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## KNOWLEDGE, ATTITUDES, AND PRACTICE TOWARDS 'FEMALE CIRCUMCISION' AMONG HIGH SCHOOL STUDENTS: IN THE CASE OF JIGJIGA CITY, ETHIOPIA

Bezabih, Mezgebu Bayu

### ABSTRACT

*The main purpose of this study was to assess the knowledge, attitudes and practices of female adolescents towards 'female circumcision' (also known as genital cutting or mutilation) among Ethiopian Somali in regional state of Fafen zone using a case study of Jigjiga City High School students. To achieve this objective, descriptive research design of the survey type was done. The population consisted of female students. To run the study, 180 students from the aforementioned school were selected by using simple random sampling technique. The researcher had constructed as well as adopted instruments from Bogalech (2008). The collected data was analyzed through percentage and one sample t-test. The finding of the study depicted that almost all respondents have knowledge or awareness about female 'circumcision' but the majority of respondents disfavor this practice of female genital cutting. It is recommended that the government or concerned bodies should work with religious leaders and schools to reduce negative effects of the practice.*

**KEY TERMS:** knowledge, attitudes, practices, female circumcision, female genital mutilation (FGM), Ethiopia, students

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Author's:

BEZABIH, Mezgebu Bayu College of Education and Behavioural Sciences, Bahir Dar University P.O. Box 79, Bahir Dar, Ethiopia Email: mezgepsyche@gmail.com, Phone +251-9 10016358

## INTRODUCTION

Female genital cutting, sometimes called circumcision, female circumcision or female genital mutilation is a deep rooted traditional practice with lifelong physical and social consequences for girls and women. (Brym and Lie, 2007) noted that an estimated 132 million girls and women world wide have undergone circumcision and that at least 2 million girls are at risk of undergoing it every year.

Female genital mutilation is one of the widely prevailing cultural phenomena which still exist in many countries of Africa. Currently female circumcision is practiced in 28 African countries. Although the prevalence differs from country to country, it is estimated that it ranges from 90% in Mali to 20% in Senegal(Hailu,2008).Some countries where female circumcision is practiced the conditions constitute major public health problems which put a lot of burden an already deficient health services (Brym and Lie, 2007). Girls from new born child to young women are subjected to this operation (Hailu, 2008).

World Health Organization (WHO) defines female circumcision as all procedures involving partial or total removal of the external female genitalia or others injury to females genital organ whether for cultural or other non-therapeutic reasons usually under unhygienic circumstance and by elder women who lacks medical training (WHO, 2001). In relation to this, WHO mentioned that female circumcision is typically performed as a rite of passage on girls between the age four and 14 years. In some cultures, people think it enhances fertility. Furthermore, they commonly assume that women are naturally unclear and removal of clitoris make them clean. In addition, they believe uncircumcised girls are less likely to remain virgin before marriage and less faithful with it (WHO, 2001).

Accordingly, some people think that female circumcisions lessen or eradicate sexual arousal in women (Bryn and Lie, 2002.p.77). Female circumcision is a cultural practice of almost all ethnic groups in Ethiopia with only a few exceptions. Its prevalence in Ethiopia is of order of 74% according to Ethiopian Demographic and Health Survey (Hailu, 2008). Hailu (2008) explained that as practiced in many different forms depending on ethnic groups. The practices still survive primarily in large areas of the country, and also some sedentary groups as well as many mobile pastoralists practiced this operation in most country (Hailu, 2002).

The study by Olayinka (1992) indicates that some people, especially illiterate who have no enough knowledge about circumcision are in favor of the action. They hold the belief that if female circumcision is eradicated, part of their culture would like wise be eradicated living the society deprived of their original culture. Other groups of people who have awareness about the effect of circumcision are against the action. Female adolescent, the main victims of circumcision may hold one of the above views.

This study has tried to examine knowledge, attitudes and practices of female adolescents towards circumcision with particular references to female adolescents of Jigjiga City High School students. The general objective of this study was to assess to what extent female adolescents have knowledge of circumcision, to examine their attitude towards the practice of circumcision and to investigate how much female genital mutilation is practiced with particular reference to Jigjiga City.

In Ethiopia, female genital cutting is removing the clitoris of girls. The practice is called *Yeset lji grizat* (የሴት ልጅ ግርዛት.). Communities have done female *Yeset lji grizat* for different reasons. Some parents circumse their girls for the sake of reducing or eliminating sensitive tissue of outer genitalia so as to reduce sexual desire in the girls. This ie beliwved to maintain chastity before marriage, fidelity during marriage and increase male sexual pleasure. Circumcision for initiation of girls is alo done to initiate them into womanhood, for social integration and maintenance of social cohesion.

## METHODS

The study was a descriptive research via cross-sectional study design. This study was conducted in Ethiopian Somali Regional State, Fafen Zone, Jigjiga City among Shike Abduselam General Secondary School female adolescents who were attending their education in the academic year of 2017/18. The participants of this study were 180 female student selected using convenient sampling technique with the inclusion criteria of being female adolescent and were available during the time of data collection from March 15 to March 30, 2017). To collect the required data, Likert scale was adopted from previously conducted researches by Bogalech (2008). The collected data was analyzed via quantitative method of data analysis that inculcated percentage and one sample t-test.

