



EXAMINING KNOWLEDGE OF THE RISKS ASSOCIATED WITH FEMALE GENITAL MUTILATION AMONG WOMEN IN IZZI LOCAL GOVERNMENT AREA, EBONYI STATE

Chioma Eunice Akaebe, Igwe Ijeoma &
Nneka Lynda Nzwei

Department of Sociology/Anthropology, University of Nigeria, Nsukka
chioma.akaebe@unn.edu.ng; ijeoma.igwe@unn.edu.ng; nneka.nzwei@unn.edu.ng

Abstract

Poor general women's health outcomes have been associated with Female Genital Mutilation (FGM), hence, this study examined the level of knowledge of the risks associated with FGM among women in Izzi LGA, Ebonyi State, and a cross-sectional descriptive survey design was utilized. A sample size of 624 respondents was drawn through multi-stage sampling. A mixed method of data collection (QUAN + quali) involving a semi-structured questionnaire and a Key Informant Interview (KII) was employed. Out of 624 respondents that were initially sampled, 584 were valid and analyzed with Chi-square and logistic regression as statistical methods for that analysis. The study revealed a poor level of knowledge about the risks of FGM among the women under study. The results also revealed age and religion as the factors that determine the level of knowledge the women had about the risks of FGM. The study, therefore, concludes that the low level of knowledge contributed to the high prevalence rate of FGM in Ebonyi State and recommends the establishment/implementation of the law against FGM, sensitization at all levels, and provision of capital punishment against those who may persist for the eradication of FGM in Nigeria.

Keywords: FGM, Women, Education, Tradition and Ebonyi.

Introduction

Female Genital Mutilation (FGM) is a global problem, often referred to as Female Circumcision (FC) or Female Genital Cutting (FGC). It is among the most pervasive, detrimental cultural behaviours worldwide. According to the World Health Organization (WHO, 2024; UNICEF, 2022), FGM is the surgical or non-medical removal of external female genitalia in whole or part, as well as various injuries to the female genital organs. It is categorized into four forms: type one, type two, type three, and type four. These varieties of FGM always alter the original/normal shape of female genitalia, including clitoridectomy, excision, and infibulation, among others (WHO, 2024 & 2022). Despite that FGM prevalence has reportedly declined about 15% in some countries among younger girls aged 15–19 compared to older women aged 45–49 (Onah, Ossai, Nwachukwu, Nwachukwu, Mbam, & Azuogu, 2023; Population Reference Bureau, 2021 & UNFPA, 2018), the practice remains high in most countries where it is practiced. Recently, it was estimated that 4.3 million girls in the world today have undergone some form of FGM, while in Africa, an estimated 92 million girls and women have already undergone FGM (UNICEF, 2022 & 2016). About 3 million girls and women across the African continent are at risk of the practice and most of them live in 32 African countries and a few in the Middle East and Asia (UNICEF, 2016; Adeyemo, Omisore, & Oladipupo, 2012). The prevalence of FGM varies according to country; in some countries like Egypt, Ethiopia, Somalia, and Sudan, the prevalence rate is over 70 percent. In other countries such as Togo, Senegal, Liberia, etc, the prevalence rates vary between 5 percent, 25 percent, and 58 percent respectively (UNICEF, 2016; WHO, 2013).



With an estimated 19.9 million survivors in the world, Nigeria accounts for the third highest number of women and girls who have undergone FGM worldwide, with an increase among girls aged 0-14 from 16.9 percent to 19.2 percent in 2018 (UNICEF, 2022). According to current literature, FGM continuation is high in Nigeria, and it is most common among older and poor mothers and in communities with large proportions of uneducated women and those unexposed to the media (Ayoade, 2023; Oni & Okunlola, 2024). However, disparities in the practice exist. The prevalence of FGM is highest in the South East (35 percent) and South West (30 percent) and lowest in the North East (6 percent) with specification, Osun and Ebonyi States having the highest at 77 and 74 percent respectively (UNICEF, 2017; UNICEF, 2022; Nnamani & Mathias, 2024).

