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Parents' Opinions on Female Genital Cutting and Its Associated Health Complications at General Hospital Ifako Ijaye, Lagos State, Nigeria

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Abstract
Female genital cuttingis a damaging practice with no health benefits for girls or women, and its considered to be a violation of female children's health. It is imperative to know peoples' opinion so as to determine the best approach to eradicate Female Genital Cutting.There was limited research evidence on parents' opinion on female genital cutting and associated health complications that can still influence FGC. Hence this research assessed opinion of parents on FGC and its associated health complications at General Hospital IfakoIJaye, Lagos. Nigeria.
The quantitative design and descriptive survey research method was utilized to do this study. Data was collected from 306 respondents. Self- designed questionnaire was used as instrument for data collection. Data were analysed using SPSS version 23 software. Three research questions were answered while one hypothesis was tested using quantitative research design. Pearson correlation coefficient was used in testing the hypotheses the correlation calculated is -0.080 and the p-value is 0.168, which is greater than 0.05 shows there is no significance relationship.
The demographic characteristic of the respondents shows a range between 17 years to 55 years with a mean score 31.25 and standard deviation of 6.85. Most of the parents (57.9%) have negative feelings and opinions against female genital cutting which often affects women's health. The majority of the respondents agreed with the health complications associated with female genital cutting such as painful sexual intercourse (72.0%), urinary tract infection (71.3%), trauma or injury (67.3%), scar formation (61.3%), keloid formations (60.0%), physical deformities (58.7%), bleeding (68.3%). Also, Promiscuity (56.3%) and culture (28.3%) were the factors influencing female genital cutting at general hospital Ifako - Ijaye, Lagos, Nigeria. The hypothesis tested revealed that there is no significant relationship between the parent's opinions and knowledge of health complications associated with female genital cutting. This implies that parents' opinions and knowledge of health complications are not associated with female genital cutting.
The study concluded that Female genital cutting is being done, to prevent promiscuity and mothers who's their family indulged in this practice cannot tell their family to stop it. Therefore, there should be more sensitization campaign on radio, cable TV on the health hazards of female genital cutting.

Keywords: *Factors, Female, Genital, Opinion, Parents.*

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I. Introduction

1.1 Background of the study

Female genital cuttingis a damaging practice with no health benefits for girls or women, and its considered to be a violation of female children's health. People's opinions should be investigated to determine the best approach to eradicate Female Genital Cutting.Female genital cutting (FGC) 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. In many cultures, female genital cutting (FGC) otherwise known as female genital mutilation (FGM) is a widely recognized and culturally accepted ritual, which marks the transition to adulthood. The practice is mostly carried out by traditional circumcisers, who often play other central roles in communities, such as attending childbirths. World Health Organization (WHO) strongly urges health care providers not to

perform FGC. It is recognized internationally as a violation of the human rights of children and women. It reflects deep-rooted inequality between the sexes, and constitutes an extreme form of discrimination against women. It is nearly always carried out on minors and is a violation of the rights of children. The practice also violates a person's rights to health, security and physical integrity, the right to be free from torture and cruel, inhuman or degrading treatment, and the right to life when the procedure results in death.

Female genital cutting (FGC) describes practices that manipulate, alter, or remove the external genital organs in young girls and women. The procedure is performed using a blade or sharp of glass by a religious leader, town elder, or a medical professional with limited training (Kline et al, 2018).“Health professionals who perform Female genital cutting (FGC) are violating girls’ and women’s right to life, right to physical integrity and right to health. They are also violating the fundamental ethical principle; do no harm” (WHO,2010). As Female Genital Cutting can cause infertility, infection, severe bleeding, urinary incontinence, HIV/AIDS etc., to more woman and still they continue to practice this cultural practice, despite the awareness and campaign of the dangers behind FGC, In about 15% of cases, infibulation, the most severe form of FGC, involves the removal of the labia and the suturing together of the vulva; this practice may place the victim’s life at risk. In contrast to male circumcision, the procedure produces no known health benefits and is not performed for medical reasons. Over the past three decades, there has been increasing evidence that FGC harms the physical health and well-being of girls and women. The immediate medical complications of FGC include excessive bleeding, pain, genital tissue swelling, urine retention and problems with wound healing. Long-term or chronic complications, include genitourinary problems, infections and a wide range of sexual and obstetric complications, have consistently been reported**(**Fund UNCs, 2013).

Most research cites social acceptance, marriageability, community belonging, proof of virginity, curbing promiscuity, hygiene, and religion as motivations for the practice (Cappa, 2020). It is generally assumed that individual beliefs of parents and other family members have an impact on decisions related to the cutting, and that such beliefs are influenced by social norms, therefore FGC is a global concern as 63 million more girls could be subjected to FGC by 2050 (UNICEF, 2016).

Typically, FGC is performed during a specific time-span that varies from one country to another. In the Gambia, traditional female circumcisers usually perform the procedure between 7 days after birth up to preadolescence. To date, only one study has addressed the significance of the age at which a girl undergoes FGC, which is relevant for the level of recollection, which, in turn, might affect an individual’s psychological health and well-being. Among immigrant women in the Netherlands who had undergone FGC (Knipscheer, (2015), found that a vivid recollection of the FGC event had an adverse impact on mental health and well-being.

Moreover, FGC involve an acute physical trauma that is likely to be associated with both immediate and long-term genital pain. Physical injuries hold a potential risk for post-injury mental health problems, where pain following a traumatic injury has been linked to depressive symptoms in children and adolescents. Female genital cutting is practiced in many regions throughout Africa, Asia, and the Middle East.

