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Study Females' Attitude toward Female Genital Mutilation

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Abstract

Background: Female genital mutilation/cutting has complicated social and cultural foundations that outweigh the requirements and ideas of individuals. Female genital mutilation/cutting is seen as a normal part of female socialization in societies that practice it.

Aim: The present study was carried find out to Assess females' attitude toward the practice FGM.

Subject & Methods: A descriptive cross-sectional study was used. The study population consisted of 2837 females in family health centers (FHCs) in different sitting at Beni-Suef. A Structured Interviewing Questionnaire sheet was used to collect data. Likert scale was used to assess attitudes.

Results: The most of studied participants (70.4%) were rural residences, 90.2% were highly educated, and 96.8% were Muslim, 72.8% of studied participants' mothers were educated. About 29.7% of participants are suffering from complication after FGM, about 82.1% of them suffering from pain after the surgery. More than one-third of females (35.5%) had an unfavorable attitude towards (supporting) FGM/C and 44.3 % of them had a favorable attitude towards (refusing) FGM/C. Unfavorable and neutral attitude score (49.3%) was more prevalent among females with circumcision. There was a significant relationship between circumcision and the participant's attitude (p-value <0.001). Traditions and culture was the main reason for performing FGM/C as stated by females (77.4%).

Conclusion: There is an association between unfavorable attitudes and experience of mutilation. Unfavorable attitude score was more prevalent among mutilated females. There was a significant relationship between exposure to mutilation and the participant's attitude. Traditions and culture was the main reason for performing FGM/C.

Recommendations: Develop of an educational programs and brochures for mothers to change their behavior and attitude toward of FGM/C.

Introduction

Some authors estimate that quite 500000 girls and women aboard U.S have had FGM/C performed or are in danger of having FGM/C performed, but these estimates are projections that supported the country-of-origin prevalence data and should, therefore, not be precise or accurate [1-3]. Female genital mutilation/cutting has complicated social and cultural foundations that outweigh the requirements and ideas of individuals [4-6]. Female genital mutilation/cutting is seen as a normal part of female socialization in societies that practice it. The reasons for continuing FGM/C in these societies include religious obligations, beauty in the form of smooth and small genitalia, delighting future families and sexual partners, having social significance, and being accepted for marriage [7-9].

Some opinions explain why FGM/C is still practiced. One of these theories is the social convention hypothesis, which describes parents' attitudes toward social conventions and social norms [10]. It discusses why families continue to practice FGM/C and why abandoning FGM/C is difficult for daughters and families [11-14].

Female genital mutilation/cutting is also seen as a technique for cleaning girls in some societies. They believe that FGM/C should be continued as a source of femininity and to protect virginity [15,16]. The concept of the girl as a source of shame influences attitudes toward the continuance of FGM/C. People feel that because FGM/C lowers female desire, it reduces premarital sex and sexual relationships [17,18].

The understanding of females, males, midwives, and health care practitioners regarding FGM/C was the subject of much of the research, which was largely conducted in African countries. They intended to look at their participants' basic knowledge and attitudes about FGM/C, as well as its determinants, to see whether any intervention strategies could assist abolish the practice [19]. Other research was conducted in the Eastern Mediterranean region, Europe, and the United States [20,21].

According to research conducted in Egypt, even though women are aware of the risks associated with FGM, the number of women who favor the practice remains high [22]. The percentage of those who support the continuation of FGM/C dropped from 62 % to 58 % in 2014 [23].

Aim of the Study

The present study was carried find out to Assess females' attitude toward the practice FGM

Research Questions

a) What are the levels of attitude of females toward the practice of FGM?

b) Is there relationship between females' attitude and their practiced FGM?

Subjects and Methods

Research Design

A Descriptive Cross-sectional study was used to achieve the aim of the current study.

Subjects & Settings

Setting: The study was conducted in family health centers (FHCs) in different sitting at Beni-Suef Governorate. Beni-Suef governorate is divided into seven sectors. From every sector the MCH was randomly selected to geographically represent the sector.

Sample

Sample Type: A Convenient sample was used. The study sample was selected according to the following Inclusion criteria: 18-60 years old women. Can read and write

Sample size: The study population consisted of all females who were accepted to participate in the study at the time of data collection (A period of six months from the start of data collection) and will be included in the study.

