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Awareness of Health Implications of Female Genital Mutilation among Parents in Orumba North L.G.A of Anambra State

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Abstract **Original Research Article**

This study is aimed at detecting the awareness of health implications of Female Genital Mutilation among parents in Drum ha North Local Government Area of Anambra State. In line with seven objectives, seven research questions and three hypotheses were formulated. Related literatures were reviewed and summarized descriptive survey research design was adopted. The sample for the study consisted of200 male and 200 female parents from five randomly drawn villages in Oko and Ndiowu Community. The main instrument used for data collection was self-developed structured questionnaire. Validity and reliability of the instrument were established. The instrument was -administered on face to face basis to the respondents by the researcher with the help of executive members of Oko Peoples Union (male and female wing). Data collected from 380 copies of the questionnaire were tallied and analyzed using descriptive statistics of percentage and grand mean as well as inferential statistics of chi-square test of relationship. Based on the findings, it was concluded that the level of awareness of health implications of FGM among parents in Orumba North Local Government Area was low. In the three null hypotheses tested for the study, two null hypotheses was rejected and alternate accepted and one null hypotheses was accepted indicating that awareness of health implications FGM were based on age and parity status. Based on the findings it was recommended among others that government, non-governmental organization as well as nurses and health education should intensify their campaign/education programmes on health implications of FGM at the grassroots.

Keywords: Awareness Health, Implications, Female Genital Mutilation.

INTRODUCTION

The traditional and cultural practices of the society are closely linked with the living environment of the people and their- belief systems. One traditional practice that has much attention attracted to it in the last decade is Female Genital Mutilation (FGM) and their adverse effects are numerous.

Female Genital Mutilation (FGM) is described as a cultural practice where by an individual unskilled or skilled cuts off part or whole organ of the female external genital. This practice has various horrific effects on the health of those who undergoes it, depending on the severity of the procedure [1]. Jones *et al.* [2]; defined Female Genital Mutilation as a group of traditional practice that involves partial or total removal of the external female genitalia or other injury to female genital organs for cultural, religious or other non-therapeutic reasons.

The nature of the operation varies from one country to another and from one ethic group to another in Nigeria. Female Genital Mutilation maybe performed on neonates, infants, pubertal, pregnant women or post-partum women.

The World Health Organization [3] defined female genital mutilation as all the procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs whether for cultural or other non-therapeutic reasons.

There is no medical importance of the benefits occurring from female genital mutilation. Medical experts have spoken against the practice with the regard to the hazards and complications for the young, girl or woman. Such complications may occur immediately after practice, months or even years afterwards and such problem may occur due to- the fact that the operation is performed in unhygienic manner or practice [4].

Circumcised women have very tiny vaginal opening because of stitching together of vulva.

Jones *et al*. [2] were' of the opinion that narrowing of the vaginal opening following circumcision makes the conjugal consummation of marriage relationship painful, difficult, uncomfortable and sometimes impossible. Following such irritation, some husbands may end up battering their wives for lack of cooperation. The emotional impart is tremendous on the women and reflects on her relationship with spouse. Adefobe [5] was on the opinion that female genital mutilation inhibits the required enjoyment that maybe demanded from sexual intercourse because the clitoris which is the centre of pleasurable sexual sensation may have been cut off. Most of the circumcised women interviewed complained of not reaching orgasm despite the years of sexual relationship with their husbands, such sensitive aspects of marital relationship are rarely discussed following cultural and religious bias. These health implications call for urgent actions and efforts by everyone to eradicate the practice of Female Genital Mutilation in Nigeria and Africa as a whole. It is against the background of the feminine safety that motivated the researchers to determine the awareness of health implications of Female Genital Mutilation (FGM) among rural parents living Orumba North Local Government area of Anambra state.

It is believed that their awareness level would provide useful data and information which counselors, medical personnel, parents and teachers used in their campaign to eradicate this practice which is hazardous to health of the women.

Purpose of the Study

The main purpose of the study is to ascertain the level of awareness of health implications of Female Genital Mutilation (PGM) among parents in Orumba North Local Government Area.

Research design

The study dealt with awareness of health implications of female genital multination among parents in Orumba North L.G.A. The research design adopted for the study was descriptive survey design.

Area of Study

Geographical location: This study is limited to Orumba North Local Government Area in Anambra Stated, located in the Eastern Region of Nigeria.

Population of the Study

The target population chosen for the study are parents (women and men of child bearing age) in five communities in Orumba North L.G.A. Nwogu [6] stated that target population are all the members of a specified group to which investigation relates.

