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Knowledge, attitude and practice of female genital mutilation among women in Jigjiga Town, Eastern Ethiopia

Doğu Etiyopya Jigjiga kasabasında kadınlar arasında dişi genitalini kesme bilgi, yaklaşım ve uygulaması

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Abstract
Female genital mutilation/cutting (FGM/C) is worldwide problem and affecting almost all ethnic groups. For many years its ill health effect received little public attention. Like many other developing countries, FGC is a widely practiced by Ethiopian women and it is one major cause for high maternal mortality in the country. In this study, we aimed to assess knowledge, attitude and practice towards FGM/C among women age 15- 49 years in Jigjiga town, Ethiopia. Community based cross-sectional study was conducted in selected kebeles of Somali regional state, Jigjiga town, Ethiopia. Socio-demographic characteristics, knowledge about the ill health effect of FGM, women attitude towards the practice and other information was collected from 323 systematically selected women by using a pre-tested semi-structured questionnaire. A total of 323 women were included in the study of which 138 (43%) of them were within the age group 20-24 years. Majority [230 (71.2%)] were from Somali ethnic group and 271 (84%) were Muslims. Nearly one third 98 (30.3%) were house wife and about quarter 81 (25%) were illiterate. The commonest 139 (47.8%) age of their circumcision was between 6-14 years of age. Mothers 196 (67.4%) and trained traditional birth attendants 154 (53%) were the commonest decision makers for this practice to be performed. Nearly half 168 (52%) of the women reported the practice should be stopped whilst 117 (36.2%) women supported that FGC should be maintained in the society. Majority 179 (83%) of the women had the intention of exposing their future daughters to the mildest form of Sunni type FGC practices. The prevalence of FGC with its different forms was found to be high among the study participants. Infibulations was the most common FGC types among the circumcised participants. There is a trend of shifting FGC practice from its severe (infibulations) form to milder (Sunni) form in the community at present.
Keywords: Attitude; female genital mutilation; knowledge; practice; Ethiopia

Özet
Dişi genitalini kesme (DGK) dünya çapında bir problemdir ve hemen hemen tüm etnik grupları etkiler. Birçok yıllarca bunun sağlıklı olmaması durumuna etkisi az miktarda halkın ilgisini çekti. Diğer gelişmekte olan ülkeler gibi DGK Etiyopyalı kadınlar tarafından yaygın olarak uygulanmaktadır ve ülkede yüksek maternal mortalitenin başlıca sebebidir. Bu çalışmada, biz Etiyopya'nın Jigjiga kasabasındaki 15-49 yaşlarındaki kadınlar arasında DGK'ya karşı bilgi, yaklaşım ve uygulamasını belirlemeyi hedefledik. Topluma dayalı çapraz kesitli çalışma, Etiyopya, Jigjiga kasabası, Somali yerel eyaletinin seçilmiş ünitelerinde (kebeles) gerçekleştirildi. Daha önce test edilen yarı biçimlendirilmiş anket kullanılarak sistematik olarak seçilmiş 323 kadında sosyoekonomik özellikler, DGK'nın sağlıklı olmadığına dair bilgi, uygulamaya yönelik kadınların yaklaşımı ve diğer bilgiler toplandı. Toplam 323 kadın çalışmaya dahil edildi; bunların 138'i (%43) 20-24 yaş grubundaydı. Büyük çoğunluğu (230, %71.2) Somali etnik grubundandı ve 271'i (%84) müslümandı. Yaklaşık üçte biri (98, %30.3) ev kadınıydı ve dörtte biri (81, %25) okuma yazma bilmiyordu. Bunların sünnetinin en yaygın olduğu yaş (139, %47.8), 6-14 yaşları arasıydı. Anneler (196, %67.4) ve eğitilmiş geleneksel doğum refakatçileri (154, %53) bu uygulamanın yapılması için başlıca karar vericilerdi. Kadınların yaklaşık yarısı (168, %52) bu uygulamanın durdurulması gerektiğini söylerken, (117, %36.2) kadın DGK'nın toplumda kalmasını destekledi. Kadınların büyük çoğunluğu (179, %83), Sunni tipi DGK uygulamasının en hafif şeklinin gelecekteki kızlarına uygulaması niyetindeydi. Farklı şekilleriyle DGK prevalansının çalışmaya katılanlar arasında yüksek olduğu bulundu. Sünnetli katılımcılar arasında en yaygın DGK tipi infibulasyondu. Hali hazırda toplumda DGK uygulamasında şiddetli (infibulasyon) şekilden hafif (Sunni) şekle doğru kayma eğilimi vardır.
Anahtar kelimeler: Yaklaşım; dişi genitalini kesme; bilgi; uygulama; Etiyopya