Tools of Data Collection

A pre-designed structured questionnaire was used to collect data. Data were collected through personal interviews. The questionnaire is divided into two sections:

Section I: A Structured Interviewing Questionnaire sheet which includes the following parts: age, residence, level of education, marital status, occupation and experience with mutilation, etc……

Section II: Attitudes of females regarding FGM/C:

A Likert scale was used to assess attitudes, ranging from agree to disagree. FGM/C from a social standpoint; FGM/C and its effect on female genitalia; FGM/C violation and disability; FGM/C from a religious standpoint; FGM/C practice encouragement in society; FGM/C and marriage; and finally, FGM/C law were all included.

Scoring system

a) It received (1) if participants have bad attitude

b) It received (2) if participants have neutral attitude

c) It received (3) if participants have favorable attitude

The scores are then turned into percentages, and the overall score is divided into the following categories:

a) Favorable attitude ≥75%.

b) Neutral attitude ≥50% to <75 %.

c) Unfavorable attitude <50%.

Validity & Reliability of the Tool

The tools were revised for their content validity by 5 experts in the field. They were senior staff members with experience in obstetric & gynecological medicine, maternity & gynecological nursing. The recommended modifications were made. The tool is reliable as reliability was assessed by Cronbach's alpha coefficient test. The result of the test was 0.764.

Ethical Considerations

Verbal consent took from each participant before including her in the study. They were informed that their participation is totally voluntary, so they could withdraw from the study whenever they decided. After taking consent from each participant, the researcher introduced, clarified and explained the purpose and all the objectives of the study. Total confidentiality to obtain information, as well as respect for privacy, was ensured.

Administrative Consideration

Official letters that described the objectives and the aim of our study were directed from the Faculty of Nursing, Beni-Suef University to the directorates of all previously mentioned governmental hospitals in Beni-Suef city to obtain their permission to collect the research subject from hospitals under their directorate.

Pilot Study

A pilot study was done on 10% of the studied women. The results of the pilot study revealed relevance, clarity, and applicability of the study tools. Women involved in the pilot were excluded from the study to avoid contamination of the study sample. The necessarily required modifications were done.

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Field Work

Data were gathered over six months beginning in November 2021 and ending in April 2022. The researcher was present at the previously mentioned location until the entire sample size was gathered. Before data collection, the researcher introduced herself to the women and explained the purpose of the study.

The sample was taken three days a week; (Saturday, Tuesday and Thursday) from 9 A.m. to 2 P.m. Participants' agreement was acquired orally before data collection. The researcher begins filling out the interviewing questionnaire to assess women's demographic characteristics, attitudes toward FGM/C.

Statistical Analysis

All data were collected, tabulated and statistically analyzed using IBM SPSS 25. Data was supplied, and appropriate analysis was performed for each parameter based on the type of data obtained.

Descriptive Statistics data were expressed as:

a) Count and percentage: Used for describing and summarizing categorical data

b) Arithmetic mean (X-), Standard deviation (SD): Used for normally distributed quantitative data, these are used as measurements of central tendency and dispersion.

Analytical Statistics:

a) Cronbach alpha and Spearman-Brown coefficients: The internal consistency of the generated tools was measured to assess their reliability.

b) Monte Carlo Exact Probability (MCP)

Graphical presentation:

a) Data visualization was done with graphs.

b) Colum chart

c) Bie in 3D chart

Results

Figure 1 showed that the most of studied participants (71.2%) their age was 15-30 years old.

Figure 2 showed that the most of studied participants (70.4%) were rural residences.

Figure 3 showed that the majority of studied participants (90.2%) were highly educated.

Figure 4 showed that the more than half (57.5%) of studied participants were single.

Figure 5 showed that the around all (96.8%) of studied participants were Muslim.

Figure 6 showed that the most of studied participants' mothers were educated (72.8%), and most of their fathers were educated (83.2%).