According to statistical data collection from the monitoring and evaluation unit of health department of Orumba North L.G.A., the population of child bearing age women from 2003 till date is approximately 10,000. According to Nwogu [6], accessible are those elements in the ground within the reach of the researchers. These consist of about-400 women of child bearing age from the randomly drawn rural communities out of the live communities in Orumba North local government area in Anambra State.

Samples and Sampling Technique

Ten percent of the population was used as sample size. The sample for the study consisted of 400 parents of child bearing age chosen from 2 randomly drawn rural communities in Orumba North L.G.A. Women of child bearing age in Orumba North local government area were clustered into 5 (five), representing five communities that make up the L.G.A. Sample random sampling technique by balloting with replacement technique was used in drawing two communities (Oko and Ndiowu).

In stage two, all the villages in each of the chosen communities were listed out; sampled randomly sampling technique by balloting without replacement technique was used in choosing two villages from each of the two communities. At the end, four villages were chosen.

In stage three, there was re-clustering of the subjects based on clan. Five clans were chosen from each of the villages. On the whole, ten clans were chosen in summation.

In stage four, twenty male and female parents were selected from each clan using non-probability sampling technique (chance selection). In this case, the first twenty male and female parents to attend the clan monthly meeting for the mouth of March 2011 were used for the study.

Communities in Oriimbn North L.G.A	**Communitieschosen**	**Villages**	**Villages chosen**	**Clan**	**Male parent**	**Female Parent**	**Total**
Omogho							
Oko	**Oko**	**EziaborEziko**	**EziaborEziko**	**5**	**20 20 x 5= 100**	**20 20 x 5 =100**	**200**
Ndiowu	**Ndiowu**	**UbahaEnugbom**	**UbahaEnugbom**	**5**	**20 20 x 5= 100**	**20 20 x 5 =100**	**200**
AmaokpalaNdike							

Sampling size = 400 parents of child bearing age.

Instrument for Data Collection

The main instrument used in the collection of data was structure interview guide. This was self-developed by the following review of related literature and personal experiences. The structured interview guide was divided into four sections, section A consisted of four items on demographic data of the respondents, section B consisted of thirteen items on the physical health implications of female genital mutilation, section C consisted of eight items on the emotional health implications of female genital mutilation and section D consisted of seven items on social health implications of female genital mutilation. All the items in the questionnaire are close ended.

Administration of the Instrument

The researcher made a prior visit to Orumba North to acquaint themselves with the meeting days of these selected clans from the four selected villages. The meeting day proper, the researcher with the help of the women leader administered copies of questionnaire on a face to face basis to the first twenty women and first twenty men of child bearing age to attend the March general meeting of the clan. Out of four hundred (400) copies of the questionnaires that were distributed, eight (8) copies were not properly filled, twelve (12) copies were lost while three hundred and eighty (380) that is 93% of the copies were tallied and used for data analysis.

METHOD OF DATA ANALYSIS

Data collected were analyzed using descriptive statistics of frequency, percentage and grand mean as well as inferential statistics of chi square, flic level of significance was set at 0.05.

Ethical Consideration

This is the effect of the procedures carried out or research procedures on the subjects which are in line with the norms and morals of Orumba North L.G.A. such consideration include;

- The researcher should protect the study subject from any form of harm and injury. Also ensure that information provided' by the subject should not be used against them in anyway.
- The researcher should know that the participants have the rights to decide at any point during this study to with draw their participation or request for further clarification on any point that is not clear to them.
- The researcher should note the participant's right to fair treatment and piracy throughout the study. Ensure that the participants have fair and equal treatment at every stage of their participation and in all respect them.
- The researcher should consider that the subject have the right to give voluntary informed consent as evidenced by being part and parcel of the work

RESULT

Table-1: Frequency Distribution of Respondents Ages

Ages	Frequency	Percentage
Less than 25 years	90	23.7
26 to 35 years	107	28.2
36 to 45 years	108	28.4
45 years and above	75	19.7
Total	380	100%

The table above indicates the various ages of the respondents. A total number of 90 (23.7%) are within the ages less than 25 years, 107 (28.2%) are within the ages of 26 to 35 years**,** 108 (28.4%) are within the ages of 36 to 45 years while 75 (19.7%) are within the ages of 45 years and above.