Internationally, 3 million girls are at risk of undergoing FGM/C and 130 to 140 million girls and women are currently living with its consequences. In Africa, it is estimated that 92 million girls aged 10 and above have undergone FGM/C. It is practiced almost in 28 African countries, the Middle East, and South East Asia. Most women who have experienced FGM/C live in one of the 28 countries in Africa; nearly half of them were just found in two countries: Egypt and Ethiopia. Women and girls who have undergone FGM/C are also found in Europe, Canada, US, and Australia because of the increasing movement of communities and individuals between countries. The estimated prevalence of FGM/C in 28 countries across Africa ranged from 98% in Somalia to <1% in Uganda, (Elie. D, 2016). FGM /C is mostly carried out on girls aged between a few days old and 15 years. However, occasionally, adult and married women are also subjected to the procedure. The age at which FGC is performed varies with local traditions and circumstances, but is decreasing in some countries.

The consequences of FGC have both physiological and psychological, including short- and long-term complications (Morison, et al.2011). The method in which the procedure is performed may determine the extent of the short-term complications. If the process was completed using unsterile equipment, no antiseptics, and no antibiotics, the victim may have increased risk of complications Population Reference (Bureau, 2013). Primary infections include staphylococcus infections, urinary tract infections, excessive and uncontrollable pain, and hemorrhaging. Infections such as human immunodeficiency virus (HIV), Chlamydia trachomatis, Clostridium tetani, herpes simplex virus (HSV) 2 are significantly more common among women who underwent Type 3 mutilation compared with other categories (WHO,2016). As the short-term complications manifest, mortality risk increases because of the limited health care available in low-income economies. While data on the mortality of girls who underwent FGC are unknown and hard to procure, it is estimated that 1 in every 500 circumcisions results in death (Bureau, 2013).

One of the most common long-term complications is the development of keloid scar tissue over the area that has been cut. This disfiguring scar can be a source of anxiety and shame to the women who had FGC. Neuromas may develop because of entrapped nerves within the scar leading to severe pain especially during

intercourse. First sexual intercourse can only take place after gradual and painful dilation of the opening left after Cutting. In a study carried out in Sudan, 15% of women interviewed reported that cutting was necessary before penetration could be achieved. Other side complications include cysts, haematocolpos, dysuria and recurrent urinary infections, and possible infertility. Childbirth for infibulated women presents the greatest challenge, as maternal mortality rates are significantly higher because of complications that arise during labour. During delivery, infibulated women (i.e. genitals have been closed tightly) are cut in the perineum area so that the baby can be delivered safely.

Posttraumatic stress disorder (PTSD), anxiety, depression, neuroses, and psychoses are common delayed complications that are associated with FGC, (Behrendt& Moritz, 2015).

Aside from health-related, ethical, and moral consequences of FGC, it has been estimated by the World Health Organization (WHO, 2020) that the annual cost of obstetric complications is more than $3.7 million. However, rationalization of genitalia mutilation persists; the people conducting the procedure do not believe they are doing harm. The eradication of FGC as a public health initiative is imperative to ensuring that newborn females and youth do not undergo this traumatic ordeal.

Religious leaders take varying positions with regard to FGC: some promote it, some consider it irrelevant to religion, and others contribute to its elimination. Local structures of power and authority, such as community leaders, religious leaders, circumcisers, and even some medical personnel can contribute to upholding the practice. Likewise, when informed, they can be effective advocates for abandonment of FGM. In most societies, where FGM is practiced, it is considered a cultural tradition, which is often used as an argument for its continuation. In some societies, recent adoption of the practice is linked to copying the traditions of neighboring groups. Sometimes it has started as part of a wider religious or traditional revival movement (UNICEF,2016).

According to Ahmed, Kareem and shabila (2018), who conducted study on the perspective of female genital cutting among religion leaders in Iraq. The finding indicated participants believed that FGC is useful for reducing or regulating the sexual desire of women to prevent adultery and engagement in pre and extramarital sexual relations and to enhance hygiene of women. They indicated that there is no any risk in doing FGC if there is no excessive cut. Most participants indicated that FGC is attributed to the religion and some considered it a tradition mixed with the religion. People rarely ask the advice of the religious leaders regarding FGC, but they frequently complain about the effects of the practice. Participants did not support having a law to ban FGC either because they thought it would be against the religion's advice on FGC or it will not work.

Female genital mutilation is a practice deeply rooted in the Nigerian society, especially in the Southern geopolitical zones of the country. The Northern zones of the country paradoxically have an abundance of the severe forms of FGM being practiced. It is an act that violates womanhood, with negative, far-reaching health, social and economic implications. Despite the reported reduction in prevalence in the country, a lot more needs to be done to fast-track its elimination, particularly in the area of attitudinal change towards the discontinuation of the practice. Being a practice deeply rooted in culture, change may be slow; but with concerted and well-directed efforts it will surely come.The aim of the present study was to assess the parents' opinion on female genital cutting and its associated health complications at General Hospital IfakoIjaye, Lagos State, Nigeria.

1.2 Statement of problem

The researcher observed that with exposure and modern ways of life globally, women are still bringing their female child for this practice of female genital cutting. More than two hundred million girls and women alive today have been cut in 30 countries in Africa, United Nations Children's Fund (2016), immediate complications include severe pain, shock, hemorrhage, depression, anxiety and anemia, FGC can cause severe bleeding and problems of urinating, and later cysts, Painful sexual intercourse, infections, as well as complications in child birth and increase risk of newborn deaths (WHO, 2020).