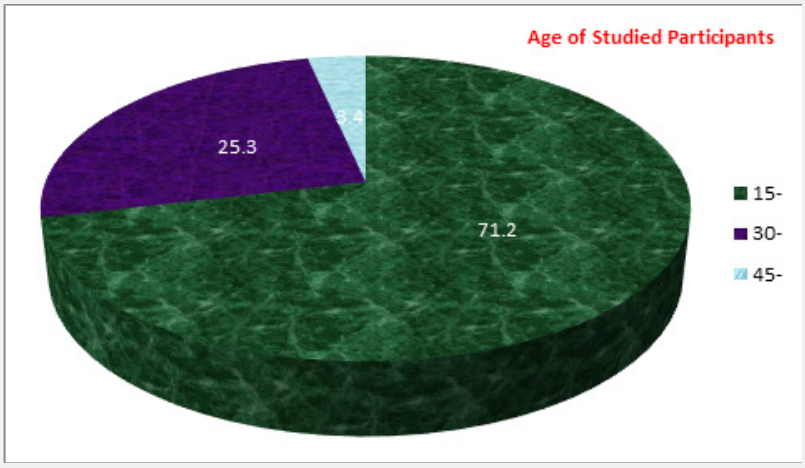

Figure 1: Age of the Studied Participants.

Table 1 presents the distribution the prevalence and complications affected the mutilated participant sample. About 29.7% of participants are suffering from complication after FGM. About 82.1% of them suffering from pain after the surgery, also 33.9% mentioned severe bleeding, 31.1% suffers from difficult micturition and about 18.6 have a keloid and scar from the mutilation.

Table 2 shows the distribution of females aged 15-49 years according to their attitude towards FGM/C. Majority of females (91.8%) disagreed that un-mutilated females should be socially rejected. About 45.2 of females disagreed with the statements that FGM/C should be encouraged for religious reasons. About 21.6% agreed with the continuation of FGM/C in society, and 22% of them also agreed with the continuation of the practice even if

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men preferred un-mutilated females. About 29.4% of females agreed that FGM/C promotes chastity, 14.4% agreed that FGM/C is essential for marriage stability, 32.8% had a neutral attitude towards that, 40.7 % agreed that FGM is an aesthetic matter to reduce the size of the clitoris and 37% disagreed that FGM/C law is a deterrent for doing it.

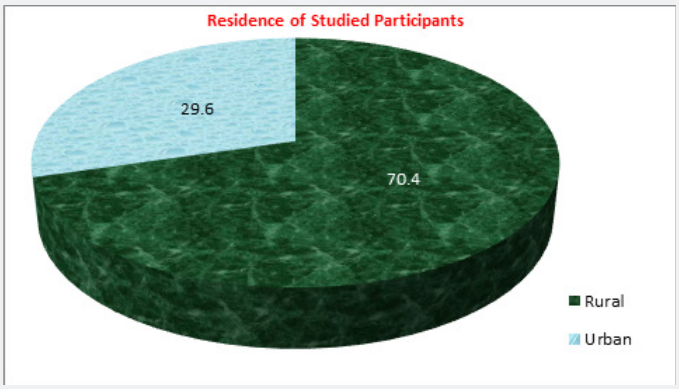

Figure 2: Residences for the Studied Participants.

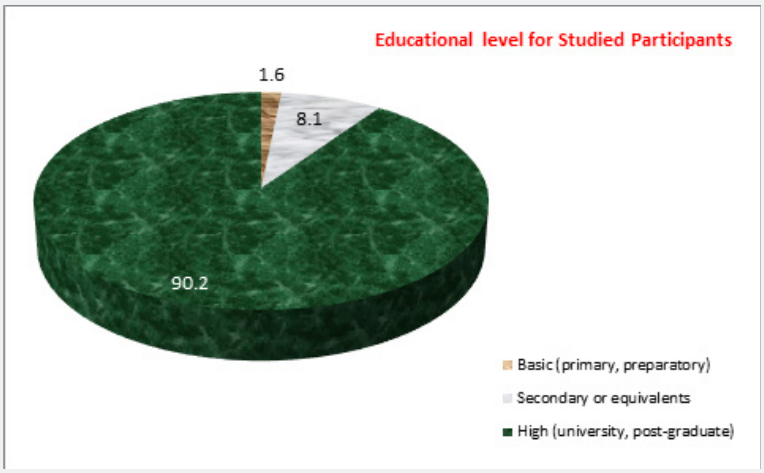

Figure 3: Educational Level for the Studied Participants.