Introduction

All societies have norm and behaviors based on age, life style, gender and social class. The norms often referred to as traditional practice may be beneficial or harmless but some may be harmful. However, culture is not static, it is a constant flux, adapting and reforming that people will change their behavior when they understand the hazards and indignity of harmful practice and when they realize that is possible to give up harmful practice (1).

Female genital mutilation/cutting (FGM/C) is worldwide problem and affecting almost all ethnic groups. It involves all procedure that is partial or total removal of the female external genitalia for non-therapeutic reasons. It is deep-rooted traditional practice which is a form of violence against the girls and women as it has severe physical and mental consequences which adversely affect their health. Furthermore, it is a refraction of discrimination against women. Though the practice is harmful it is widely practiced by followers of different religions such as Orthodox Christians, Muslims and others (2).

There are four types of female genital cutting generally categorized as; clitoridectomy (Sunni) type which involves the dissection and removal of the clitoral hood or fore skin of the clitoris; excision type which is more severe involving the total removal of the clitori, partial or total removal of the labia minora (small lips) leaving the vulva open. Infibulations which is the crude form of gynecological operation involves excision plus infibulations, and in this procedure the clitoris and the

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labia minora are removed, the inner wall of the labia majora excised or scraped to produce a raw surface, the remaining flashy parts from the two sides are then joined together to form a closure of whole vulva, leaving only a small hole for urine and menstrual flow. The last one is unclassified which is rarely practiced and referred as introcision and involves all other operation on the female genitalia including incision to the vaginal wall, scraping by cutting of the vagina, surrounding tissues and the introduction of corrosive substance or herbal in to vagina (3).

The historical roots of the practice are not known but it appears in the ancient Egypt during the time of Pharaon's. The "FGM/C" used in the 1980 mostly by western writers and it was indorsed by inter African committee (IAC), on traditional practices affecting health of women and children, because of severity and irreversible of the damage inflicted on the girl's body that has been termed FGM/C. This is currently the term used in all official documents of united and other international documents instead over the use of female circumcision (4).

FGM/C is mostly done by traditional circumcisers usually elderly women in the community referred as traditional birth attendants/TBA. Cutting is done with special knives, scissors, razor blade, scruples or glass (5).

Globally, FGM/C is still worldwide problem and it is estimated that over 120 million girls and women who under gone some forms of these genital mutilation alive today especially in over 28 different African countries, some part of Asia. In western countries such as Europe, Australia, Canada and USA, there are at least 2 million girls are at risk of mutilation each year (4).

The practice is primary found in area where there is high poverty, child mortality, illiteracy, poor sanitation and access to modern health care facilities. Religion, tradition, poor economic and social status of the women are among the most common factors reported to play a role for the practice to continue and exist (5).

Although the damage to female sexual organ and their function is extensive and irreversible, yet the true magnitude of the problem is still underestimated due to limited information and mystery of the practice (6).