This practice makes the vulva of the infants looks unsightly and irritating which may lead to sexual dysfunction that can contribute to marital conflicts or divorce. (WHO) 2010. It also contributes to transmission of infectious diseases, when one tool is used to cut several girls, common in communities where large groups of girls are cut on the same day during a socio-cultural rite, there is a risk of HIV transmission, tetanus or infection, urine retention, ulceration of the genital region and injury to adjacent tissue, wound infection, urinary infection, fever, and septicemia.

Female genital cutting is a practice deeply rooted in the Nigerian society, especially in the Southern geopolitical zones of the country. The Northern zones of the country paradoxically have an abundance of the severe forms of FGM being practiced. It is an act that violates womanhood, with negative, far-reaching health, social and economic implications. Despite the reported reduction in prevalence in the country, a lot more needs to be done to fast-track its elimination, particularly in the area of attitudinal change towards the discontinuation of the practice. Being a practice deeply rooted in culture, change may be slow; but with concerted and well-directed efforts it will surely come.

Furthermore, researcher noticed during immunization exercise in Ifako – Ijaye general hospital that some parents who came for immunization program also asked nurses if female genital cutting services was available in the hospital. Later we got to know that some of them patronized traditional birth attendants to cut their baby clitoris. It was deduced that many parents still belief in some taboos about female genital cutting. Therefore, to prevent or eradicate this FGC practice in our society and reduce the obstetric complications which may arise from female genital cutting, the researcher was particular about need to assess parents' opinion on female genital cutting and its associated health complications at General Hospital Ifako – Ijaye Lagos State, Nigeria.

1.3 Objective of the study

The main objective of this study was to examine the parent's opinion on female genital cutting and its associated health complications at General Hospital IfakoIjaye, Lagos State, Nigeria.

The Specific objectives were to:

1. Assess parents' opinions on the practice of female genital cutting on women's health
2. determine the health complications associated with female genital cutting
3. assess the associated factors influencing female genital cutting at GHII, Lagos

1.4 Research Questions

1. What is the parents' opinions on the practice of female genital cutting on women's health?
2. What are the health complications associated with female genital cutting?
3. What are the associated factors influencing female genital cutting at GHII, Lagos?

1.5 Hypotheses

Ho1: There is no significant relationship between the parents' opinions and knowledge of health complications associated with female genital cutting.

1.6 Scope of the study

The study was focused on child bearing age mothers attending immunization unit of General Hospital Ifako-Ijaye, Lagos. The independent variables are the opinions of parents on FGC, while dependent variable is the practice of female genital cutting.

1.7 Significance of the study

The study investigated parents' opinions on FGC and its associated health complication in the General Hospital in Ifako - Ijaye, Lagos. The results of the study would identify how well-informed parents are on the problem of female genital cutting and the important of eradicating the practice due to the health and social problems it causes for women.

The results of the study may update governmental and institutional policies on new perspective about female genital cutting so that appropriate intervention can be adopted. The findings of this study might be a reference material for future studies and might add to the existing body of knowledge of nursing and midwifery students. The findings may also determine the need for health information and education programs towards prevention of FGC. Consequently, the health of individual girl-child may be improved significantly; thus, the incidence of unwarranted pain, infection, hemorrhage, shock, depression, anxiety, anemia and other associated morbidities and mortalities may be reduced in the society.

1.8 Justification for the study

Female genital cutting is a global cultural belief that violate female right, after been done and the area heals, victims suffer the long-term consequences of the abuse through both physiological, psychological and obstetrical complications during childbirth.

Global prevalence of, and support for, female genital cutting has been declining in the last three decades. The decline has been uneven and not all countries have made progress. Barriers to abandonment include an entrenched sense of social obligation and lack of open communication between men and women. The country profile provides comprehensive information on FGC in Nigeria, detailing the current research, the paper reviews the prevalence of 32.3% of women aged 15-49years that has undergone female genital cutting.

However, limited studies in Nigeria so far have been tailored towards female genital cutting, with the view of things nowadays some factors influencing female genital cutting identified may provide ways of eradicating this practice of FGC in the society and reduce the obstetric complications which may arise from it. The eradication of FGC as a public health initiative is essential to ensuring that newborn females and youth do not undergo this practice of FGC.

II. OPERATIONAL DEFINITION OF TERMS

Female genital cutting refers to all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for cultural or other non-medical reasons.

Health complication are immediate or long-terms problems or difficulties that arises after FGC procedure that affect the health and well-being of an individual involved, such as bleeding, prolong labour, painful sexual intercourse, infection like tetanus, H.I.V., urinary tract infection, Vesico – vaginal fistula, urine retention, keloid formation, chronic pelvic infection etc.

Opinion expresses state of mind of parents through one's bearing or disposition towards Female genital cutting.

Parents are individuals who brought their babies for immunization at general hospital Ifako – Ijaye Lagos.

III. METHODOLOGY

Introduction

This chapter deals with research design, setting for the study, target population, sample/sampling technique, and instrument for data collection, validity and reliability of the instrument, methods for data collection, method of data analysis, ethical consideration shall be reviewed.

3.1 Research design

This research was conducted using quantitative design with non-experimental descriptive methods design which involved systematic collection and representation of data to assess the opinion of parents on Female genital cutting and its associated health complications at General Hospital IfakoIjaye, Lagos.