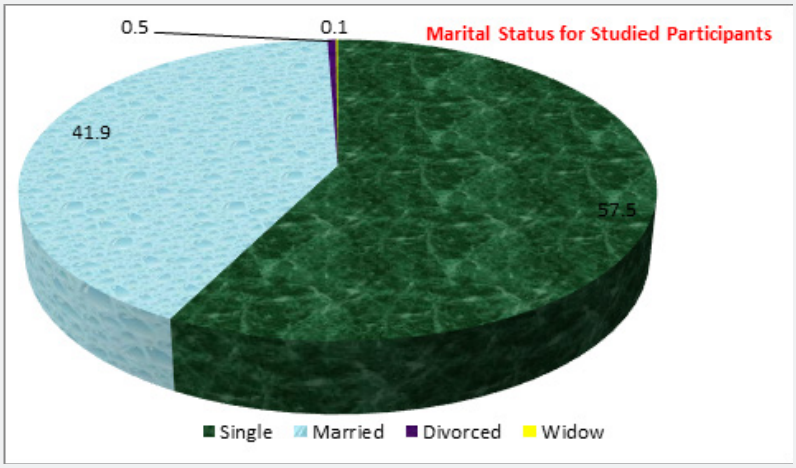

Figure 4: Marital Status of the Studied Participants.

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Table 3 describes the percent of the distribution of females according to their total attitude score towards FGM/C. More than one-third of females (35.5%) had an unfavorable attitude towards (supporting) FGM/C and 44.3 % of them had a favorable attitude towards (refusing) FGM/C while 20. 2% had a neutral attitude.

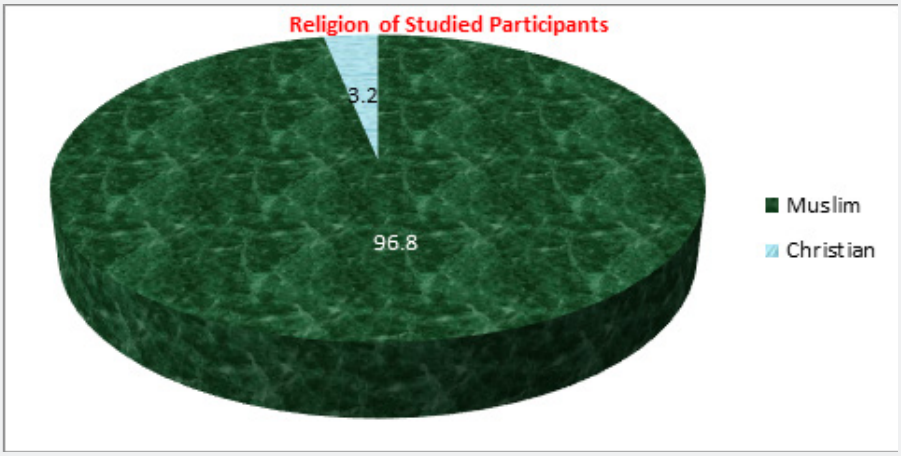

Figure 5: Religion of the Studied Participants.

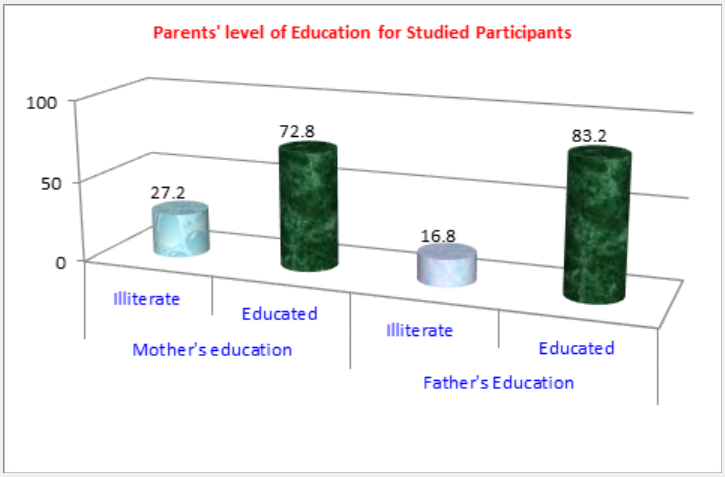

Figure 6: Parents' Level of education for the Studied Participants.

Table 1: Prevalence and of Complications from the Mutilation.

Variables	Values (no=2021)	
	No.	%
Did you have complications from the mutilation?		
Yes	602	29.7
No	1419	70.3
If yes, mention the complication you have		
Pain	290	82.1
Bleeding	120	33.9
Difficult urination	110	31.1
Keloids and scar Inflammation	66	18.6
	20	5.6

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Table 2: Attitude toward FGM among the Studied Participants.

