
Knowledge, Attitude and Practice of Women Towards Female Genital Mutilation in Lejet Kebele, Dembecha Woreda, Amhara Regional State, Northwest, Ethiopia, 2014

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Abstract: Introduction: Female genital mutilation (FGM) is cutting away part of the female external genitalia or other injuries to the female genitalia for cultural purpose. This practice is against human reproductive health rights with many serious consequences in physical, mental, social and psychological makeup of girls. Therefore, study the prevalence of FGM among under five daughters, knowledge about the ill health effects of FGM and attitude of mothers towards FGM was timely to recommend the concerned body according to the findings. Methods and materials: community based cross sectional study design was among 235 women with under five years of age daughters. Systematic random sampling was used and data were entered in to Epi data version 3.1 then exported to SPSS version 16 for further analysis. Bivariate and multivariate logistic regression was fitted to identify associated factors. Result: about 94% of mothers and 34% of their under five daughters were circumcised. More than half of them had positive attitude to continue FGM practice with poor knowledge about ill health effects of FGM. Conclusion and recommendation: Majority of women were in poor knowledge of the ill health effects of FGM. Most of them had favorable attitude to continue FGM among their daughters. The practice of FGM is very high among women and under five daughters. Most of the FGM practices were done in the seventh days of life. The government should strength the legal measurement taken on FGM practice involvers. The woreda health office should strengthened HTP/FGM discouragement through health extension workers (HEW), community leaders and women involvement. Continued community conversation on the ill health effects of FGM should be implemented.

Keywords: FGM, Circumcise, Children

1. Introduction

Female genital mutilation (FGM) is cutting away part of the female external genitalia or other injuries to the female genitalia for cultural purpose (WHO, 1995). Though, the reason for practicing FGM varies from society to society. The major cultural reason can be to maintain moral behavior of women, to further virginity, for hygienic reason, to calm the girl make her descent, for religious requirement, to avoid difficulty at delivery and to increase matrimonial opportunities (NCTPE, 1999).

A global review of FGM shows that the custom of FGM is

known to be practiced in one form or on other in more than 28 countries in Africa including Ethiopia (4). According to a survey carried out in 1987 by national committee on traditional practice of Ethiopia (NCTPE), more than 80% of women in the country (100% in certain communities) are circumcised. It also says 60% of Ethiopian women support the practice. In places where FGM takes place it is performed during infancy, childhood or at adolescence (NCTPE, 1999).

But there is less attention for FGM practice in Amhara regional state probably by assuming the practice is decreased yet still there is high prevalence in rural communities of Ethiopia. This was evidenced from 2005 Ethiopian Demographic and Health Survey (EDHS) the prevalence was

74% in the region and not studied in 2011 EDHS (EDHS, 2005 and 2006). This practice is against human reproductive health rights with many serious consequences in physical, mental, social and psychological makeup of girls. Therefore, study the prevalence of FGM among under five daughters, knowledge about the ill health effects of FGM and attitude of mothers towards FGM was timely to recommend the concerned body according to the findings.

2. Objectives

2.1. General Objective

To assess knowledge, attitude and practice of women towards FGM and associated factors in Lejet kebele Dembecha woreda, Northwest Ethiopia, 2014

2.2. Specific Objectives

To determine level of knowledge of women related to ill health effects of FGM

To determine level of attitude of women towards FGM practice

To determine the prevalence of FGM practice among under five daughters

To identify factors associated with FGM practice

3. Methods and Materials

Study design: Community based cross-sectional study was conducted.

Study area and period: Lejet kebele Dembecha woreda, West Gojjam zone, Amhara regional state of Ethiopia. On the main road AA to Bahrdar 7 km away from Dembecha, 43 km from D/markos and 212 km from Bahrdar According to Lejet kebele health post report of 2013, Lejet kebele had a total population of 6003 of which 811 were females at reproductive age groups and 863 were under five children. The study was conducted from April 27-May 4, 2014

Source population: All women who had daughter less than 5 years

Sample size determination: using single population proportion formula

P=74% in 2005 EDHS, 95% CI, 5% marginal error and using correction formula. Thus n=235 women paired with under five female children

Sampling technique: Systematic random sampling method was used ($811/235=4$). Then if the 4th household did not have under five daughters the next house were considered. If there were more than one under five children the smallest in age was asked for practice and if more than one women in a house lottery method was used to select respondents

3.1. Operational Definition

Knowledge: Good if answer more than half of 10 knowledge questions and poor knowledge if they answer less than the specified questions.

