

## **EXTENDED ABSTRACT**

### **Background of the Study**

Female genital mutilation is a global interest, with many countries of the world still practicing it despite effort by the WHO and other agencies to discourage the practice. The highest known prevalence is in Africa. Female genital mutilation is still a concern in many countries, as it is the damage inflicted on women, The tradition of female genital mutilation sometimes referred to as 'Female circumcision', as attracted increasing international attention in the past 20 years. Some tradition declares that 'it is keeping with culture and tradition, since it is performed as a rite of passage from childhood to adulthood' (WHO, 2016).

UNICEF estimated that at list 200million girls and women in 30 countries have been subjected to female genital mutilation and of these more than half live in Indonesia, Egypt, Ethiopian, and Nigeria. The World Health Organisation and the United Nations have both adopted resolutions to counteract, the performance of female genital mutilations (WHO, 2017).In July,2014 the United Kingdom and UNICEF co-hosted the first girl submit, aimed at mobilizing domestic and international effort to end female genital mutilation within a generation , at the summit government and international organization made commitments to keep action to end female genital mutilation and 100s signed the girl submit charter on ending female genital mutilation (Snow,2010)

The United Nations Children Emergency fund, on 6<sup>th</sup> of February listed five states in Nigeria where female genital mutilation was prevalent. The states notorious for the harmful practice are Osun, Ebonyi, Ekiti, Imo and Oyo, according to a statement issued by UNICEF country representative in commemoration of this year's International Day of Zero Tolerance for FGM Mohammed Fall, reported that five states in Nigeria have rates of FGM that are more than 60%, with Osun having 77%, Ebonyi 74%, Ekiti 72%, Imo 68%, Oyo 66% respectively, according to the 2013 national demographic and health survey (WHO, 2017). Also according to the 2016 national demographic and health survey, Osun state is having the highest percentage of female genital mutilation despite its health implication (chronic urinary tract infection, pelvic inflammatory disease, dyspareunia, failure to heal and abscess formation) and strategies adopted by UNICEF to stop FGM. Therefore, the researcher is interested in knowing the knowledge and attitude of the populace (women of

reproductive age) towards female genital mutilation in Kajola community as one of the community in Osun

### **RESEARCH METHODOLOGY AND DESIGN**

The design used in the study was cross sectional design.it was used to assess the knowledge and attitude of female genital mutilation and its health implication among women of reproductive age in Kajola Community, Osun State.

### **SAMPLING TECHNIQUE**

The sampling technique that was used in this study is convenience sampling method. Convenience sampling method was used to gather information from reproductive age women living in Kajola Community.

### **SAMPLE SIZE**

Hundred (100) women of reproductive age were selected in Kajola Community using convenience sampling method.

### **INSTRUMENT FOR DATA COLLECTION**

A self-developed questionnaire was used to get information from women of reproductive age. Data was collected by the use of self-administered questionnaire that made up of some questions that enables the researcher to assess the women knowledge and attitude on Female Genital Mutilation.

### **METHOD OF DATA ANALYSIS**

The data was analysed with the use of statistical package for social science (SPSS) version 20.0 by descriptive statistical techniques, followed by interpretation of finding that was derived from data analysis.

### **ETHICAL CONSIDERATION**

In the course of the study, some ethical conduct was considered which include; writing a letter of permission to inform the local government chairman on the study to be conducted and permission to carry out the study in the local government area. Respondent was informed and consent was gained in other for them to participate voluntarily before the administration of the questionnaire. Respondent was assured that all information collected will be kept confidential and will be treated and handled with care and not disrespecting their religion, culture and status.