Several reasons have been given to justify the practice and this varies from community to community. Among them are justifications based on customs and traditions, as some people believe that FGM promotes the cultural identity of a community and the practice is viewed as a tradition that enhances community coherence (Efeke, Avah, Samuel & Agadaga, 2016; Odukogbe, Afolabi, Bello & Adeyanju, 2017; Sodje & Ilevbare, 2020; Omigbodun, et al., 2022 UNICEF 2022; WHO, 2022 & 2016; Oni & Okunlola, 2024). Again, some people see FGM as an aspect of religious practice and initiation to life or a “rite of passage” into womanhood in the practicing communities (Kaplan, Hechavarria, Bernal & Bonhoure, 2013; Odunjo-Saka, Oluwabunmi, Mobolaji, & Jones-esan, 2022; WHO, 2024). For health reasons, external female genitalia are considered dirty and therefore they need to be removed for improved hygiene of women. Fears about ugly looks or bad odour are the main underlined reasons (Adeyemo, et. al., 2012; Moraria, 2012). Other reasons for FGM include a reduction in sexual feelings, maintenance of virginity, and reduction of the high rate of prostitution (Olagunuju 2018; Sodje & Ilevbare 2020; UNICEF 2022; Anyanwu, et. al., 2022; WHO, 2024; Nnamani & Mathias, 2024). Also, mothers’ intentions and mothers' circumcision status may lead to the daughter’s circumcision. Oni and Okunlola (2024) and Yaya and Ghose (2018) referred to as a generational continuation of FGM (where mothers who were themselves mutilated in turn expose their daughters to the same mutilation process).

Whatever the purpose, research findings show that FGM is still a harmful practice that violates the right to life, health, and dignity of women and girls (UNFPA, 2022; UNICEF, 2022 & Alagbu, Alagbu & Paultete, 2015). To buttress this further, most FGM is carried out by an untrained individual (quack), typically elderly women in a specific family setting or the community, or by native doctors, Traditional Circumcisers (TC), Traditional Birth Attendants (TBA), traditionalists, and members of trade guilds who are typically between the ages of 35 and 70 and are known as local surgeons because they possess little or no knowledge of modern medicine (Anyanwu, et. al., 2022; Ossai, Aniwada, Nwobi & Ezeoke, 2018, NDHS, 2019; Jeremiah, Kalio & Akani, 2014). The performers always make use of several types of unsterilized tools, such as a scalpel, piece of glass, and herbs to perform the practice in an unhealthy, unsterile environment. These may lead to numerous infections and haemorrhage, thereby subjecting the victims to a series of risks and even long-term consequences that may even lead to death. The procedure increases the risk of HIV/AIDS (UNICEF, 2022 & WHO 2024) as many children are being circumcised on the same day with the same unsterilized instruments. During the process, the victims are usually physically held down and often have their legs bound together for many days and immediately after the process, physical, psychological, and social problems may occur with varying frequency.



With all these, victims are exposed to numerous short or long-term risks which result in health, physical, psychological, emotional, and social risks such as severe pain, haemorrhage (bleeding), shock, difficulty in passing urine, infections, sexual dissatisfaction, and obstructed labour which causes the high proportion of maternal death (UNICEF, 2022, WHO, 2022). Notwithstanding, social risks per se, young females may decide to avoid the practice by running away from their homes and abandoning their daily activities, just because of the procedure or its side effects. This was captured in Vanguard Newspaper (15 February 2017) on how two female secondary school students from Achacha 1 village, Igbeagu community in Izzi Local Government Area (LGA) of Ebonyi State, recounted efforts to avoid being mutilated. According to Okutu (the reporter), the grandmother of one of the two girls was threatening to carry out the circumcision on her whenever she came back home. The scenario, however, highlights the degree of ignorance among the Izzi people regarding the risks associated with this practice, particularly among mothers and grandmothers, regardless of their social status.