3.2 Research Setting

The study was conducted among parents attending immunization unit. The investigation was conducted at General Hospital Ifako- Ijaye, Lagos, Nigeria where information on female genital Cutting was elicited among parents.

It was located at college bus stop at College Area of IjuIshaga Lagos, under ward A (3) IfakoIjaye Local Government. General Hospital, IfakoIjaye is a fast-growing state secondary health facility located in the densely populated area of Lagos state close to the neighboring Ogun State. It was established on the 26th February, 2006 providing specialist and qualitative health care services to the people of Lagos State and its environs. The hospital is situated at 14, college Road off Iju road Ifako – Ijaye (formerly IfakoIjaye Local Government Secretariat, but now General Hospital Lagos). The hospital facility is dedicated to providing the highest quality patient care in a compassionate and personalized manner while keeping within the local social, cultural and economic environment irrespective of gender, race, colour, tribe or social class.

3.3 Target Population

The target population for the study were parents of child bearing age attending immunization unit at General Hospital Ifako- Ijaye. The study focused on 306 respondents attending immunization unit. Immunization clinic runs every day. Average number of parents per clinic was fifty, then data were collected systematically for four weeks.

Inclusive criteria

1) Parents of child bearing age attending immunization unit at GHII Lagos.
2) Parents who were present at the time of data collection.

Exclusive criteria

1) Parents who were not interested in filling questionnaire.

3.4 SAMPLE SIZE DETERMINATION

Sample Size of Parents

The calculated sample size of approximately 306 parents was recruited for the study from immunization unit. The sample size was obtained by the use of Cochran's formula for the desired sample size when population is > 10,000.

$$nf = \frac{n}{1 + \frac{n}{N}}$$

Where nf = the calculated sample size when population is < 10,000

n = the desired sample size

when population is > 10,000

N = the estimate of the population size

'n' i.e. the desired sample size when population is > 10,000 is calculated by using the statistical formula stated below:

$$n = \frac{Z^2 Pq}{d^2}$$

Where:
n = the desired sample size when population is > 10,000
Z = the standard normal deviation which is set at 1.96 (this corresponds to 95% confidence level)
P = the estimated proportion in the target population of parents attending immunization unit at GHII Lagos which is 50% (0.5)
q = 1.0 – P (i.e. 0.5)
d = the desired degree of accuracy, which is set at 0.05 (95%)

$$n= \frac{Z^2Pq}{d^2}$$

$$n= \frac{(1.96)^2(0.5)(0.5)}{(0.05)^2} =$$

$$n = \frac{3.8416 \times 0.25}{0.05^2}$$

$$n = \frac{0.9604}{0.0025}$$

n = 384.16
n ≈ 384
Therefore

$$nf= \frac{n}{1+\frac{n}{N}}$$

$$nf= \frac{384}{1+\frac{384}{1000}}$$

$$nf= \frac{384}{1+ 0.384}$$

$$nf= \frac{384}{1.384}$$

nf = 277.4566
n ≈ 277.4566
Attrition = 10% of 277.4566

$$= \frac{10}{100} \times \frac{277.4566}{1}$$

$$= \frac{2774.566}{100}$$

= 27.7457
≈ 28
Sample size estimation = nf + attribution
= 278 + 28
= 306

3.6 SAMPLING TECHNIQUE

3.6.1 Selection of Parents for the study

Systematic random sampling method was used for selection of parents participants in the study; the attendance record was used as sample frame (Polit,beck&Hungler, 2001). The sample interval was determined statistically using the formula:

$$K = K = \frac{N}{n}$$

Where K = sample interval
N = Total population of Parents
n = Sample size

Therefore, $K = \frac{1000}{306}$
= 3.27
Thus, the sample interval (K) ≈ 3
Therefore, every 3th parents whose child's name is on the list (register) was selected. In addition, the first Parents participant (i.e. the starting points "X") was selected from the sample frames by balloting. Subsequently, other participants' selection followed this order: X + K, X + 2K, X + 3K, X + 4K, e.t.c.
For instance, if the first participant (X) was number 3 on the list, the second participant would then be 3 + K
= 3 + 3 = 6; thus, the second participant would be number 6 on the list.
Then the third participants would be X + 2K
= 3 + (2 x 3) = 9; thus, the third participant would be number 9 on the list etc.

3.6 Instrument for data collection

The tool used to collect data for this study is a self-developed questionnaire. The questionnaire consists of three sections, with the objectives question formats. The WHO STEPS instrument covers three different levels of "STEPS". Each step contains core items which ask questions required to calculate basic variables. Each of steps will be represented as sections.

The questionnaire consists of three sections:

Section A: Demographic Data will assess the socio-demographic characteristics of the respondents, which include age, marital status, tribe, level of education, religion, type of family setting, occupation, number of female child alive.

Section B: Associated Health complications and factors influencing female genital cutting, which includes, ideas, knowledges and their beliefs with the following complications of HIV/AID, tetanus, hepatitis B, Infections, psychological damage (depression, psychoses), obstructed labour& excessive bleeding, vesicovaginal fistula (VVF), delayed second stage leading to bilateral episiotomy, painful sexual intercourse &uncontrolled pain, keloid/scar, obstructed labour.

SECTION C: Opinions of parents on the practice of Female genital cutting on women's health, it will show parents' opinions on Female Genital Cutting, how their socio-cultural beliefs affect women's health.

