SUMMARY

A cross sectional study of the prevalence, severity and rationale of the practice of female genital mutilation was carried out at the obstetrics and gynaecological clinic of the Baptist Medical Centre, Eku from September 2002 to February 2003. It focused on females alone because they are the victims of this practice.

Data was collected using a pre-tested structured questionnaire interviews to determine the background sociodemographic characteristics of respondents, attitudes and clinical effects. A physical examination was done by the investigator by inspecting the vulva to confirm presence or absence of FGM using the WHO classification.

A total of 384 clients were involved aged 15 to 49 years with a mean age of 30.41 ± 6.36 years. Out of the 384 clients, 226 (58.9%) were of the Urhobo tribe. Three hundred and seventy (96.4%) out of the 384 clients were Christians. Ninety four (24.5%) were non pregnant and 290 (75.5%) were pregnant.

Two hundred and eighty two clients out of 384 were mutilated, giving a prevalence rate of 73.4%. Ninety-three (24.2%) of the mutilated women intended to circumcise their daughters.

The commonest mutilation was type I 200 - (70.9%). Type II was 78(27.7%) and type III - 4(1.4%). There was no case of type IV.

The commonest age at circumcision was 10-19 years -178(63.1%). Two hundred and thirty three (82.6%) of the clients’ mothers took their children for the procedure. Consent was obtained in only 147(52.1%) of clients before the procedure was performed on them. One hundred and ninety
two (68.1%) of the procedures were carried out by females among whom 151 (53.5%) were trained nurses. Medical doctors performed eight (2.8%) cases. The commonest instrument used for circumcision was scissors in 99 (35.1%) of cases. Cotton wool and gauze were the commonest materials used to arrest bleeding in 157 (55.7%) of cases.

One hundred and forty seven (52.1%) of the procedures took place at home and 128 (45.4%) in the hospital. Local anaesthesia was used in 162 (57.4%) of cases and the duration of the procedure lasted for ten minutes in 58 (20.6%) of cases. Twenty-five (8.9%) of the circumcisions were done in pregnant women.

The commonest reason for circumcision was tradition in 208 (73.8%) of cases and the commonest immediate complication was pain in 102 (36.2%) of cases. Fifty-four (19.2%) of the circumcised respondents had gynaecological complications and the commonest was infertility in 21 (7.4%) respondents. This was also the commonest complication in the uncircumcised women - 9 (8.8%). The difference was not statistically significant (p=0.657). Fifteen (5.32%) of circumcised women had obstetric complications and the commonest was fresh stillbirth in six (2.1%) due to prolonged labour. Nine of the uncircumcised women had obstetric complication. One hundred and forty one of those circumcised had psychological complications and the commonest was lack of sexual satisfaction.

Three hundred and four (79.2%) of the clients supported the ban of the practice and the reason for doing so was because of its complication in 191 (49.7%) of clients. Educational exposure and attainment appeared to have a positive impact on refusal to practice FGM (p< 0.05). Women of low socioeconomic status were more favourably disposed to practicising this tradition than the elites (p <0.05). It was concluded that female genital mutilation is a prevalent condition and that there was no
significant association between gynaecological complications and female genital mutilation but a
significant association between obstetric and psychological complications and female genital
mutilation.

It is therefore recommended that efforts should be made by health care practitioners to educate women
in the obstetrics and gynaecological clinics about the detrimental effects of female genital mutilation.

This effort should also extend by way of enlightenment to the traditional institutions who are the
custodians of culture in the village.