Table-2: Frequency Distribution of Respondents level of Education

Level of education	Frequency	Percentage
Non formal education	107	28.2
Primary education	108	28.4
Secondary education	90	23.7
Tertiary education	75	19.7
Total	380	100%

The table above shows the various level of education of the respondents. A total number of 107 (28.2%) had non-formal education, 108 (28.4%) had primary education, 90 (23.7%) had secondary education while 75 (19.7%) had tertiary education.

Table-3: Frequency Distribution of Respondents Religious Affiliation

Religious affiliation	Frequency	Percentage
Roman Catholic Communion	177	46.6
Anglican Communion	129	33.9
Pentecostal	74	19.5
Total	**380**	**100%**

The table above shows, the various religious affiliations of the respondents. A total number of 177 (46.6%) are Roman Catholic Communion members, 129 (33.9%) are Anglican Communion members while 74 (19.5%) are Pentecostal members.

Table-4: Frequency Distribution of Respondents Parity Status

Parity status	Frequency	Percentage
1 – 4 – children	203	53.4
5 children and above	177	46.6
Total	380	100%

The above table indicates the parity status of the respondents. A total number of 203 (53.4%) respondents have children between the range of 1 to 4 while a number of 177 (46.6%)' respondents have children between the range of 5 and above.

Table-5: Frequency Distribution of Respondents level of Awareness of Physical Health Implications of Female Genital Mutilation

Health implication	Level of awareness		
Physical health implication	**Aware**	**Unaware**	**Physical health implication**
Haemorrhage	245 (64.5%)	135 (35.5%)	380 (100%)
Urethral damage	141 (37.1%)	239 (62.9%)	380(100%)
Acute headache	238 (62.6%)	142 (37.4%)	380 (100%)
Peptic ulcer	113 (29.7%)	267 (70.3%)	380 (100%)
Keloid formation	153 (40.3%).	227 (59.7%)	380 (100%)
Chronic pelvic infection	160 (42.1%)	220 (57.9%)	380 (100%)
Dyspareunia	173 (45.5%)	207 (54.5%)	380 (100%)
Calculus formation	138 (36.3%)	242 (63.7%)	380 (100%)
Fetal brain damage	176 (46.3%)	204 (53.7%)	380 (100%)
Urinary tract infection	113 (29.7%)	267 (70.3%)	380 (100%)
Excessive bleeding	135 (35.5%)	245 (64.5%)	380 (100%)
Vesico vaginal fistula	239 (62.9%)	141 (37.1%)	380 (100%)
Recto vaginal Vistula	227 (59.7%)	153 (40.3%)	380 (100%)
Grand Average	173 (45.5%)	207 (54.5%)	380 (100%)

The table above illustrates the respondent's level of awareness of physical health implications of female genital mutilation. Responding to haemorrhage as a physical health implication, 245 (64.5%) respondents are aware while 135 (35.5%) -are unaware. Responding to urethral damage, 141 (37.1%) respondents are aware while 239 (62.9%) are unaware. On acute headache, 238 (62.6%) respondents are aware while 142 (37.4%) are unaware. Regarding peptic ulcer, 113 (29.7%) respondents arc aware while 267 (70.3%) are unaware. Responding to keloid formation, 153 (40.3%) respondents are aware while 227 (59.7%) are unaware. On chronic pelvic infection, 160 (42.1%) respondents are aware while 220 (57.9%) are unaware. Reacting to Dyspareunia, 173 (45.5%) are aware while 207 (54.5%) are unaware. On calculus formation, 138 (36.3%) respondents are aware while 242 (63.7%) are unaware. Responding to fetal brain damage 176 (46.3%) respondents arc aware while 204 (53.7%) are unaware. Regarding urinary tract infection, 113 (29.7%) respondents are aware while 267 (70.3%) are unaware. Coming to excessive bleeding, 135 (35.5%) respondents are aware while 245 (64.5%) are unaware Regarding Vesico vaginal fistula, 239 (62.9%) respondents are aware while 141 (37.1%) are unaware. Responding to Recto vaginal fistula, 227 (59.7%) respondents are aware while 153 (40.3%) are unaware.

