

KNOWLEDGE OF HEALTH IMPLICATIONS OF FEMALE GENITAL MUTILATION AND NUTRITIONAL TABOO PRACTICES AMONG WOMEN IN ABOH-MBAISE, IMO STATE

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Abstract

This study examined knowledge of health implications of female genital mutilation and nutritional taboo practices among women in Aboh-Mbaise, Imo State. Two research questions guided the study. A descriptive survey research design was adopted for the study. A sample size of 320 was selected using purposive sampling technique. The instrument for data collection titled "Knowledge of Health Implications of Harmful Cultural Practices among Women" was used. Data analyses was done using descriptive statistics of Frequency and Percentage. The results of the study showed that majority of the respondents had good knowledge of the health implications of female genital mutilation and nutritional taboos. The study therefore recommended among others that Ministries of Health and Education, should encourage nutrition Education in schools, while the government at all levels should address harmful cultural practices through aggressive public health campaign, policies and legislations against harmful cultural practices.

Keywords: Knowledge, Health Implication, Harmful Cultural Practices, Imo State

Introduction

Culture is the set of distinctive spiritual, material, intellectual and emotional features of society or a social group, that encompasses, not only art and literature, but lifestyles, ways of living together, value systems, traditions and beliefs. According to Abasiokong (2010), culture is that complex whole which includes knowledge, belief, art, morals, law, customs and any other capabilities and habits acquired by man as a member of the society. Cultural practice reflects the values and beliefs, which are passed on during the socialization process. Cultural practice is the manifestation of a culture or subculture, especially in regard to the traditional and customary practices of a particular ethnic or other cultural group. It is important to note that not all cultural practices are beneficial to the recipients since they are subjected to some harrowing experiences under these barbaric conditions which led to such conditions been referred to as harmful.

Harmful cultural practices are all practices done deliberately by men on the body or the psyche of other human beings for no therapeutic purpose, but rather for cultural or socio-conventional motives and which have harmful consequences on the health and the rights of the victims (Nelly, 2014). These cultural practices which exist in different forms and variations wear down the physical and psychological health and integrity of individuals, especially women and girls. Some of them cause excruciating pain while others subject women to humiliating and degrading treatment.

Some of these cultural practices include, Female Genital Mutilation (FGM), Widowhood Discrimination (WD) or Widowhood practices, Nutritional taboos/ Myths, Girl Child (Male child preference), Polygamy, Female-female

Marriage, Wife Battery, Early child marriage (ECM), surrogate marriage practices (where a deceased wife is replaced by her young sister) and levirate marriage practices (where a man marries his deceased brother's widow) among others. Female genital mutilation (FGM) was declared a public health concern due to the widespread practice of the culture and, the huge number of girls and women whose physical, psychological, and reproductive health have been adversely affected (WHO, 2018). For the purpose of this paper, female genital mutilation and nutritional taboos are the central focus among all other harmful cultural practices. FGM comprises all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons.

These practices continue to grow and evolve through globalization and migration, with many of them transferring to new locations with their attendant health consequences which might be physical, mental and social in outlook, affecting majorly the women in the communities. There are physical, social and mental health implications of harmful cultural practices such as female genital mutilation, widowhood rite and early marriage which are common in Aboh-Mbaise which affects women's health. The physical health implications are infections, severe pain, excessive bleeding (haemorrhage), school dropout, genital tissue swelling, fever, loneliness, infertility, unwanted pregnancy, rejection, tetanus, urinary problems, wound healing problems, injury to surrounding genital tissue, scar tissue and keloid, shock, death etc. Mental health implications include: psychological problems (depression, anxiety, post-traumatic stress disorder, low self-esteem, hypertension etc.); some of the social health implications of cultural practices are; abandonment, depression, rejection, loneliness, divorce, social withdrawal, unemployment etc. Women's health is the complete physical, mental, social and personal fitness of women for fruitful and quality living.

Culture offers opportunities for women and youth to participate in productive activities contributing to gender equality, self-esteem and social awareness. Culturally sensitive policies can help to preserve traditional practices and address the needs of socially disadvantaged groups such as women or indigenous people. Thus, this study seeks to examine the knowledge of health implications of female genital mutilation and nutritional taboos among women in Aboh-Mbaise, Imo State.

Statement of the Problem

More than 200 million girls and women alive today have undergone FGM in 30 countries in Africa, the Middle East and Asia where FGM is practiced (UNICEF, 2016). Harmful cultural practices among women in Aboh-Mbaise, Imo State is a serious issue which needs urgent attention of the community leaders. These practices, such as female genital mutilation (FGM) and nutritional taboos/myths are discriminatory practices committed regularly over long periods of time against women that communities and societies begin to consider them acceptable. FGM can lead to serious health complications including prolonged bleeding, infection and infertility or even death. Girls who have undergone FGM are at heightened risk of experiencing complications during childbirth. Girls married as children are more likely to drop out of school and become pregnant as teenagers, and they face increased risks of dying during pregnancy or childbirth. Infants born to teenage mothers are also more likely to be stillborn or die in the first month of life. Discrimination against female gender started from birth, through childhood to adulthood and even at old age despite the fact there are few differences among them. The girl-child being undervalued by their family resulting to practice of early marriages. Women's vulnerability to maltreatment, diseases and other health-related challenges in diverse forms are deeply rooted in the culture of their communities as they have suffered, died from these dreaded harmful cultural practices. It is based on these observations that the researcher investigated the knowledge of health implications of harmful cultural practices among women in Aboh-Mbaise, Imo State.

Research Questions

1. What is the knowledge of health implications of female genital mutilation practices among women in Aboh-Mbaise?
2. What is the knowledge of health implications of nutritional taboo practices among women in Aboh-Mbaise?