Attitude: Favorable against FGM: if score greater than the

mean value from 12 attitude measuring questions and unfavorable if score less than the mean value

Practice: Being circumcised as evidenced from women's response

Data collection and analysis: Interview administered questionnaire by 4th year clinical nursing students was carried out. Data were entered into epi data version 3.1 and further exported to SPSS version 16 for analysis using binary and multivariate logistic regression. Significance was assessed at 95% CI with p-values less than 0.05.

3.2. Ethical Consideration

A formal letter was written from Debre Markos University was submitted to Dembecha health office and permission was obtained. Verbal consent was obtained from women after the objective of the study is mentioned. All matters of confidentiality were assured.

4. Result

A total of 234 mothers were included in the present study with hundred percent response rates. Respondents' average age was 29.35 +SD 7.75 years. Almost all of them (99.1%) were orthodox in religion and all of them were from Amhara in ethnicity. Some 198 (84.6%) were married. More than two-thirds of their occupations were farmers (Table 1).

Table 1. Socio-demographic Characteristics of the women in Lejet kebele, Dembecha woreda, northwest Ethiopia, April to May, 2014 n=234.

	Frequency	Percentage
Age		
15-24	71	30.3
25-34	101	43.2
>35	62	26.5
Marital status		
Married	198	84.6
Divorced	28	12
Others	8	3.4
Educational status		
Cannot read and write	108	46.2
Can read and write only	50	21.4
Primary school completed	55	23.5
High school and above	21	9
Occupational status		
Farmer	203	203
Merchant	22	9.4
Others	9	3.8

4.1. Knowledge of Mothers towards the Effect of FGM

All of the respondents ever heard about female genital mutilation. Source of information were from radio/TV 40 (17.1%), from public meeting 22 (9.4%), from health facilities 73 (31.2%), from school 57 (24.4%) and 42 (17.9%) other sources. Some 128 (54.7%) were aware that FGM can cause bleeding as health effect. Over all knowledgeable were 108 (46.2%) and 126 (53.8%) were poor in knowledge (Table 2).

Table 2. Knowledge of women about the ill health effects of FGM in Lejet kebele, Dembecha woreda, Amhara Regional state, northwest Ethiopia, 2014.

Knowledge questions	Yes (percentage)	No(percentage)
the health effects of FGM on bleeding	125 (54.7)	106 (45.3)
the health effects of FGM for infection	105 (44.9)	129 (55.1)
the health effects of FGM complication during labor	98 (41.9)	136 (58.1)
the health effects of FGM other if any	2 (0.9)	232 (99.1)
FGM has health problem	55 (23.5)	179 (76.5)
There is law against FGM	66 (28.2)	168 (71.8)
Does FGM is harmful	163 (69.7)	71 (30.3)
Does FGM result in tearing at child birth?	98 (41.9)	136 (58.1)
FGM facility HIV transmission	151 (64.5)	83 (35.35)
Does FGM result in scare formation?	93 (39.7)	141 (60.3)
Knowledgeable	108 (46.2%)	126 (53.8%)

4.2. Attitude Towards FGM

Over attitudes of mothers towards FGM were assessed using mean value as cut of point to classify as favorable and unfavorable attitude towards against FGM practices. Then the mean values is 38.4 based on this mother with favorable

attitude to continue FGM were 112 (47.9%) and with unfavorable attitude 122 (52.1%) that is to discontinue the practice. Attitude scores from strongly agree to strongly disagree given a value ranges from 1 to 5 then add up to give a minimum of 12 and a maximum of 60 (Table 3)

Table 3. Attitude of women about the practice of FGM in Lejet kebele, Dembecha woreda, Amhara Regional state, northwest Ethiopia, 2014.