Table-6: Frequency distribution of Respondent's level of Awareness of emotional Health Implications of Female genital Mutilation

Health Implication	Level of awareness		
Emotional Health implication	**Aware**	**Unaware**	**Total**
Depression	170 (44.7%)	210(55.3%)	380 (100%)
Anxiety reaction	238 (62.6%)	142 (37.4%)	380(100%)
Chronic irritability	51 (13.4%)	329 (86.6%)	380 (100%)
Diminished coitus desire , Insomnia	275 (72.4%)	105 (27.6%)	380 (100%)
insomnia	248 (65.3%)	132 (34.7%)	380 (100%)
Frigidity.	130(34.2%)	250 (65.8%)	380 (100%)
Tension	210(55.3%)	170 (44.7%)	380(100%)
Psychosis	98 (25.8%)	282 (74.2%)	380 (100%)
Grand Average	177(46.6%)	203 (53.4%)	380 (100%)

The above table shows the respondents level of awareness of emotional health implications of female genital mutilation. Responding to depression as an emotional health implication, 170 (44.7%) respondents are aware while 210 (55.2%) are unaware. On anxiety reaction, 238 (62.6%)- respondents are aware while 142 (37.4%) are unaware. Responding to chronic irritability, 51 (13.4%) respondents are aware while 329 (86.6%) are unaware. Responding to diminished desire for coitus, 275 (72.4%) respondents arc aware while 105 (27.6%) respondents are unaware. Regarding insomnia, 248 (65.3%) respondents are aware while 132 (34.7%)

are unaware. Reacting to frigidity, 130 (34.2%) respondents are aware while 250 (65.8%) are unaware. With regard to tension, 210 (55.3%) respondents are aware while 170 (44.7%) are unaware. Responding to psychosis, 98 (25.8%) are aware while 282 (74.2%) are unaware.

Table-7: Frequency distribution of Respondent's level of awareness of social Health Implications of Female Genital Mutilation

Health Implication	**Level of awareness**		
Social Health implication	**Aware**	**Unaware**	**Total**
Divorce	51 (13.4%)	329 (86.6%)	380 (100%)
Family separation	98 (25.8%)	282 (74.2%)	380 (100%)
Polygamy	51 (13.4%)	329 (86.6%)	380(100%)
Disruption Promiscuity	1 13 (29.7%) 98 (25.8%)	267(70.3%) 282 (74.2%)	380 (100%) 380 (100%)
Body foul smell	170 (44.7%)	210(55.3%)	380 (100%)
Inferiority complex	130 (34.2%)	250 (65.8%)	380(100%)
Grand Average	102 (26.8%)	278 (73.2%)	380 (100%)

The above table explains the respondent's level of awareness of social health implication of female genital mutilation. Responding to divorce as a social health implication, 15 (13.4%) respondents are aware while 329 (86.6%) respondents are unaware. Responding to family separation, 98 (25.8%) respondents are aware while 282 (74.2%) respondents are unaware. On polygamy, 51 (13.4%) respondents are aware while 329 (86.6%) respondents are unaware. With regard to disruption of family unity, 113 (29.7%) respondents are aware while 267 (70.3%) respondents are unaware. Responding to promiscuity, 98 (2'5.8%) respondents are aware while 282 (74.2%) respondents are unaware. Reacting to body foul smell, 170 (44.7%) respondents are aware while 210 (55.3%) are unaware. On inferiority complex, 130 (34.2%) respondents are aware while 250 (65.8%) respondents are unaware.

Table-8: Summary of awareness level of Health implications of Female Genital Mutilation among parents in Orumba North Local Government Area

Health Implication	**Level of awareness**		
Health implication	**Aware**	**Unaware**	**Total**
Physical health implications	173 (45.5%)	207 (54.5%)	380 (100%)
Emotional health implications	177 (46.6%)	203 (53.4%)	380 (100%)
Social health implications	102 (268%)	278 (73.2%)	380 (100%)
End total	452(118.9%)	688(181.1%)	1140 (300%)
Grand Average	151 (39.7%)	229 (60.3%)	380 (100%)

The above table indicates the summary of awareness level of health implications female genital mutilation among parents of chiding age in Orumba North L.G.A. 151 (39.7%) respondents are aware of the physical, emotional and social health implications of female genital mutilation while 229 (60.3%) respondents indicated are unaware to the same health implications of female genital mutilation.

Table-9: Chi-square analysis extent of awareness of health implications of female genital mutilation among parents in Orumba North Local Government Area based on their parity status

Parity status	**Level of awareness**		
	Aw a re	**Unaware**	**Total**
1 - 4 children	122 (32.1%)	81 (21.3%)	203 (53.4%)
5 children and above	57 (15%)	**120 (31.6%)**	177 (46.6%)
Total	179(47.1%)	201 (52.9%)	380(100%)

The table above shows awareness response of the subjects on female genital mutilation based on their parity status. It shows that 122 (32.1%) of the respondents with 1 to 4 children are aware of the health implication of FGM while 81 (21.3%) are unaware. 57 (15%) of the respondents with 5 children and above are aware of the health implication of FGM while 120 (31.6%) are unaware.