Like many other developing countries, FGC is a widely practiced by Ethiopian women and it is one major cause for high maternal mortality in the country. Approximately 90% of women and girls in Ethiopia have undergone one form of FGC in their life time (7). This practice is considered as one of major national problem as it does not only affect the physical, mental and social life of more than half of the Ethiopian population but also socio-economic development of the country (8).

So far the true magnitude of the problem and the nature of the successful interventions is not yet known in Ethiopia (1,7). Moreover, Somali regional state is one of the potential region of this practice, hence this study aims to determine the knowledge, attitude and practice of women towards FGM/C and its type in Somali regional capital city, Jigjiga town.

Material and methods

Participants and methods

Study design

Community based cross-sectional study was conducted in selected kebeles of Somali regional state, Jigjiga town, Ethiopia. Jigjiga town is the capital of the region and it is one of the Woreda towns of Jigjiga zone. It is located in the Eastern Ethiopia 635 km from Addis Ababa. The population of the selected kebeles were estimated to be greater than 16000 which about 3200 households. All females between 15 and 49 years of age living in the town were considered as a source population of which 323 female of reproductive age (15-49 years) group selected from 04 and 08 kebeles in Jigjiga town were considered as a study population. The two kebeles were randomly selected and then the respondents of the study were selected by systematic random sampling method. Inclusion criteria for the study were women of reproductive age group (15-49 years of age) and participants who were willing to participate in study. Single population proportion formula was used to calculate the sample size for the study and accordingly the sample size required for this study was calculated to be 323. All selected female between 15-49 years of age fulfilling the inclusion criteria were included in the study until the sample size of 323 was reached. The study was conducted from January 1 to May 30, 2012.

Data collection

The structured questionnaire was designed and it included basic socio-demographic characteristics, knowledge, attitude and practice towards FGM/C. The questionnaire was pretested to check the validity of instrument, and it was corrected before data collection was started. Both forward and back ward translation was carried out into English and Somali language and consistency was checked. The data was check in the field to make sure that for all the information has been properly collected, for its appropriateness, consistency and completeness that recognize before and during data processing for the overall data quality assurance. The questionnaire was pre tested on 16 women of reproductive age group to see the soundness of the questionnaire and to make necessary corrections prior to starting the study.

Statistical analysis

The collected data were clearly categorized, entered into software, edited, cleaned, and analyzed using SPSS for Windows (SPSS Inc., version 16.0, Chicago, IL, USA). Descriptive statistics were performed to obtain summary values of the study variables and was presented in tables.

Ethics

A formal letter written from Jigjiga University to the concerned administrative bodies and kebele leaders and permission was obtained. Witten consent was obtained

from all respondents and brief explanation of aim of study was provided to them. The right of women not to participate in the study was respected and participation in the study was on voluntary basis.

Results

A total of 323 women between 15-49 years of age were included in the study. One hundred and thirty eight (43%) of the respondents were within the age of 20-24 years. Majority [230 (71.2%)] were from Somali ethnic group and 271 (84%) were Muslims. Nearly one third 98 (30.3%) were house wife and about quarter 81 (25%) were found to be illiterate (Table 1).

Table 1. Socio-demographic description of the women Jigjiga town, Ethiopia, January to May, 2012.

Religion	Muslim	271 (84%)
	Christian orthodox	45 (14%)
	Protestant	7 (2%)
Educational status	Illiterate	81 (25.1%)
	Read and write	54 (16.7%)
	1-8 grade	19 (5.9%)
	9-12 grade	35 (10.8%)
	Higher institutions	134 (41.5%)
Occupation	House wife	98 (30.3%)
	Merchant	18 (5.6%)
	Student	180 (55.7%)
	Civil servant	15 (4.7%)
	Others	12 (3.7%)
Marital status	Single	144 (44.6%)
	Married	168 (52.0%)
	Divorced	5 (1.5%)
	Widowed	6 (1.9%)

Table 2. Prevalence of Female Genital Mutilation among the respondents and their age of Jigjiga town, Ethiopia, January to May, 2012 (n=323).