Attitude question	Strongly agree (%)	Agree (%)	Neutral (%)	Disagree (%)	Strongly disagree (%)
FGM prevents premarital sex?	4 (1.7)	27 (11.5)	118 (50.4)	78 (33.3)	7 (3)
FGM is a good practice	15 (6.4)	44 (18.8)	24 (10.3)	113 (48.3)	38 (16.2)
FGM decrease promiscuity?	5 (2.1)	12 (5.1)	149 (63.7)	55 (23.5)	13 (5.6)
FGM decrease sexual pleasure?	4 (1.7)	28 (12)	137 (58.5)	59 (25.2)	6 (2.6)
FGM cause sexual dysfunction?	11 (4.7)	51 (21.8)	80 (34.2)	80 (34.2)	12 (5.1)
FGM makes genitalia more attractive	5 (2.1)	10 (4.3)	108 (46.2)	87 (37.2)	24 (10.3)
Will you encourage FGM?	15 (6.4)	50 (21.4)	11 (4.7)	119 (50.9)	39 (16.7)
Should FGM be legislated against?	37 (15.8)	115 (49.1)	12 (5.1)	54 (23.1)	16 (6.8)
Do you think that FGM make child birth easier?	16 (6.8)	59 (25.2)	41 (17.5)	81 (34.5)	37 (15.8)
FGM protect virginity?	6 (2.6)	42 (17.9)	58 (24.8)	97 (41.5)	31 (13.2)
Do you support that the practice of FGM	13 (5.6)	57 (24.4)	13 (5.6)	109 (46.6)	42 (17.9)
Women should actively participate in reductions of FGM.	52 (22.2)	105 (44.9)	14 (6)	52 (22.2)	11 (4.7)

4.3. Practice of FGM among Women and Under Five Children

Female genital mutilation (FGM) was performed on 220 (94%) of women and 80 (34.2%) of under five children were circumcised. Still 60 (25.6%) of women has intention to continue FGM (Table 4)

The practice was performed by untrained groups of people at different categories. Traditional birth attendants 80 (34.6%), traditional healers 22 (9.4%), and mother or father 33 (14.1%) were reported as FGM practitioners. Regarding materials used for cutting new blade 106 (45.3%), knife 21

(9%), scissors 9 (3.8%) and others 136 (58.1%) were used as cutting materials.

Table 4. Practice of FGM in Lejet kebele, Dembecha woreda, Amhara Regional state, northwest Ethiopia, 2014.

Practice questions	Yes (%)	No (%)
Is FGM performed on you?	220 (94%)	14 (6)
Do you routinely perform FGM?	107 (45.7)	127 (54.3)
Have you ever performed FGM in the past?	150 (64.1)	84 (35.9)
Is your daughter circumcised? U5	80 (34.2)	154 (65.8)
Will you perform in the future	60 (25.6)	174 (74.4)

Table 5. Bivariate and multivariate logistic regression of FGM practice and associated factors of women for their under five children in Lejet Kebele, Dembecha Woreda, Amhara Regional state northwest Ethiopia, 2014.

Characteristics	FGM		COR at 95% CI	AOR at 95% CI	P-value
	Yes	No			
Age					
17-24	24	47	1		
25-34	26	75	0.67 (0.35-1.32)		
> 35	30	32	1.84 (0.91-3.70)		
Marital status					
Married	66	132	1	1	
Divorced	12	16	1.5 (0.67-3.35)	1.18 (0.42-3.31)	0.75

Characteristics	FGM		COR at 95% CI	AOR at 95% CI	P-value
	Yes	No			
Others	2	6	0.67(0.13-3.39)	0.80 (0.12-5.37)	0.81
Educational status					
Cannot read and write	56	52	7.2 (3.31-15.27)	1.71 (0.60-4.90)	0.32
Can read and write only	14	36	2.57 (1.02-6.36)	0.99 (0.32-3.06)	0.99
Primary school and above	10	66	1	1	
Occupational status					
Farmer	75	128	3.05 (1.12-8.27)	2.56 (0.77-8.56)	0.13
Merchant	5	26	1		
Knowledge					
poor	65	61	6.61 (3.46-12.63)	3.36 (1.39-8.13)	0.007
good	15	93	1	1	
Attitude					
Unfavorable against FGM	69	53	11.95 (5.8-24.50)	8.88 (4.15-18.96)	0.000
Favorable against FGM	11	101	1		

5. Discussion

This study tried to assess the prevalence of under five daughters FGM, knowledge of mothers towards the harmful effect of FGM and attitudes towards their under five daughters circumcision among mothers in Lejet Kebele, Dembecha Woreda, northwest Ethiopia.