Table-10: Chi-square analysis of extent of awareness of health implications of

Religious Affiliation	Level of awareness		
	Aware	Unaware	Total
Roman catholic communion	68(17.9%)	109 (28.7%)	177 (46.6%)
Anglican communion	57(12.4%)	82 (21.6%)	129 (33.9%)
Pentecostal	28 (7.4%)	46(12.1%)	74 (19.5%)
Total	143 (37.6%)	237 (62.4%)	380 (100%)

Female Genital Mutilation among parents in Orumba North L.G.A. based their religious affiliation

The table above shows awareness response of the subjects on female genital mutilation based on religious affiliation, it shows that 68 (17.9%) respondents who are Roman catholic are aware of health implications of FGM while 109 (28.7%) are unaware. 47 (12.4) respondents who are Anglican are aware of health implications of FGM while 82 (21.6%) are unaware. 28 (7.4%) respondents who belong to Pentecostal are aware of health implication of FGM while 46 (12.1%) are unaware.

Table-11: Chi-square analysis on extent of awareness of health implications of female Genital Mutilation among parents in Orumba North L.G.A. based on their ages

AgesI	Awareness Responses		Total
	Aware	Unaware	
Less than 25 years	31 (8.2%)	59(15.5%)	90 (23.7%)
26 to 35 years	47(12.4%)	60(15.8%)	107 (28.2%)
36 to 45 years	23(6.1%)	85 (22.4%)	108 (28.4%)
45 years and above	42(11.1%)	33 (8.7%)	75 (19.7%)
Total	143 (37.6%)	237 (62.4%)	380 (100%)

The table above shows awareness response of the subjects on health implications of female Genital Mutilation based on their ages. It shows that 31 (8:2%) respondents whose age fall within the range of less than 25 years are aware of the health implications of PGM while 59 (15.5%) arc unaware. 47 (12.4%) respondents who are within (the range of 26 to 35 years are aware of health implications of FGM while 60 (15.8%) are not aware. 23 (6.1%) respondents who are within the age range of 36 to 45 years are aware of health implications of FGM while 85 (22.4%) are unaware. 42 (11.1%) respondents who are more than 45 years are aware of health implications of FGM while 33 (8.7) are unaware.

DISCUSSION

Result of the study revealed that the related literature on awareness to the concept confirmed that majority of people are unaware of the physical health, implications of female Genital Mutilation. That is 173 (45.5%) respondents are aware and 207 '(54.5%) respondents are unaware. Ahmed [4] opined that victims become vulnerable to excessive bleeding and it result to haemorrhagic anaemia and can lead to death. In support of this, Kemp and David, 2005 added that the resultant effect of bleeding sometimes lead to the delivery of babies with low birth weight, major blood loss could also lead to death, shock due to bleeding, severe pain and anguish.

Result of the study revealed that the related literature on awareness confirmed that majority of people are unaware of the emotional health implications of female Genital Mutilation. That is 177 (46.6%) respondents are aware and 203 (53.4 %) of FGM are unaware.

Result of the study revealed that the related' literature on awareness confirmed that majority of people are unaware of the social health implications of FGM. That is 102 (26.8%) respondents are aware and 278 (73.2%) respondents are unaware. Result of the study revealed that the related literature on awareness of respondents is based on the level of education. The respondents from non-formal education to primary level of education revealed highest unawareness status while those with secondary and tertiary level of education disclosed lowest unawareness status. Related literature confirmed that education helps to inform parents about the psychological social health damage and description of social life resulting from F:GM.

Related literature further confirmed that through education efforts to secure the cooperation and understanding of leaders in the community including women who have undergone the procedure themselves when highlighting the dangers of FGM would be achieved.

Result of the study revealed that among the women who have I to 4 children, 122 (32.1%) respondents are aware of health implications of Female Genital Mutilation while 81 (21.3%) respondents are unaware. Among the women who have more than four children 57 (15%) respondents are aware of health implications of Female Genital Mutilation while 120 (31.6%) respondents are unaware. Related literature confirmed that in the society where Female Genital

Mutilation is practiced, people who are mainly involved or who become victims are women of low socio-economic status who have given birth to many children, especially as it concerns the third type of Female Genital Mutilation which is the worst and most severe form of practice called infibulations. According to Lawson, it is common with multiparous women because before they give birth to babies, they are usually de-infibulated and after delivery they demand husband's sex wise. When the data were subjected to chi-square analysis to test the' hypotheses that there is no significant relationship between parents of various parity status in Orumba North L.G.A. and their awareness of health implications of F.G.M.