Reports have shown that most people/countries that practice FGM lack or have little knowledge about its complications. According to previous studies conducted on Malay Muslim women between the ages of 15 and 49 years, eventually, all the women studied were mutilated and 86 percent of them did not know the risks associated with FGM. This could be because the majority (75%) had FGM when they were less than 12 months old and could not recall their negative experience from the practice and 55 percent of the women were non-literate (Patil and Valimalar, 2009); Wilsher. 2014). Again, in Egypt, there is a high rate (97%) of FGM, which is a result of a poor level of knowledge of problems associated with FGM (Abolfotouh, Ebrahim & Abolfotouh, 2015). Moreover, Eastern Sudan has a more than 80% rate of FGM which was a result of a low level of knowledge of complications associated with FGM (Ali, 2002). Ali further stressed that a high proportion of Kassala women studied did not know of any problem associated with FGM except severe pain and haemorrhage (bleeding) that occur during the practice. The same practice not only applicable in Mali where FGM is being practiced to a large extent with 92 percent (Ann-Marie, 2014) but also in Nigeria that ranks third globally in terms of FGM practice, with Ebonyi State continuing to practice FGM and ranking second in Nigeria (Oni & Okunlola, 2024; WHO 2024 & UNICEF, 2022). This might have to do with the poor knowledge about the negative effects of this practice of women, the traditional birth attendants/traditional circumcisers, and the custodians of a community. To meet the Sustainable Development Goal of the United Nations, which calls for the eradication of female genital mutilation by 2030, further research on the degree of women's understanding of the consequences associated with FGM is required to determine the actual strategies to curb this traditional practice.

However, it is yet to be known the level of knowledge these categories of people have about the dangers of such practice in Nigeria. Though several investigators (Oni & Okunlola, 2024; Mathias, 2024; Ayoade, 2023; Anyanwu, et. al., 2022; Sodje & Ilevbare, 2020; Omigbodun, et. al., 2022, Odukogbe, Afolabi, Bello & Adeyanju, 2017 & Efeke, Avah, Samuel & Agadaga, 2016) have studied FGM within and outside Nigeria. None of them, however, looked at the level of knowledge that women who perform and encourage FGM have about the consequences of the practice as well as the factors that may have contributed to that level of understanding. Thus, studies of this nature are in isolation, especially in the eastern parts of Nigeria. The study therefore, seeks to find answers to the following questions:



- i. What is the rate of FGM in Izzi LGA of Ebonyi State?
- ii. What is the level of knowledge women in Izzi LGA have about the risks associated with FGM?
- iii. What factors determine the level of knowledge women in Izzi LGA had about the risks associated with FGM?

These and other questions related to the level of knowledge about the risks associated with FGM and factors that determine the level of knowledge women have about the risks of FGM are yet to be answered. In light of this, the survey design was designed to examine the level of knowledge about the risks of FGM among women in Izzi LGA, Ebonyi state, and also to identify factors that determine the level of knowledge women have about the subject matter. In doing so, this study stated a hypothesis that “women with higher levels of education are more likely to be knowledgeable about the risks associated with FGM than those with lower levels of education”.

Materials and Methods

Study Design

The study adopted the descriptive cross-sectional survey design to generate viable data to answer the research questions as well as test the hypotheses. A descriptive cross-sectional survey design, according to Ihudiebube-Splendor and Chikeme (2020) provides data for describing the status of phenomena or relationships among phenomena at a fixed point in time.

Study Area

The study area is Ebonyi State in southeast Nigeria. It had an estimated population of 2,880,383 in 2016 with an annual growth rate of 2.6% (National Population Commission and National Bureau of Statistics Estimates and City Population Statistics, 2016, NPC, 2016). Ebonyi State comprises 13 local governments, further divided into 171 political wards and 13 communities. This study is limited to the Izzi Local Government Area (LGA). According to the 2016 population projected from the 2006 population census, Izzi has a population of 305,788 with a landmass of 2264 square kilometers. The choice of Izzi LGA, is because the LGA has a lot of traditional practices through which the people (men and women) into age grades and FGM is one of the traditional practices in the area

Study population

The study population is the women in Izzi LGA of Ebonyi State, Nigeria who have attained age 15 years and above. Going by the 2016 projected population of Izzi LGA which is 313,200 from the 2016 population census of 23,6679, 51% of the total population constitutes females while 59% of the total females’ population constitutes females who attain the age of 15 years and above (City Population Statistics, 2016; National Population Commission, 2006; Office of Statistics, 2017).