Variables	Values (no=2837)					
	Disagree		Neutral		Agree	
	No	%	No	%	No	%
FGM makes the external genitalia more attractive	1250	44.1	993	35	594	20.9
Uncircumcised females should be refused socially	2603	91.8	138	4.9	96	3.4
FGM is a good traditional practice that must be preserved	1709	60.2	483	17	645	22.7
FGM prevents sexual practice before marriage	1536	54.1	975	34.4	326	11.5
FGM is an attempt to control a woman's sexuality	710	25	769	27.1	1358	47.9
FGM is a healthy habit	1418	50	761	26.8	658	23.2
Women should actively participate in reducing FGM/C	520	18.3	533	18.8	1784	62.9
FGM is mutilation attached to women throughout their life	775	27.3	760	26.8	1302	45.9
FGM should be continued for religious reasons	1281	45.2	940	33.1	616	21.7
FGM is an obligation and one of the rituals of religion	1288	45.4	1001	35.3	548	19.3
FGM is the best, but it is not a religious obligation	1013	35.7	1247	44	577	20.3
FGM is harmful and considered an inhumane practice	667	23.5	442	15.6	1728	60.9
I shouldn't be encouraged FGM in our society	583	20.5	840	29.6	1414	49.8
FGM should be avoided due to its negative consequences	539	19	696	24.5	1602	56.5
FGM increases marriage chances	1797	63.3	880	31	160	5.6
If I had a choice between circumcision and not being circumcised, would choose circumcision	1731	61	59	20.9	513	18.1
I feel that the practice of FGM should continue in our society	1482	52.2	741	26.1	614	21.6
Although men prefer uncircumcised females, I am for FGM	1619	57.1	593	20.9	625	22
I think FGM promotes chastity	1130	39.8	872	30.7	835	29.4
FGM is necessary to ensure the stability of married life	1497	52.8	931	32.8	409	14.4
The law criminalizing FGM is a deterrent	1051	37	993	35	793	28
Men should participate in the debate on FGM	838	29.5	677	23.9	1322	46.6
Husbands prefer wives who undergo FGM	1433	50.5	1153	40.6	251	8.8
There is no difference between circumcised and uncircumcised to men	740	26.1	1624	57.2	473	16.7
FGM is an aesthetic matter to reduce the size of the clitoris	769	27.1	913	32.2	1155	40.7
End FGM runs counter to the customs of society	1523	53.7	611	21.5	703	24.8

Table 3: Attitude categories among the studied participants.

Categories	Frequency	Percent
Unfavorable attitude	1007	35.5
Neutral attitude	573	20.2
Favorable attitude	1257	44.3
Total	**2837**	**100**

Table 4 showed an association between unfavorable and neutral attitudes and circumcision. Unfavorable and neutral attitude score (49.3%) was more prevalent among females with circumcision, while the favorable attitude (52%) was associated with the absence of circumcision. There was a significant relationship between circumcision and the participant's attitude (p-value <0.001).

Discussion

Female genital mutilation/cutting has no benefits; on the contrary, it has several negative health consequences and alters the normal function of women's bodies [15]. FGM has both physiological and psychological consequences, including short- and long-term effects [1]. The approach used to perform the procedure may influence the severity of the short-term consequences [24].

Concerning personal characteristics, the results of the current

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study showed that the 90.2% were highly educated, 8.1% had secondary level of education, while, 1.6% had basic education. In various researches, education level was the primary predictor of attitude. Women's attitudes toward ending FGM/C were found to be highly correlated with social class, degree of education, and availability to FGM/C knowledge, as reported in a study conducted in Egypt [25]. A higher level of education results in modernizing social, economic, and political structures and alters people's perspectives on who has the power to rule their lives [26].

Table 4: Association between Participants' attitude and their Circumcision.

Attitude score categories	Are you circumcised				Total	
	Yes (n=2021)		No (n= 816)			
	No	%	No	%	No	%
Unfavorable attitude	997	49.3	260	31.8	1257	44.3
Neutral attitude	440	21.7	133	16.2	573	20.2
Favorable attitude	578	29	429	52	1007	35.5
P-value	<0.001*					

Concerning personal characteristics, the results of the current study showed that the 57.5% were single, 41.9% were married, 0.5% divorced, and 010% were widows. Marriage considerably impacted the unfavorable attitude of females, according to research conducted in Ethiopia by Melese, et al., in 2020. Since FGM/C regulations are enforced in Egyptian society, changing attitudes among women due to more information will also influence cultural perceptions of gender relations, which will ultimately help to abolish the practice [27].