The result revealed that is significant relationship between parents of various parity statuses in Orumba North L.G.A. and their awareness of health implications of FemaleGenital Mutilation.

Related literature further confirmed that the more women who are infibulated become pregnant, the more they suffer from the parties of mutilation because of reinfibulation and deinfibulation. The women who have given birth to babies and who have had pharaonic mutilation are prone to infection, Vesico vaginal fistula (VVF), Recto vaginal fistula (RVF) and haemorrhage.

Result of the study revealed that the awareness affiliations. This shows that majority who are Catholics, Anglicans and Pentecostal are unaware of health implications of FGM. That is 68 (17.9%) respondents in catholic are aware while 109 (28.7%) respondents are unaware. In Anglican, 47 (12.4%) respondents are aware of health implications of FGM while 82 (21.6%) respondents are unaware. In Pentecostal mission, 28 (7.4%) respondents are aware while 46 (12.1%) respondents are unaware.

Related literature confirmed that some Muslim people believe that FGM is religiously ordained, there is no support for FGM in the Koran or is it practiced in Saudi Arabia, the cradle of Islam [7]. When the data were subjected to chi-square analysis to test the hypothesis that there is no significant relationship between parents of various religious affiliation m Orumba North Local Government Area and their awareness of health implications of Female Genital Mutilation. Related literature further confirmed that the practice of Female Genital Mutilation is not required by any religion but some women believed that this custom is necessary to make them acceptable by their communities.

Result of the study revealed that among the women whose age range fall within less than 25 years, 31 (8.2%) respondents are aware of health implications of FGM while 59 (15.5%) respondents are unaware. 47 (12.4%) respondents who are within the range of 26 to 35 years are aware of health implications of FGM while 60 (15.8%) are unaware. Among the women who fall within the ages of 36 to 45 years, 23 (6.1%) respondents are aware of the health implications of FGM while 85 (22.4%) respondents are unaware. Among the women who are than 45 years of age, 42 (M .1%) respondents are aware pf health implications of Female Genital Mutilation while 33 (8.7%) are unaware. Related literature confirmed that the age at which the procedure is carried out depends on the ethnic group of the girl. In some communities it is performed when the girl is 10 years old or when she starts menstruation. WHO [7] equally agreed that in various parts of Nigeria, the age of mutilation various from as early has the very first week of life a girl before marriage and in some area just immediately before or after a women delivers her first child. When data were subjected to chi- square analysis to test the hypothesis that there is no significant relationship between parents of various ages in Orumba North Local Government Area and their awareness of health Implications of Female Genital Mutilation. The result revealed that there is significant relationship between parents of various ages in Orumba North Local Government Area and their awareness of health implication of Female Genital Mutilation. Related literature further confirmed that Female Genital Mutilation is also performed in adolescent/adults as part of puberty rite in Abia State, Anambra, and Rivers and cross River State (WHO News Letter).

In addition, People [7] opined that over 75 million women in Africa arc believed to have undergone mutilation which is carried outsoon after birth in sonic societies and at puberty or marriage in others. Ulmar and Miringa [8] agreed that between 85 and 49 million girls and women are subjected to female Genital Mutilation.

CONCLUSION

Majority 207 (54.5%) of the respondents are unaware of the physical health implications of female genital mutilation while 173 (45.5%) respondents are aware. A good number of respondents 203 (53.4%) are unaware of emotional health implication of female genital mutilation while 177 (46.6%) respondents are aware. Majority 278 (73.2%) of the respondents are unaware of the social health implications of female genital mutilation while 102 (26.8%) respondents are aware. Level of education play crucial role in the awareness of health implications of female genital mutilation. Respondents with tertiary education revealed the highest awareness while non formal education disclosed (the lowest awareness response. Significant relationship exists between respondent's awareness of health implications of female genital mutilation and their parity status. The highest awareness response came from women whose parity status were within 1 - 4 children while lowest came from 4 children and above. There is no significant relationship between respondent's awareness of health implications of female genital mutilation and their religious affiliations.

Catholic respondents revealed the highest awareness response while Pentecostal revealed the lowest awareness response. There is significant relationship between respondent's awareness of health implications of female genital mutilation and their ages. The highest awareness response came from women within 26-35 years while lowest awareness response came from the women whose age range falls within 25 years and below.

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