The target population for this study consisted of all women who had attained the age of 15 years and above at the survey date in the selected communities in Izzi LGA of Ebonyi State. This constituted 59% of the total population (NPC, 2006 projected to 2016). Thus, the target population came to 66,207. The focus on this segment of the population was justified by the fact that this group of women are the victims of FGM, closer to their children who have experienced or witnessed the problems associated with FGM, and can express their



experiences. They are also the majority of people who perform FGM as well as the birth attendants (Anyanwu, et. al., 2022).

Sample Size and Sampling Procedure

A sample size of 624 was computed using the Yaro Yamane formula (1967).

A multi-stage cluster sampling procedure entails the successive selection of community clusters, villages, housing units, and finally, the respondents who were employed. First, out of the eight communities (Ndieze Enyim, Ndieze Echi, Ezzainyimagu, Ndiebor Ezza-Inyimegu, Ndiechi Ezza-Inyimegu, Agbaja, Igbeagu, Mgbalukwu) in the study area, five communities were randomly selected, namely Agbaja, Mgbalukwu, Igbeagu, Ndieze Echi and Ezzainyimagu communities. This was to ensure equal participation of all the females who attained the age of 15 years and above within the survey date in Izzi LGA. Two villages were randomly selected from each of the five chosen communities, making it 10 villages in all. Then, in each chosen village, all the dwelling compounds were numbered, out of which 141, 125, 130, 123, and 105 respondents were allotted to the selected communities, totaling 624 persons in the study sample. Thus, in each of the selected compounds, one eligible respondent was selected purposively, taking into consideration gender and age.

Data collection

The data collection process passed through the scientific rigour of the mixed method of data collection, involving the quantitative and qualitative methods of data collection. Meanwhile, the study is of QUAN + quali method. However, an interviewer-based questionnaire and Key Informant Interview (KII) were designed to provide information on the level of knowledge women have about the risks associated with FGM as well as factors that contributed to the level of their knowledge. A questionnaire as a quantitative method of data collection, was used to elicit information from 624 respondents with five trained research assistants. Thus, only 584 valid questionnaires were completed and returned (the validity of this instrument includes respondents who knew FGM).

The qualitative method involved a KII which was used to explore TC/TBA's opinion and perceptions purposively towards the risks associated with FGM. The rationale behind selecting Key Informants was to identify, analyze, and report information within data to aid and complement data from the questionnaire. The KII that involved female circumcisers and female birth attendants who participated as key informants' conversations with the investigator were selected based on their availability and years of practice at the LGA at the time the researcher visited. With permission from the respondents, discussions were recorded with an electronic recorder, while research assistants were featured as note-takers. The research assistants were proficient in the Igbo and English languages, as both were used to communicate. Finally, the researchers collectively developed the research instruments.

Data analysis

The data were processed and analyzed with IBM-SPSS version 22. Descriptive statistics such as percentages and frequency tables were employed in characterizing the respondents. Inferential statistics were done using Chi-square (χ^2) at a p-value of ≤ 0.05 , and Logistic regression to illustrate the relationship between certain variables with a significance level of 0.05 and to explore the odds of the probability of the dependent variable occurring as the values of the independent variable change respectively. On the other hand, thematic analysis for the qualitative data that was elicited through the KII schedule was employed and the researchers,



after having them translated into English made sure the collected data were compared with the notes taken to ensure accurate reporting of responses.

Ethics Statement

The information provided by the respondents would only be used for research and academic purposes. The respondent's consent and permission were verbally obtained in line with ethical standards for research (Bryman, 2016; Pittaway et al., 2010)



Results

Results are presented based on a total of 584 valid questionnaires.

