Virga et al. (2012) and Yasin et al. (2013) whose studies outlined that educational level is associated with the perception towards female genital mutilation among women. This is so because education exposes women to correct information about genital mutilation. Hence, poor educational levels may end up making women female genital mutilation a good practice. However, the findings of this study do not support the findings of Grose et al. (2019) and Bogale et al. (2014) whose studies attributed the perception of female genital mutilation among women to strong cultural practices.

Conclusion

Based on the findings of the study, it was concluded that socio-demographic factors such as age, religion, cultural practices and educational level are associated with female genital mutilation and perception. Therefore, there is a need to put in place special policies that will deter the promotion of female genital mutilation and perception.

Recommendations

Given the findings of this study, the following recommendations were made:

1. Since the majority of females less than the ages of 20-40 are exposed to various forms of genital mutilation, targeted, staged-based information, education and communication intervention directed towards women of childbearing age should be implemented by the Government, NGOs and stakeholders etc to improve reduce and control adherence to female genital mutilation.
2. Traditional and religious bodies should be sensitized by the government, ministries of health/education and other relevant agencies through health education and awareness campaigns on the dangers and consequences related to female genital mutilation and perception and put in place special programmes that will help improve their knowledge on how to prevent and avoid genital mutilation.
3. Educational bodies and curriculum developers should include female genital mutilation in primary, secondary and tertiary education curricula to get women and female children acquitted of the dangers and consequences related to female genital mutilation and perception.
4. Through the mass media, the Government, health agencies and stakeholders should organize training for women to update their knowledge especially those with informal education and those who do not have any form of educational training.
5. The Government and law enforcement agencies should be mandated to abolish all cultural practices that are detrimental to both young and old women.
6. Women should ensure they use legal means to protect themselves from cultural practices that put them at risk of female genital mutilation.

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