Variable		Number (%)
The circumcision status of women	Yes	291 (90%)
	No	32 (10%)
Age at which circumcision done	During infancy	10 (3.1%)
	1-5 years	90 (27.9%)
	6-14 years	139 (43.0%)
	>14 years	19 (5.9%)
	Do not know	65 (20.1%)
Types of FGM women under gone	Sunni	37 (11.5%)
	Infibulations	194 (60.1%)
	Clitoridectomy	50 (15.5%)
	Do not know	42 (13.0%)
Decision makers to perform FGM	Mothers	196 (60.7%)
	Fathers	8 (2.5%)
	Both Mothers and fathers	71 (21.9%)
	Others	48 (14.9%)
FGM performers	Traditional practitioners	16 (5%)
	Trained traditional birth attendants	154 (47.8%)
	Village women	137 (42.4%)
	Own mother	16 (5%)

Majority 291 (90%) of the respondents had under gone FGC and the commonest 139 (47.8%) age of their circumcision was between 6-14 years of age. Mothers 196 (67.4%), trained traditional birth attendants 154 (53%) and village women 137 (47%) were the commonest decision makers for this practice to be performed (Table 2).

Among the total women, 295 (91.3%) had heard about ill effect of FGC, and 170 (57.6%) women reported that the main ill effect occurs during menstruation. Eight seven (29.5%) women had got information about the harmful effect of the practice from radio and TV (Table 3). Among total respondents, 101 (31.3%) believed that uncircumcised female should be socially rejected whilst 205 (63.4%) women have negative attitude towards FGC (do not support its continuation). 117 (36.2%) women reported that FGC is a tradition that should be maintained and 168 (52%) women believe that FGM/C

is not religious practice so that it should be stopped (Table 4).

Table 2. Respondents Female Genital Mutilation information Sources and types, Jigjiga town, Ethiopia, January to May, 2012 (n=323).

Information about FGM		Number (Percentage)
Heard about the complications of FGM	Yes	295 (91.3%)
	No	28 (8.7%)
Types of complications reported of FGM	Bleeding and pain during mutilation	107 (33.1%)
	Infection and painful menstruation	170 (52.6%)
	Pain during intercourse	34 (10.5%)
	Others	12 (3.7%)
Source of information about the complications of FGM	Friend/neighbour	60 (18.6%)
	Radio/TV	87 (26.9%)
	Seminar given	67 (20.7%)
	Health personal	81 (21.1%)
	Others	28 (8.7%)

Table 3. Respondents' attitude towards Female Genital Mutilation, Jigjiga town, Ethiopia, January to May, 2012 (n=323).

Attitude	**Agree**	**Neutral**	**Disagree**
	Number (%)	Number (%)	Number (%)
Uncircumcised female should be socially rejected	101 (31.3%)	24 (7.4%)	198 (61.3%)
FGM is traditional practice that should be stopped	205 (63.4%)	1 (0.2%)	117 (36.4%)
FGM is good traditional practice that should be maintained	117 (36.2%)	0 (0%)	206 (63.8%)
FGM prevent premarital sex	200 (62%)	7 (2%)	116 (36%)
Women should actively participate in reduction of FGM	213 (65%)	5 (1%)	105 (34%)
FGM is religious requirements that should be done	133 (41%)	22 (7%)	168 (52%)

Table 5. Respondents' future intention towards Genital Mutilation with respect preference, Jigjiga town, Ethiopia, January to May, 2012.