3.7 VALIDITY AND RELIABILITY OF INSTRUMENT

Validity

The tools used to collect data for this study is a self-developed structured questionnaire, which was subjected to the scrutiny of the researcher's supervisor and other experts, after correction of the questionnaire and approved for validity and reliability, before it was finally printed.

Reliability

Moreover, a pilot study was carried out by administering the questionnaire to relevant groups of respondents that will not be included in the main study. The internal consistency of the scale was established using Cronbach Alpha. Thus, a reliability coefficient was 0.70, 0.75 and 0.78 for parent's section A, B, C respectively.

3.8 Procedure for data collection

Approval will be obtained from the supervisor; the researcher personally administered the questionnaires to the respondents having obtained permission from the Assistant Director of Nursing at General Hospital IfakoIjaye, Lagos. The data collection will span four (4) weeks. Completed questionnaires will be retrieved and cross-checked for completeness on the spot.

3.9 Method of data analysis

The data collected was inputted into the statistical package for the social sciences (SPSS) version 23 software and was explained with tables, cross tabulation, frequency, figure and hypotheses will be tested with Pearson correlation at the level of significance 0.08.

3.10 Ethical Consideration

An ethical clearance was obtained from BUHREC Babcock University, Illisan, Ogun state, then approval was obtained from the authorities of health service commission and General Hospital IfakoIjaye Lagos. Informed consent was obtained from the parents after being fully informed of the objectives and design of the study. Respondents were assured of the confidentiality and anonymity. Respondents wishes and rights were respected at all times including the right to discontinue with the study at any point in time if they so desire. The benefit of this study is to use information gotten from the study is used to plan strategies that may be used in reducing Female Genital Cutting.

IV. DATA ANALYSIS, RESULTS AND DISCUSSION OF FINDINGS

4.0 Introduction

This chapter contains the presentation of results and discussion of results from data analysis aimed on examine the parents' opinion on female genital cutting and its associated health complications at General Hospital IfakoIjaye, Lagos State, Nigeria, with explanations and arranged order of research questions and hypotheses earlier formulated for this study and the result is compared with existing research result. A total number of 306 questionnaires were distributed and 300 were received for analysis.

4.1. Demographic Characteristics of the Parents' Respondents

Table 4.1: Socio-demographic characteristics of the Parents

Characteristic		Number of respondents N= 300	Percentage (%)
Age	Less than 20 years	11	3.7
	21-30 years	89	29.7
	31-40 years	141	47.0
	41years and above	59	19.6
	Total	300	100.0
	Mean age = 31.25, Std. Dev. = 6.85		
Marital status	Single	19	6.3
	Married	269	89.7
	Divorce	8	2.7
	Widow	4	1.3
	Total	300	100.0
Ethnicity	Yoruba	164	54.7
	Igbo	80	26.7
	Hausa	39	13.0
	Others	17	5.7
	Total	**300**	**100.0**
Highest level of education	Primary	10	3.3
	Secondary	38	12.7
	Tertiary	149	49.7
	University	96	32.0
	None/ formal education	6	2.0
	Total	**300**	**100.0**
Religion	Christianity	209	69.7
	Islam	86	28.7
	Others	5	1.7
	Total	**300**	**100.0**
Type of family setting	Monogamy	227	75.7
	Polygamy	73	24.3
	Total	**300**	**100.0**
What is your occupation	Civil service	90	30.0
	Business	153	51.0
	Full house wife	30	10.0
	Others	27	9.0
	Total	**300**	**100.0**
Number of female children alive	1 – 3	193	64.3
	4 -- 6	70	23.3
	None	37	12.3
	Total	**300**	**100.0**

Source: Field survey 2021

The ages of the respondent ranged between 17 years to 55 years with a mean score 31.25 and standard deviation of 6.85. Age mean score of the distribution presented on Table 4.1 were within child bearing age. Majority of the respondents involved in this study 269 (89.7%) were married, the ethnicity revealed 164 (54.7%) are from Yoruba, 80 (26.7%) are Igbo, 39 (13.0%) are Hausa while 17 (5.7%) are others. Most of the respondents 149 (49.7%) had tertiary education, 96 (32.0%) had University education, 38 (12.7%) had secondary education, 10 (3.3%) had primary education while 6 (2.0%) had none education. Almost of the respondents 209 (69.7%) are practicing Christianity, 86 (28.7%) are practicing Islam while 5 (1.7%) practicing other religion. The major type of the family of the respondents 227 (75.7%) are from monogamy while 73 (24.3%) are from polygamy family. The majority of respondent's occupation 153 (51.0%) are doing business, 90 (30.0%) are civil service, 30 (10.0%) are full house wife. The major number of female children alive of the respondents 193 (64.3%) had 1-3 children.

4.2 Answer to Research Questions

Research Question One: What is the parent's opinion on the practice of female genital cutting on women's health at GHII, Lagos?