Knowledge of mothers towards the harmful effects of FGM were 108 (46.2%) of women had good knowledge about the ill health effect of FGM and 126 (53.8%) of the mothers had poor knowledge about the ill health effect of FGM. This is lower than a study in Addis Ababa which was 92% of women had good knowledge (Spadacini B *et al.*, 1998). This discrepancy is because of socio-demographic difference among the two study populations in which the later study was conducted in the capital city more women were expected to be knowledgeable than this rural mothers about the ill health effects of FGM. On the other hand 66.9% women in Somali (Bayouth Fet *al.*, 1995) had good knowledge on the effects of FGM. This might be because of massive governmental and nongovernmental intervention in Somalia against the practice. Therefore, FGM knowledge is very poor in this study area that needs intervention from health professionals, government and other concerned bodies.

Attitude of mothers against FGM practice was only 112 (47.9%) had positive/favorable attitude against FGM practice meaning less than half of them believe to discourage FGM practice. And 122 (52.1%) had unfavorable attitude against FGM this implies that majority of them would like to continue FGM among their daughters. Meanwhile 25.6% of them support to continue FGM for various reasons. BUT 90% of women did not support FGM practice in Gambella region of Ethiopia which is the region with very good practice in FGM aspect (Bayouth Fet *al.*, 1995). Similarly 60% of women support FGM in Ethiopia (NCTP/EC, 1999) but this study is still higher than other African countries like 30% in Kenya and 36% in Nigeria women were supporting the continuation of the FGM practice. Hence an attitude of women towards continuation of FGM practice is high that needs combination of efforts from different stalk holders.

Practice of FGM among women and under five children in this study area were 94% of mother had undergone FGM and

34.2% of under five daughters had undergo FGM by traditional healers, Traditional birth attendant (TBA), family members using different equipments like new blade, knife and scissors. In this study FGM was commonly practiced at 7th day of life (63%) followed by 9th day (15%) and 8th day (9.4%). The time for FGM practice is similar with Yemen practiced at age less than two weeks (Nirobi, 2005). Similarly, 65% of Ethiopian women were circumcised in the nation (NCTP/EC, 1999) the difference can be the second study is nationwide which included cities and rural while the current study concentrate only in rural kebele. This study is consistent with FGM practice in other African countries such as 28% in Senegal, 42%-60% in Egypt and 92% in Mal (Nirobi, 2005)

In the multivariate logistic analysis, only Knowledge and attitude were significant associated factors with FGM practice. Those with poor knowledge were 3.36 times more likely to practice FGM on their daughter than with good knowledge 3.36, (1.39-8.13). Those with unfavorable attitude against FGM were 8.88 times more likely to practice FGM on their daughter than with favorable attitude i.e 8.88 (4.15-18.96). This is true since knowledge and attitude are the prerequisite to practice. Mothers with good knowledge of harm full effects of the FGM more likely not to support the practice and in turn not engage/or participate the practice. This implies educate mothers about the harmful effects of FGM will help them to develop positive attitude to stop the practice.

6. Conclusion

- Majority of women were in poor knowledge of the ill health effects of FGM
- Most of them had favorable attitude to continue FGM among their daughters
- The practice of FGM is very high among women and under five daughters
- Most of the FGM practice were done in the seventh days of life
- Poor knowledge and favorable attitude towards FGM practice were significant factors for FGM practice in the study area

Recommendations

- The government should strength the legal measurement taken on FGM practice involvers
- The woreda health office should strengthened HTP/FGM discouragement through HEW, community leaders and women involvement
- Continued community conversation on the ill health effects of FGM should be implemented
- Health professionals should give due attention during ANC and other maternal health services since most of them under go FGM at 7th day of life
- Further qualitative research is recommended to dig out possible reasons to support FGM

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