Variable	Number	Percent
Women's intention to Expose their daughters to FGC (n=323)	Yes 216	67%
	No 107	33%
Type of FGC to expose (n=216)	Sunni 179	83%
	Pharaonic 12	5.5%
	Clitoridectomy 25	11.5%

Table 6. Reasons for Female Genital Mutilation Practice, Jigjiga town, Ethiopia, January to May, 2012 (n=323)

Respondents' reason for FGM practice	Number (%)
Tradition	275 (85%)
Religious requirement	152 (47%)
To protect virginity	247 (76%)
To be accepted bride (to get husband)	275 (85%)
To make child birth easier and prevent child death	6 (2%)
To decrease sexual drive of the women	178 (55.2%)
To be admitted in to women group	178 (55.2%)

Among 216 (67%) respondents who wanted exposure of their daughter to FGC practice, majority 179 (83%) had the intention of exposing their daughters to the mildest form of Sunni type FGC practices (Table 5). Reasons for FGC practice are given in Table 6.

Discussion

In the present study majority (91.3%) of the study participants had awareness and knowledge about ill heath effect of Female Genital Cutting/FGC. This finding is similar with the study done in Addis Ababa (9) which revealed 92% women in the study had awareness about the ill effect of FGM. In the present study, severe pain during cutting, excessive bleeding, infections, painful menstruation and painful sexual contact were the commonest ill effect of FGC reported by the study participants. Similar to our finding, the study done in Somalia (10) showed that infection and bleeding were among the most common FGC ill effect experienced by women.

The present study found that tradition (85%), Suppressing high sexual drive (55.2%) and religious requirement (47%) were the most common reasons for FGC practice among the study participants. This finding is in line with what was documented in other studies (2,5,11).

In our study, 213 (66%) women reported that active participation of the women play a major role to minimize or eradicate FGC practice in the society. This study finding is comparable with the finding of the study

done in Ethiopia Gambela region (9) which revealed that 90% of mothers believe in active participation of the women to eradicate FGC practice in the society. The inconsistency between the findings may be due to the sample size and cultural differences in the two societies where the Gambela culture considers this practice as a taboo.

The present study showed that majority (67%) of the respondents had intention to expose their daughters to FGC practice. Despite good knowledge and attitude they have against the practice they favour the FGC practice. This finding is comparable with other findings although the figure greater than these findings (2,5). The inconsistency in results might be due to inadequate knowledge about reproductive health among women in our study.

In the present study, 117 (36.2%) study participants favour the continuation of FGC as good tradition. comparable to our findings the study in Egypt showed that 50% of the mothers believe that FGC practice should be continued (4). Our finding is lower than the finding from Egypt which might be due to presence of different ethnic groups in our study where some ethnic groups had objections against FGC practice as harmful practice that violates the right of the women and daughters and has serious effect upon their health.

The present study revealed that FGC was largely practiced in the study area and among the respondents 90% of them reported that they were circumcised some years ago. This finding is comparable with the other finding in Ethiopia which reported the prevalence of FGC among the women to be 98% (3). Despite the high prevalence of FGC among the study participants, at present there is an attitude change towards the practice of FGC where the intention is shifting from severe (infibulations) to milder (Sunni) form of FGC was reported by the study participants.

In the presents study, majority (67%) of the circumcision was carried out by the sole decision of mothers and 24% of the circumcision was decided both by fathers and mothers. Excluding the family members, majority (53%) of the procedure was done by TBA followed by village women (47%).This finding is comparable with reports from other studies (2).

In conclusion, the prevalence of FGC with its different forms was found to be high among the study participants. Infibulations was the most common FGC types among the circumcised participants. There is a trend of shifting FGC practice from its severe (infibulations) form to milder (Sunni) form at present. Despite adequate knowledge and negative attitude towards FGC practice, many respondents were in favour of the practice to continue in their daughters with the milder form. Both mothers and fathers were major decision makers on their daughters to have circumcision. The circumcision procedure was mainly carried out by village women and Traditional Birth Attendants. Public awareness against the practice should be done through religious and community leaders, non-governmental organizations, mass media, health personnel. Policy makers should consider sanction against the practice to safeguard future girls. Further studies should be done to identify if the milder form FGC (Sunni) is harmful or not for the women health.

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