Table 4.3: Parent's opinion on the practice of female genital cutting on women's health at GHI, Lagos

Variables	Agree	Uncertain	Disagree
Infants of uncircumcised mothers are more likely to die than those of circumcised mothers during delivery?	75 (25.0%)	28 (9.3%)	197 (65.7%)
If the clitoris is not removed it will grow large like a penis?	50 (16.7%)	44 (14.7%)	206 (68.7%)
Men only like circumcised women because it prevents Virginity and promiscuity?	95 (31.7%)	94 (31.3%)	111(37.0%)
One is not a proper woman until you are circumcised because it causes damage to the penis?	71 (23.7%)	44 (14.7%)	185 (61.7%)
Circumcised women are less likely to catch sexually transmitted infections	131 (43.7%)	61 (20.3%)	108 (36.0%)
Female Genital Circumcision should be voluntary.	171 (57.0%)	72 (24.0%)	57 (19.0%)
If the clitoris is not removed the baby will die during delivery.	33 (11.0%)	43 (14.3%)	224 (74.7%)
Female Genital Circumcision improves fertility.	36 (12.0%)	95 (31.7%)	169 (56.3%)
Can you now educate your husband, family and others in your vicinity to stop the practice of FGC?	259 (86.3%)	13 (4.3%)	28 (9.3%)
	Weighted % based on correct responses = 57.9%		

Source: Field survey 2021

Table 4.3 above revealed the parents' opinion on the practice of female genital cutting on women's health at GHI, Lagos. For 'Infants of uncircumcised mothers are more likely to die than those of circumcised mothers during delivery?', disagree has 197(65.7%), uncertain has 28(9.3%) while agree has 75(25.0%) respondents. Meanwhile for 'If the clitoris is not removed it will grow large like a penis?', disagree has 206(68.7%), uncertain has 44(14.7%) while agree has 50(16.7%) respondents. Whereas for 'Men only like circumcised women because it prevents Virginity and promiscuity?', disagree has 111(37.0%), uncertain has 94(31.3%) while agree has 95(31.7%) respondents. And for 'One is not a proper woman until you are circumcised because it causes damage to the penis?', disagree has 185(61.7%), uncertain has 44(14.7%) while agree has 71(23.7%) respondents. For 'Circumcised women are less likely to catch sexually transmitted infections', disagree has 108(36.0%), uncertain has 61(20.3%) while agree has 131(43.7%) respondents. Also, for 'Female Genital Circumcision should be voluntary', disagree has 57(19.0%), uncertain has 72(24.0%) while agree has 171(57.0%) respondents. For 'If the clitoris is not removed it will cause delayed second stage of labour' disagree has 224(74.7%), uncertain has 43(14.3%) while agree has 33(11.0%) respondents. For 'Female Genital Circumcision improves fertility' disagree has 169(56.3%), uncertain has 95(31.7%) while agree has 36(12.0%) respondents. And for 'Can you now educate your husband, family and others in your vicinity to stop the practice of FGC?' disagree has 169(56.3%), uncertain has 95(31.7%) while agree has 36(12.0%) respondents.

From the above weighted % based on correct responses was 57.9%, it can be deduced that majority of the parents' have negative feelings and opinion against female genital cutting which often affects women's health.

Research Question Two: What are the health complications associated with female genital cutting?

Table 4.4: Health complications associated with female genital cutting

	Yes	No	I don't know
Keloid formation	180 (60.0%)	57 (19.0%)	63 (21.0%)
Scar formation	184 (61.3%)	66 (22.0%)	50 (16.7%)
Painful sexual intercourse	216 (72.0%)	49 (16.3%)	35 (11.7%)
embarrassment to the lady	187 (62.3%)	75 (25.0%)	38 (12.7%)
Physical deformities	176 (58.7%)	78 (26.0%)	46 (15.3%)
Menstrual disorders	165 (55.0%)	74 (24.7%)	61 (20.3%)
Trauma or injury	202 (67.3%)	53 (17.7%)	45 (15.0%)
Bleeding	205 (68.3%)	39 (13.0%)	56 (18.7%)
Urinary tract infection	214 (71.3%)	41 (13.7%)	45 (15.0%)

Source: Field survey 2021

Table 4.4 above revealed the health complications associated with female genital cutting. For 'keloid formation', yes has 180 (60.0%), no has 57(19.0%) while don't know has 63(21.0%) respondents. Meanwhile for 'scaring formation', yes has 184 (61.3%), no has 66 (22.0%) while don't know has 50 (16.7%) respondents. Whereas for 'Painful sexual intercourse', yes has 216 (72.0%), no has 49 (16.3%) while don't know has 35 (11.7%) respondents. And for 'embarrassment to the lady', yes has 187 (62.3%), no has 75 (25.0%) while don't know has 38 (12.7%) respondents. For 'Physical deformities', yes has 176 (58.7%), no has 78 (26.0%) while don't know has 46 (15.3%) respondents. Also, for 'Menstrual disorders', yes has 165 (55.0%), no has 74 (24.7%) while don't know has 61 (20.3%) respondents. For 'Trauma or injury' yes has 202 (67.3%), no has 53 (17.7%) while don't know has 45 (15.0%) respondents. And for 'Hemorrhage recurrent' yes has 205 (68.3%), no has 39 (13.0%) while don't know has 56 (18.7%) respondents. But for 'Urinary tract infection' yes has 214 (71.3%), no has 41 (13.7%) while don't know has 45 (15.0%) respondents.

From above it can be deduced that the health complications associated with female genital cutting are; painful sexual intercourse, urinary tract infection, hemorrhage recurrent, trauma or injury, scaring formation, keloid formation, physical deformities, menstrual disorders and is an embarrassment to the lady.

Research Question Three: What are the associated factors influencing female genital cutting at GHII, Lagos?