Socio-demographic features of respondents

All sampled respondents were residents in the studied area and 55.3% of them were between 15-44 years, while 44.7 percent of them were between 45 years and above. Among the respondents, only 20 percent were single, 56.2 percent were married and 23.8 percent were ever married. The highest level of education of the respondents was SSCE/GCE. Moreso, respondents majored (89.6%) in Christian belief, with only 10.4% practicing traditional religion. More information about the respondents is provided in Table 1 (See Table 1). However, the KII respondents were between the ages of 44 years and above and on average completed their secondary school.

Table 1: Distribution of some selected Socio-Demographic Characteristics (n = 584)

Characteristics	Options	Frequency	Percentage
Age	15 – 24	101	17.3
	25 – 34	108	18.5
	35 – 44	114	19.5
	45 – 54	107	18.3
	55 – 64	96	16.4
	65+	58	10.0
	Total	584	100
Marital Status	Single	117	20.0
	Married	328	56.2
	Widow	105	18.0
	Divorced	25	4.3
	Separated	9	1.5
	Total	584	100
Level of Education	No formal education	135	23.1
	FSLC	148	25.3
	SSCE/GCE	169	28.9
	NCE/OND	64	11.0
	HND/First Degree	59	10.1
	Masters/Ph.D	9	1.5
Religious Affiliation	Christianity	523	89.6
	African Tradition Religion	61	10.4
	Total	584	100

Source: Field Work

Prevalence of FGM

Prevalence of FGM was assessed using two variables which included the FGM status of the women under study and the knowledge of someone who has undergone FGM (See Table 2). However, we observed from the study that the prevalence rate of FGM among women in the study area was 75 percent rate. Again, 91.3% of them know people who have undergone FGM, while only 25 percent and 8.7% have not undergone FGM and were not aware of any respectively. This, however, could make it easier to identify the risks associated with FGM.



Table 2: Distribution of the respondents on the practice of FGM (n = 584)

Characteristics	Options	Frequency	Percentage
FGM status	Mutilated	438	75.0
	Not mutilated	146	25.0
	Total	584	100
Knowledge of someone who has undergone FGM	Yes	533	91.3
	No	51	8.7
	Total	584	100

Source: Field Work

Level of knowledge of the risks associated with FGM

The data analyzed revealed how knowledgeable the women studied were about the consequences of FGM. The results show that more than half (65.2%) of the people studied were aware of some risks that occurred as a result of FGM, while 34.8 percent of them claimed ignorance of any risks. The highest percentage (65.2%) of them shows that the majority of the people were knowledgeable of some risks that were associated with FGM. Surprisingly, when allowed to identify their level of understanding about the consequences of FGM, we discovered that even though the majority of the respondents know some problems associated with FGM. The study found that only health risks of FGM were the highest (84.5%) among numerous sets of risks mentioned by the respondents, followed by psychological and social/emotional risks that were mentioned by 33.6 percent and 21.3 percent respectively. This shows that there is a poor level of knowledge among women under study. For more clarifications, see Table 3.

Table 3: Identification of the risks associated with FGM Mentioned/Not Mentioned (% in parentheses) (n = 381)

Multiple answers allowed

Risks	Mentioned	Not Mentioned	Total
Medical/Health risks (E.g. bleeding, painful or blocked menses, difficulties during delivery, infections like HIV/AIDS, STIs etc.)	322 (84.5)	59 (15.5)	381 (100)
Psychological risks (E.g., it brings worry, anxiety, sleeplessness, mental injuries, etc)	128 (33.6)	253 (66.4)	381 (100)
Sexual risks (E.g., it causes pain during sexual intercourse, it reduces sexual urge, it causes post-coital bleeding, poor sexual and marital relationship, etc.)	47 (12.3)	334 (87.6)	381 (100)
Social/emotional risks (E.g., it encourages early marriage, it causes poor quality educational performance, divorce, marriage instability, Empty shell, etc.)	81 (21.3)	300 (78.7)	381 (100)

Source: Field Work



The results also pointed to the fact that some people, especially TC and TBA did not accept that the practice has any effects on the victims, as some qualitative data support the fact that FGM has no side effects but lots of benefits. Below is a participant's response:

Circumcision is my family business; it runs in our blood. I learned how to circumcise from my mother and my grandmother and I know everything about it which has no risks but numerous benefits **[TBA, Agbaja, 78 years]**.