Methodology

The study adopted descriptive survey design. A sample of 320 women in Aboh-Mbaise Local Government Area were selected from the total population of the study using accidental sampling technique. Also, 5 communities were selected from the total of 11 communities in Aboh-Mbaise using simple random sampling technique and 10 villages were further selected from the 5 communities. Thereafter, 32 women were purposively selected from each of the 10 villages which summed up the total sample to 320 respondents. The instrument for data collection was a 28-item self-structured questionnaire titled "Knowledge of health implications of harmful cultural practices (KHIHCP)"

which yielded a reliability coefficient of 0.69. Data was analyzed using descriptive statistics of frequency to answer the research questions that guided the study.

Results and Discussion

Research Question 1: What is the knowledge of health implications of female genital mutilation practices among women in Aboh-Mbaise?

Table 1: Frequency and Percentage Analysis on Knowledge of health implications of female genital mutilation among women in Aboh-Mbaise

SN	Items	Knowledge		Decision
		Correct F(%)	Incorrect F(%)	
1	Female genital mutilation can cause excessive bleeding (haemorrhage) in a woman	254(84.7)	46(15.3)	Good
2	Female genital mutilation can scar tissue and keloid in a female	268(89.3)	32(10.7)	Good
3	Female genital mutilation can cause still birth during delivery	268(89.3)	32(10.7)	Good
4	Female genital mutilation can cause infection and infertility in female	260(86.7)	40(13.3)	Good
5	Female genital mutilation can cause excessive pain in the female genitals	284(94.7)	16(5.3)	Good
6	The use of unsterilized materials in conducting female genital mutilation can cause Human Immune Deficiency Virus (HIV) infection in a female	282(94.0)	18(6.0)	Good
	Total	269(89.8)	31(10.2)	Good

Table 1 shows frequency and percentage analysis on knowledge of health implications of female genital mutilation among women in Aboh-Mbaise. The result showed that majority of the respondents (89.8%) had good knowledge on the health implications of female genital mutilation. For instance, 94.7% of the respondents indicates that female genital mutilation can cause excessive pain in the female genitals, also 94% of respondents indicated that the use of unsterilized materials in conducting female genital mutilation can cause Human Immune Deficiency Virus (HIV) infection in a female.

The findings of the study showed that majority of the respondents (89.8%) had good knowledge of the health implications of female genital mutilation, while 94.7% of the respondents indicated that female genital mutilation can cause excessive pain in the female genitals. It is also worthy of note that 94% of respondents indicated that the use of unsterilized materials in conducting female genital mutilation can cause Human Immune Deficiency Virus (HIV) infection in a female. The finding of this study is similar to that of Ibrahim et al. (2013) and Kaplan et al. (2013) whose studies on harmful cultural practices affecting rural women's health showed high level of knowledge on health implications of such cultural practices like female genital mutilation among the respondents.

Research Question 2: What is the knowledge of health implications of nutritional taboo practices among women in Aboh- Mbaise?

Table 2: Frequency and Percentage Analysis on Knowledge of Health Implications of Nutritional Taboos among Women in Aboh-Mbaise

SN	Items	Knowledge		Decision
		Correct F(%)	Incorrect F(%)	
1	Nutritional taboos can lead to babies salivating excessively if pregnant mother eat snail	254(84.7)	46(15.3)	Good

2	Poor lactation in mothers is as a result of nutritional taboos	280(93.3)	20(6.7)	Good
3	Malnutrition can be as a result of inadequate diet in maternal and child health care	282(94.0)	18(6.0)	Good
4	Nutritional taboo can lead to anaemia in children	280(93.3)	20(6.7)	Good
5	Nutritional taboo can lead to delay in healing of episiotomy in female genitals.	222(74.0)	78(26.0)	Good
6	Nutritional taboo can lead to kwashiorkor and marasmus in children.	276(92.0)	24(8.0)	Good
Total		266(88.7)	34(11.3)	Good

Table 2 shows frequency and percentage analysis on knowledge of health implications of nutritional taboos among women in Aboh-Mbaise. The result showed that majority of the respondents (88.7%) had good knowledge of the health implications of nutritional taboos. For instance, 94.0% of the respondents agreed that malnutrition can be caused as a result of inadequate diet in maternal and child health care, also 93.3% of respondents agreed that nutritional taboo can lead to anemia in children. The result also showed the myth that babies given birth to by pregnant women who ate snail will be pouring out saliva uncontrollably when given birth to, as 254 (84.7%) respondents had correct knowledge, while 46(15.3%) respondents had incorrect knowledge. The finding of this study is similar to that of Ahanonu and Victor (2014) whose study on harmful cultural practices affecting rural women's health in Ebonyi State found that the respondents had good knowledge of health implications of harmful cultural practices including nutritional taboos.

Conclusion

Culture cannot be alienated from the people and people must also be the custodian of good cultural practices. The findings revealed that women in Aboh-Mbaise had good knowledge of health implications of harmful cultural practices (Female genital mutilation and nutritional taboos). The practices are common among the inhabitants of Aboh-Mbaise but since majority of women have good knowledge of the health implications of such harmful cultural practices, it may make the practices unpopular and at the long run fade away completely.

Recommendations

Based on the findings and conclusion of this study, the following recommendations are hereby proffered:

1. The community health educators should empower the women in order to create awareness on the harmful effects of female genital mutilation and help them form groups that will campaign against such practices.
2. Ministry of health, ministry of education and school management should encourage nutritional education both in schools and community settings so as to confront various traditional nutritional taboos in different societies.
3. The government and program planners must attract stakeholders and community leaders' support and commitment by collaborating with them in the campaign against harmful cultural practices affecting female child.

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