Table 4.5: showing factors influencing female genital cutting at GHII, Lagos

Factors influencing	**Frequency**	**Percent**
It is a cultural norm in my place	85	28.3
Uncircumcised woman tends to give birth to stillbirth babies	14	4.7
Circumcision prevents a girl child from becoming promiscuous	169	56.3
My husband family insisted that we must do it for our girls	13	4.3
Circumcised female genital prevents damage to the penis	11	3.7
Other	8	2.7

Source: Field survey 2021

Table 4.5 above revealed the factors influencing female genital cutting at GHII, Lagos. The majority of the respondents responded to questionnaires as follows; Circumcision prevents a girl child from becoming promiscuous has 169 (56.3%), it is a cultural norm in my place has 85 (28.5%), uncircumcised woman tends to give birth to stillbirth babies has 14(4.7%), My husband family insisted that we must do it for our girls has 13 (4.3%) while Circumcised female genital prevents damage to the penis has 11 (3.7%) respondents.

From the above it can be deduced that the major that factor associated influencing female genital cutting at GHII, Lagos are that circumcision prevents a girl child from becoming promiscuous and it is a cultural norm.

4.3 Hypotheses Testing

Hypothesis One

H_0**:** There is no significant relationship between the parent's opinions and knowledge of health complications associated with female genital cutting.

Table 4.6: Shows the Pearson Correlation between the parent's opinions and knowledge of health complications associated with female genital cutting

		Opinion	Complication
Opinion	Pearson Correlation		-.080
	Sig. (2-tailed)		.168
	N	300	300
Complication	Pearson Correlation	-.080	
	Sig. (2-tailed)	.168	
	N	300	300

From the table above the correlation calculated is -0.080 and the p-value is 0.168, which is greater than 0.05. The null hypothesis (Ho) that states "there is no significant relationship between the parents' opinions and knowledge of health complications associated with female genital cutting, will be accepted while the alternative hypothesis (H_1) which states "there is significant relationship between the parent's opinions and knowledge of health complications associated with female genital cutting" is rejected. This implies that parents' opinions and knowledge of health complications are not associated with female genital cutting

4.2 Discussion of findings

Female genital cutting (FGC) refers to all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons (WHO, 2010). FGC first appeared in ancient Egypt more than 5,000 years ago, as seen in mummies from that period (Inungu&Tou, 2013). Today the age of girls when they are cutting differs greatly from region to region, from 7 to 8-day old babies in some countries to grown women (some during their first pregnancy) elsewhere. FGC is usually performed at the youngest age possible to avoid questions from education authorities and because older girls might defend themselves against the practice (Varol et al., 2014).

Socio demographic Characteristics for the parents

The age of the respondents ranged between 17 years to 55 years with the age mean score 31.5. This is reproduction age for parents. Almost all the respondents 269 (89.7%) identified themselves as married (still together with their husband) at the time of the study. A significant number of the respondents 164 (54.7%) are from Yoruba tribe. This is understandable for a study carried out in the south-west part of the country and a community whose major reason why we have more Yoruba's participating in the study. Almost all the respondents are 149 (49.7%) had tertiary education and this is higher level of literacy of the respondents. More

than half of the respondents 209 (69.7%) are practicing Christianity. This expected because majority of majority of the south-west are Christian. The major type of the family of the respondents 227 (75.7%) are from monogamy. 153 (51.0%) are doing business as their occupation. Majority of the respondents 193 (64.3%) had 1-3 children number of female alive as at the time of the study.

The parent's opinion on the practice of female genital cutting on women's health at GHII, Lagos

The result show that majority of the parents' is of the opinion on female genital cutting practice on women's health at GHII that: circumcised women are less likely to catch sexually transmitted infections, female Genital Circumcision should be voluntary and can now educate their husband, family and others in their vicinity to stop the practice of FGC. Meanwhile majority of the parents' disagreed that: infants of uncircumcised mothers are more likely to die than those of circumcised mothers during delivery, if the clitoris is not removed it will grow large like a penis, one is not a proper woman until you are circumcised because it causes damage to the penis, if the clitoris is not removed the baby will die during delivery and female Genital Circumcision improves fertility. This is shows that parents are against the opinion of genital circumcision. In May 2015, the Federal Government of Nigeria passed the Violence Against Persons Prohibition which outlaws FGC and other harmful traditional practices, but in the majority of states FGC is still not criminalized. In February 2016 Her Excellency Aisha Buhari, the First Lady of Nigeria appealed to the wives of state leaders to support her when she launched a national program to end FGC within a generation. (Ogundipe, 2016a). Change is also more likely when the community priorities are addressed and trust is established (Berg & Denison, 2013; Varol et al., 2014). Results of an integrative literature review show that the incidence of FGC tends to decline when women migrate to the western countries. The new social context implies greater pressure as FGC is punishable by law. Over the years new attitudes are adopted that contribute to the eradication of FGC. The empowerment of women and girls is also a large factor that contributes to the elimination of FGC (Isman et al., 2013).

The health complications associated with female genital cutting

The result reveals the health complications associated with female genital cutting are; painful sexual intercourse, urinary tract infection, hemorrhage recurrent, trauma or injury, scaring formation, keloid formation, physical deformities, menstrual disorders and is an embarrassment to the lady. This is accordance to a research study carried out by Jackson (2017) suggests that trauma issues, feelings of shame, embarrassment or guilt, affective disorders and physical issues are common in women with FGC. It is important to educate professionals about some of the most common presenting issues and indicators that a woman may have undergone FGC. This could lead to an increased awareness and facilitate the communication with clients. The most helpful factor when working with women with FGC is to have cultural respect, knowledge and understanding.