Other participants also stressed that “since I have been into this business, I don’t think FGM has any effect on women but all I know is that FGM is good for women’s life” **[TBA, Igbeaguy, 67 years]**. While another traditional circumciser narrated that:

I have not seen any problem as a result of FGM and no one has ever come to me or reported to the Igwe or the police that his/her daughter had a problem as a result of FGM I carried on her. Instead, our people are encouraging me by offering me gifts for their appreciation of my efforts in maintaining our tradition and making most women faithful to their husbands **[TC, Ndieze Echi, 73 years]**.



Test of Hypothesis

The test is a two-trail test of significance. This means that researchers are not making any specific prediction concerning the direction of the relationship between the variables (positive/negative). However, when the P=value is less than the alpha value (0.05), the alternative hypothesis will be accepted, and reject the null hypothesis. Otherwise, the alternative hypothesis will be rejected, and accept the null hypothesis.

Alternative Hypothesis (H_1): Women with higher levels of education are more likely to be knowledgeable about the risks associated with FGM than those with lower levels of education.

Null Hypothesis (H_0): Women with higher levels of education are less likely to be knowledgeable about the risks associated with FGM than those with lower levels of education.

Results from the hypothesis show the education of the respondents and knowledge about the risks associated with FGM and it was discovered that among the respondents who knew the risks associated with FGM, 45.7 percent of them had a low level of education, 42.3 % and 12.1% of them had medium and high levels of education respectively. Among those who did not know the risks associated with FGM, a greater percentage of them had a low level of education (53.7%), 35.5% of them had a medium level of education, while only 10.8% of the had a high level of education (See Table 4). Thus, a greater percentage (45.7%) of the respondents who knew the risks associated with FGM had a low level of education. This implies that a woman's education does not determine her understanding of cultural risks of this type.

Table 4: Cross-tabulation of the respondents based on their level of education and knowing the risks associated with FGM (% in parenthesis)

Level of Education	Knowledge of the risk(s) that occur as a result of female circumcision?		Total
	Yes	No	
Low Education	174 (45.7)	109 (53.7)	283 (48.5)
Medium Education	161 (42.3)	72 (35.5)	233 (39.9)
High Education	46 (12.1)	22 (10.8)	68 (11.6)
Total	381 (100)	203 (100)	584 (100)

Source: Field Work

$X^2 = 3.464$; $df = 2$; $P = .177$; **Critical Value** = 5.991

Data from Chi-square statistic reads $X^2 = 3.464$, and the P value is .177 which is greater than the alpha value = .05. Again, the critical value (table value) = 5.991 is greater than $X^2 = 3.464$. Therefore, going by the rule of chi-square, the result calls for the rejection of the alternative hypothesis and acceptance of the null hypothesis which states that 'women with higher level of education are not more likely to have the knowledge of the risks associated with FGM than those with lower level of education' and this means that level of education (i.e whether one is highly educated or with low education) does not seem to influence knowledge about the risks associated with FGM in the study area.

Qualitative data supported the above conclusion and one of the respondents opined thus:



Education is good in some aspects of someone's life but does not have a great influence on the knowledge women have about the risks associated with FGM. Thus, as I did not go to school, I still know little problems that occur as a result of FGM which include shock, pains, and bleeding (**IDI with TBA from Mgbalukwu community, 67 years**).

Another respondent stressed that:

I do not think only education has an influence on the knowledge women have about the risks associated with FGM since I have been observing the victims experience some problems like little bleeding, pains, and difficulty in passing out urine at the first stage of the operation and I did not go to school. In other words, experience also influences the idea women have about the problems associated with FGM [**IDI with TBA from Ndieze Echi community, 62 years**].