Female Genital Mutilation has health consequences and complication. These repercussions may occur immediately or throughout the healing period (during the next eight weeks) as a result of the use of non-surgical, non-sterilized equipment such as razor blades, knives, or broken glass, as well as unsanitary surroundings [28]. The results of the current study revealed that 29.7% of participants suffered from complication after FGM. About 82.1% of them suffering from pain after the surgery, also 33.9% mentioned severe bleeding, and 31.1% suffers from difficult micturition. This in line with IPPF [29] and Rouzi, et al. [30] studies that mentioned FGM can cause excruciating pain and tissue damage. Cutting the nerve endings and sensitive genital tissue creates excruciating pain. Pain severity and duration may be greater. As a result, the healing process is lengthened and enhanced [29-30]. Moreover, Shabila [30] study mentioned that Hemorrhage is a main complication occurs after FGM. Hemorrhage can happen right after the procedure or later as a result of a clot sloughing over the blood supply due to the infection Effa, et al. [31] reported that FGM may lead to acute urine retention due to fear of passing urine, pain, or injury: Urinary retention can occur as a result of the FGM/C operation. Swelling of the genitalia or wound inflammation can also cause acute urinary retention [32].

Concerning the attitude of females towards FGM/C; the present study revealed that the minority of females in the current study felt that un-mutilated girls should be socially rejected. This is close to a study conducted in Egypt that revealed that the minority of females agreed when asked that un-mutilated females should be socially rejected [33] Contrarily, research carried out in Ethiopia revealed that nearly to onethird of its respondents believed that un-mutilated girls should be socially rejected [34]. One of the main reasons why females consent to being mutilated is fear of social rejection and shame. In the current study, about near to two third of females think that women should actively share in the elimination of FGM/C. According to a survey conducted in Ethiopia, which agreed with the same assumption [35]. About tenth of participants agreed that FGM/C prevents premarital sex, In Nigeria, near to half of mothers believed that un-mutilated daughters would engage in prostitution [35].

Moreover, the present study revealed that more than one-third of females had an unfavorable attitude towards (refusing) FGM/C and near to half of them had a favorable attitude towards (supporting) FGM/C while one fifth had a neutral attitude. This result is higher than that reported in Sohag. A study of university students indicated that near to one third of the female students supported the continued use of FGM/C. Their justifications included religious demands, girls' hygiene, cultural and social traditions, chastity, and signs of femininity [36-37]. A study conducted among secondary school girls in El-Mansoura Center revealed that more than half of them had a favorable attitude towards (refusing) FGM/C [38-40]. It is clear that female attitudes regarding FGM/C are changing significantly for the better, and this will contribute to the eventual eradication of the practice and a drop in its prevalence. This conclusion is reinforced by a study of opinions toward FGM/C in Egypt, which found that when the procedure was made illegal, the number of people who had a negative opinion of it significantly decreased [23,41].

Other findings of studies on female attitudes regarding FGM/C; In Sudan, most respondents had an unfavorable attitude towards FGM/C practice and they supported continuation rather for good prospective of marriage or protecting virginity [42], While in Ethiopia, more than three fourths of participants had a negative

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attitude toward FGM/C, with more than one fifth of them being in favor of the procedure [43]. Another survey among Somali and Harari people in Ethiopia indicated that the majority of Somali females were in favor of continuing FGM/C whereas the majority of Harari females were in favor of ending the practice [44]. This suggests that over time, female attitudes grew increasingly unfavorable.

Regarding the association between attitudes and FGM, the result of the current study revealed that unfavorable attitude score was more prevalent among mutilated females, while the favorable attitude was associated with the absence of FGM. There was a significant relationship between FGM and the participant's attitude (p-value <0.001) [45-46]. This may attributed to their exposure to complications after FGM which affect them and left bad personal experiences.

Conclusion & Recomandation

There is an association between unfavorable attitudes and experience of mutilation. Unfavorable attitude score was more prevalent among mutilated females. There was a significant relationship between exposure to mutilation and the participant's attitude. Traditions and culture was the main reason for performing FGM/C. Develop of an educational programs and brochures for mothers to change their behavior and attitude toward of FGM/C.

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