## **Discussion of Findings**

A total number of 100 women participated in the study. The highest age group of the respondents in the study was 20 - 24 years (35.4%) followed while the least age group was 40-49 (10%). Larger percentage 51(52.0%) of the respondents was married, 34(34.7%) and the least goes to widow 6(6.1%). Also considering Highest Education attainment for this study, 60(60.6%) of the respondents bagged Tertiary education, 29(29.3%) of the respondent had secondary education, and 9(9.1%) of the respondent had primary education. Looking at employment status, 46(46.5%) of the respondents were self-employed, 26 (26.3%) of the respondents were unemployed, 20(20.2%) of the respondents were civil servant while 7(7.1%) was Retiree.

## **Knowledge and attitude of women towards female genital mutilation**

The findings of this study show 86% of the respondents have knowledge about female genital mutilation while 14% do not. 60% of the respondents know the right meaning of female genital mutilation while 40% do not, 93% of the respondent's beliefs that female genital mutilation is a safe procedure which must be done to protect child while 3% do not. 82% of the respondents feel that female genital mutilation always performed for non-medical reasons while 18% do not. 64% of the respondents feel that female genital mutilation has partial or total removal of the clitoris while 24% do not. 70% of the respondents feel that female genital mutilation partial or total removal of the clitoris and labia minora with or without excision of labia minora.

86% of the respondents practice female genital mutilation while 14% do not, 82% of the respondents do experience female genital mutilation as a female while 18% do not, 79% of the respondents circumcise their female while 21% do not, 64% of the respondents culture permits female genital mutilation.

## **Conclusion**

It was observed in this study that 60% of the respondent have right knowledge about female genital mutilation and 40% do not. The findings also revealed that respondent level of education is directly proportional to the practice of female genital mutilation among women of reproductive age so also their culture which as being a major factor in the practice of the mutilation, some religion like Islamic support the practice and believe is part of the right(SUNNA) that need to be done. Therefore, there is still need for increase awareness of FGM and its health implication among the populace.

**Table Showing Knowledge of female genital mutilation**

Variables	Frequency		Percentages (%)	
	YES	NO	YES	NO
Have you heard about female genital mutilation	86	14	86	14.0
Female genital mutilation is				
a. Comprises of all procedure	60	40	60.0	40.0
b. It is safe procedure which must be done to protect child	55	45	55.0	45.0
c. It is a good procedure that makes the child not to be promiscuous	93	3	93.0	3.0
d. It is always performed for non-medical reasons	82	18	82.0	18.0
Various Forms				
a. Partial or total removal of the clitoris	64	24		
b. Partial or total removal of the clitoris and labia minora with or without excision of labia majora	70	30	70.0	30.0
c. Narrowing of the vaginal opening through the creation of a covering seal.	98	2	98.0	2.0
d. All other forms like scrapping, incising, cauterizing the genital area.	85	15	85.0	15.0
Female genital mutilation is good practices which preserve the dignity of a woman.	91	9	91.0	9.0
Female genital can cause serious adverse effect to the health of the child	86	14	86.0	14.0
Complication				
a. Infection	82	18	82.0	18.0
b. Infertility	79	21	79.0	21.0
c. Sterility	64	35	64.0	35.0
d. Reduce the risk of STI	82	18	82.0	18.0

#### REFERENCES

- Snow R.C. (2010). *Female genital cutting: distinguishing the right from the health agenda*. Top Medical International Health. 6(2):89-91.
- World health organisation. *Eliminating female genital mutilation: an inter-agency statement*. OHCHR, UNAIDS, UNDP, UNECA, UNICEF, UNESCO. Geneva :WHO:2008. Available at [http://whqlibdoc.who.int/publications/2008/9789241596442\\_eng.pdf](http://whqlibdoc.who.int/publications/2008/9789241596442_eng.pdf). Retrieved April, 7<sup>th</sup> 2017.
- WHO (2016). *Female genital mutilation*. Available at <http://www.who.int/topics/FGM/en/> Retrieved April, 7<sup>th</sup> 2017.
- World health organisation (2017). *World day zero tolerance to female genital mutilation*. Geneva .Retrieved February, 17<sup>th</sup> 2017.