Factors that determine the level of knowledge about the risks associated with FGM

A logistic regression was performed to highlight factors (age, marital status, education, occupation, religion, etc.) that determine the level of understanding of the risks associated with FGM and the traditional .05 criterion of statistical significance was employed for all tests. On the contributions of each variable, as indicated in Table 5, the results revealed that only age and religion variables contributed significantly to the level of knowledge about the subject matter. Specifically, for age, those who were young are .647 times or 54.6% ($1/.647 - 1(100) = 54.6\%$) more likely to be knowledgeable about the risks associated with FGM than those who were older ($\beta = .435$; wald = 5.736; $p < .05$). For religion, those who were Christians are 3.571 times or 72% ($1/3.571 - 1(100) = 72\%$) more likely to have the knowledge about the risks associated with FGM than those who were not Christians ($\beta = .453$; wald = 5.736; $p < .05$). The rest of the variables, such as education, marital status and occupation did not make significant contributions to the predictive ability of the model. In other words, the age and religion of the respondents were indicators of the level of knowledge women had about the risks associated with FGM in the study area.

Table 5: Logistic Regression by factors that are contributing to the level of knowledge of risks associated with FGM in Izzi LGA

Socio-Demographics	B	S.E.	Wald	Df	Sig.	Exp(B)	95% EXP(B)	C.I.for
							Lower	Upper
Education	.417	.226	3.405	1	.065	1.518	.974	2.364
Age	-.435	.182	5.736	1	.017*	.647	.453	.924
Marital Status	.064	.247	.067	1	.796	1.066	.656	1.731
Occupation	.087	.228	.147	1	.701	1.091	.699	1.705
Religion	1.273	.282	20.305	1	.000*	3.571	2.053	6.211
Constant	-.499	.343	2.116	1	.146	.607		

Source: Field Work

Note: N=584, Determinants as age was coded 1= old and 0= young; education was coded 1= high education and 0= lower education (* $p < .05$).



Discussion

The findings of this study reveal significant gaps in both the level of knowledge and the determinants of the level of understanding about the consequences of FGM among women in Izzi LGA of Ebonyi State. However, drawing inferences from the findings, the high rate (75%) of FGM in this study lends credence to this. The figure is approximately slightly higher than the 74% rate of FGM in Ebonyi State as confirmed by numerous findings (UNICEF, 2017/2022; Nnamani & Mathias, 2024) and also that of Oni and Okunlola (2024) and Ibekwe, et. al., (2012) which reported the prevalence of FGM in Ebonyi State is high with 50% of their female children and women have been subjected to FGM. Though 65.2% of the women studied know some risks of FGM, the study also revealed a poor level of understanding of the risks associated with FGM as a greater percentage (84.5%) of them could only mention health risks among the numerous risks associated with FGM. This confirms previous literature which stated that the majority (62.4%) of women studied had only knowledge of the physical and psychological effects of FGM (Abolfotouh, Ebrahim & Abolfotouh, 2015; Okhiai, Idonije & Asika, 2011).

However, some factors could contribute to the poor level of understanding of the subject matter. On this note, some of the explanatory variables such as age, education, occupation, marital status, and religion, when taken one after the other to test their contributions towards the knowledge women had about the risks associated with FGM using regression, the data revealed that age of an Izzi woman and her religion were strong determinant factors that determine the level of the knowledge they have about the risks associated with FGM. This agrees to a little extent with empirical findings that presented religion as a determinant factor with 41% of the level of knowledge women have about the risks associated with FGM (Olubayo-Fatiregun, 2014); age and level of education as the factors that influence the level of knowledge respondents had about the risks associated with FGM (Okhiai, Idonije & Asike, 2011). This however, disagrees with some empirical findings of Titilayo, Asa, Olaoye-Oyesola, and Anuodo (2016) which pointed out the marital status of women, location, and economic factors as the factors influenced the level of knowledge women have about the risks associated with FGM and findings of Tesfaye, Yihunie, and Kebede (2016) which mentioned educational status, income level, and occupation of the respondents as the major factors that determine the level of knowledge women have about the risks associated with FGM.