Discussion of Hypotheses

The hypothesis established that there is no significant relationship between the parent's opinions and knowledge of health complications associated with female genital cutting. The Pearson correlation r-value -0.080, P-value is 0.168 at 0.05 level.

V. Summary, Conclusion, And Recommendations

5.0 Introduction

This chapter discusses the findings, summarizes, concludes, recommends for future research and the implication for nursing services.

5.1 Summary of the Study

The centuries-old practice of female genital mutilation/cutting (FGMC), also known as female circumcision, is a culturally sanctioned practicethat consists of "all procedures involving partial or total removal of the female external genitalia or other injury to the female genital organs for non-medical reasons. Female Genital Cutting (FGC) is a gross violation against human rights especially of girls and women. The act involves inflicting intentional pain, harm on girls and women in the name of culture and tradition. FGC is a deeply rooted Africa culture engrained in what is called rites of passage to womanhood. The practice is founded in traditional beliefs and societal pressure to conform.

This systematic review provides clear evidence that FGM/C entails harms to women's physical health throughout their life, from the moment of cutting as an infant or child, to sexuality and childbirth in adulthood. Predictably, the most common direct, procedure-related complication includes hemorrhage, most likely resulting from laceration of the internal pudendal artery or the clitoral artery. It is difficult to determine the number of females who die from procedure-related complications.

Results showed that:

1. majority of the parents' have negative feelings and opinion against female genital cutting which often affects women's health.
2. the health complications associated with female genital cutting are; painful sexual intercourse, urinary tract infection, hemorrhage, trauma or injury, scaring formation, keloid formation, physical deformities, menstrual disorders and is an embarrassment to the lady.
3. factor associated influencing female genital cutting at GHII, Lagos are that circumcision prevents a girl child from becoming promiscuous and it is a cultural norm.
4. there is no significant relationship between the parent's opinions and knowledge of health complications associated with female genital cutting

5.2 Conclusion

The study concludes that some respondents still practice FGC on the basis of preventing promiscuity and uphold cultural norms. Since FGC denies girls and women full enjoyment of their personal rights and liberties, it should be eradicated globally. Nurse's fundamental responsibilities of promoting and restoring health, prevention of illness and alleviation of suffering should be called to bear more especially in the crusade against FGC.

5.3 Recommendations

This study recommends that one way to facilitate the acceleration to the elimination of FGC will be through reinforcing the topic during school years in order to improve knowledge and competences of everyone and be able to solve the socio-cultural beliefs in support of FGC.

Teaching about FGC and its consequences are imbedded in nursing school education, as well as pre- and post-qualifying educational programmes for all those involved in caring for girls and women. It is equally essential to raise awareness and the seriousness of the issues among teachers, school nurses.

Nurses can act individually or collectively, and with other organizations to discourage, prevent and eventually eliminate FGC.

Nurses, through their national nurses' associations, can undertake culturally informed, research-based programmes of information and education for nurses on the nature, impact and issues involved in FGC. Nurses and national nurses' associations should be critical in stimulating public and professional awareness of the physical and psychological toll of FGC on girls and women.

Nursing must be founded in the respect for human rights, including cultural rights, the right to life and choice and should be unrestricted by considerations of gender, social status etc. Furthermore, a nurse should promote the importance of personal health and illustrate its relation to other values. A nurse must advise and teach patients and their relatives on the promotion of health, prevention of illness and how to eradicate this harmful practice of female genital cutting in the society.

Nurses must have sufficient insights in the health complications, legislation and educational programs of FGC as well as women's attitudes towards and perceptions of it in order to enhance their consultations with the affected women. It is unethical for a health professional to damage a healthy organ in the name of culture. Any health professional taking such action would be guilty of misconduct. Nurses need to know that there is a law in place against FGC, that it is a child protection issue, and that this takes priority over culture.

Along with prevention, focus must be made on assisting those who have already undergone FGC and are living with long-term complications. Nurses must participate in promoting health and helping women live pain-free lives. They must integrate education and counseling against FGC in their daily work, as well as supporting the individuals and families that have been subjected to FGC.

5.4 NURSING IMPLICATION

The implication of the study is to enlighten parents more on how this harmful ritual practice of female genital cutting can be eradicated and to give them insight to the disadvantages behind this practice.

Though, most of the parents at General Hospital IfakoIjaye, Lagos, Nigeria have been aware of the needs to eradicate female genital cutting due to the information they have heard now and before while some against the eradication saying it is a cultural belief which have been since.

Its important to train nurses on how to address the complications of FGC and to make sure that the concerned health services are able to deal with these cases.

Nurses should include education on female genital cutting in their educational package for all pregnant women during antenatal clinic.

Government should organize training for nurses, Doctors, inform of seminars, workshop on the different approaches to deal with female genital cutting.

5.5 SUGGESTION FOR FURTHER STUDIES

On the basis of the findings of the study, the following recommendations were put forward for further research

- More research needs to be done to gain more insight into the health hazards associated with female genital cutting in the following ways:
- Since this research utilized quantitative research design, further study can explore qualitative research design to examine people's experience about female genital cutting.
- Several areas for future research on targeted demographics could add to the findings in the study, by including additional demographic variable.
- A similar study can be replicated on a large sample to generalized the findings
- The study can be conducted among parents in the church, mosque, school, market etc.

5.6 LIMITATION OF THE STUDY

The study has the following limitations

Respondent attitude towards filling of questionnaire makes some instrument to be invalid and not to be useful for analysis.

The study was conducted among parents in general hospital. It would have been more robust if health centers were included.

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