To buttress further on the above findings, the study also revealed that the independent variable in the tested hypothesis which is education was also not accepted as a factor that could contribute greatly to the level of knowledge the respondents had about the risks associated with FGM. Thus, the hypothesis – ‘women with a higher level of education are more likely to have the knowledge of the risks associated with FGM than those with a lower level of education’ was rejected because the Critical Value (5.991) is greater than the Chi-Square tabulated Value (3.464). This shows that the education of the respondents as a tool that supposed to contribute to the women’s level of knowledge was not accepted. This finding disagrees with past findings of Olubayo-Fatiregun (2014) which stated that educational factors had a strong influence on the knowledge women had about the risks associated with FGM. Information from the qualitative data shows that education does not determine the knowledge of the risks women have associated with FGM.



The study also found that the *establishment/implementation of laws against FGM* was the best way to eradicate FGM in the study area. This could be due to the universality of the practice and the strong adherence to the belief that it is an intrinsic cultural behaviour, followed by *public enlightenment* through existing women's groups and organizations such as an association of umuada(s), women's August meeting, workshops/seminars/conferences, etc. and provision of *capital punishment* would be needed also to curb such practice against those who persisted after the first two suggestions must have been put in place. This finding then supports the past research findings of UNICEF 2022, Ibekwe, et. al. (2012), and Adeyemo, et. al., (2012) which then recommended advocacy, education of the girl child, woman empowerment, sensitization of the people on the dangers of FGM, legislation against FGM as well as severe punishment to the perpetrators as the best ways to stop the menace of this practice.

Conclusion

Given the alarming high prevalence rate of FGM and its implications among developing countries like Nigeria, the overriding concern of this study was to examine the level of knowledge Izzi women have about the risks associated with FGM, as well as factors that influence the level of their knowledge of the. The study found poor level of knowledge about the risks associated with FGM among women in Izzi LGA of Ebonyi State, as the majority of the women only indicated health risks among numerous risks that were associated with FGM in the LGA. This could be because education, among other socio-demographic variables, was not statistically significant on the level of knowledge women in Izzi LGA had about the risks associated with FGM. However, this study deduced that this level of knowledge women in Izzi LGA of Ebonyi State had about the risks associated with FGM contributed greatly to the high prevalence rate (74%) of FGM in the state as reported by UNICEF (2017/2022). By implication, if there is no substantial improvement in the structural educational system of this community through enlightenment programmes on the health risks of this practice, the problem of FGM will continue to dog them. However, eradicating the practice of FGM requires a solid foundation that can aid behavioural change and these include:

The position of this study is that since the poor level of knowledge among the people under study was attributed to their level of education, there is an urgent need to enlighten people, especially older women about the risks that are associated with FGM through the association of umuada(s), women's meetings like August meeting, conferences/workshops/seminars, religious houses, mass media and most importantly through free education in Ebonyi State. This will help them to be aware of or increase their level of knowledge they had about the risks associated with FGM. Again, through education, the socio-economic status of women will be improved, thereby empowering them to know when their life is being threatened or violated, so that they can be free to take legal recourse against any person who operated on them or trying to do so.

Again, since the tradition/custom of the people stands as a support to continuous practicing FGM, there is a need for the Federal Government to prohibit such practice through the establishment or implementation of legislative measures backed up with capital punishment for those who persist eliminate FGM in the practicing communities like Izzi LGA of Ebonyi State.

Finally, there is need also for special training that should be organized for community leaders and traditional circumscribers or traditional birth attendants to sensitize them about the harmful



and long-term effects of FGM together with soliciting their support in not encouraging people to undergo circumcision. Putting in place all those suggestions mentioned above against FGM to a greater extent will eradicate such practice in Ebonyi State in particular and Nigeria in general.

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