## RESULTS

*Table 1: Demographic characteristics of the respondents*

Characteristics	Response options	Frequency	Percentage (%)
Age	12-13	25	13.88
	14-16	70	38.88
	17-20	85	47.22
Marital status	Single	160	88.88
	Married	20	11.12
	Divorced	-	-
	Separated	-	-
	Widowed	-	-
Religion	Muslim	150	83.33
	Orthodox	20	11.12
	Protestant	10	5.56
	Others	-	-

As shown in Table 1, the majority of the respondents fell into the age range of 17- 20 (47.22%) followed by 38.88%. Between 14-16 years and 13.88% of the participants were between age range of 12 and 13. With regard to marital status of participants, the majority which accounts 88.88% were single and the remaining 11.12 % were married. Concerning religion of respondents, 83.33 % of them were Muslim followers, 11.12 were Orthodox and the remaining 5.56% were protestant.

Table: 2 one sample t-tests on the knowledge of female adolescents about FGM

Variables	N	$\mu$	Mean	SD	df	T	Sig.
Female adolescents	180	42	21.08	6.885	178	40.97*	.000

$P < .05$ ;  $\mu$  = expected mean; M= observed mean; SD = standard deviation. Table 2 displayed that there is statistically significant difference between expected mean and observed mean ( $df=178$ ,  $t=47.20$ ,  $P < .05$ ). However, the observed mean (21.08) is less than the expected mean (42) this implies that female adolescents - in the study area had little knowledge about female genital mutilation.

Table 3: Participants response on practice of FGM (N=180)

Question	Responses	Frequency	Percentage (%)
Have you been circumcised?	Yes	130	72.23
	No	50	27.77
How old are you when you had been circumcised?	Birth-5 years	60	33.33
	6-10 years	90	50
	11-17 years	30	16.67
Is circumcision performance by your willing?	Yes	19	10.55
	No	161	89.45
Is circumcision performed only for one girl or with group of peers?	For single girl	108	60
	With group	72	40
Who performed circumcision in your area?	Traditional birth attendance	122	67.78
	Old women	58	32.22
	Nurse/doctors	-	-

Table 3 shows that a significant number of participants (72.33%) responded that they had been circumcised. This indicates the wide spread presence of the practice in the area. On the other hand 27.77% of the respondents noted that they had not been circumcised. 50% of participants had been circumcised between the age range of six and ten. On the other hand, 16.67% of the respondents were circumcised between age 11 and 17 years and the rest 33.33% of participants were circumcised below age six. With regard to willingness of respondents for circumcision, among the circumcised participants, 89.45% were circumcised without their willingness and the rest 10.55% responded that they had been circumcised with their willingness.

Concerning the expertise of circumcision, 67.78% of participants responded that female circumcision in their area is performed by traditional birth attendants who had no formal education on the issue and 32.22% participants noted that circumcision was performed by elderly women who had no training about circumcision. None of the respondents revealed that circumcision was performed by nurses/ doctors.

Table 4: Respondent's attitude towards circumcision

Variables	N	$\mu$	Mean	SD	Df	T	Sig.
Attitude	180	42	31.06	4.924	178	38.56*	.000

$P^* < 0.05$ ;  $\mu$  = expected mean; M= observed mean; SD = standard deviation

Table 4 shows that there is statistically significant difference between expected mean and observed mean (df 178,  $t=38.56$ ,  $P < .05$ ). However, the observed mean of 31.06 is less than the expected mean (42), implying that females have negative attitude towards the practice of female genital cutting.

## DISCUSSION

With regard to knowledge of female adolescents about female genital cutting, the result displayed that female adolescents have little knowledge about the practice. The study differs from previous studies conducted by Bogalecha (2008). According to her findings, most Ethiopian women who found between the age range of 14 and 40 had awareness about circumcision. Concerning attitudes, the finding of this study showed that the majority of respondents were against the practice of female genital mutilation. In relation to this, a previous study by Bogalech (2008) revealed that less than one in three women who had circumcision were in favour of it, expressing the practice should continue. Regarding the practice of circumcision, the result of this study revealed that majority of had been circumcised. A similar finding by Rahman and Tuobia (2000) revealed that female circumcision in Ethiopia is commonly performed on girls anywhere between the age four and twelve.

## CONCLUSION

The study showed that female adolescents had unfavorable attitudes towards female genital cutting. The participants disfavored the practice of female genital mutilation. A majority of women has been exposed to the practice which indicate that females in the area have limited chance to escape from this unpleasant and harmful practice. It is recommended that the government and concerned bodies should work with religious leaders and schools to teach society about its harms.

**REFERENCES**

- Bogalech, A. (2008). *Literature review of female genital mutilation*. Addis Ababa: Population Media Center.
- Benokraitis, N. and Macoinis, J., (2010). *Seeing ourselves; Classical contemporary and cross culture reading sociology* (8<sup>th</sup> ed ). New York: Prentice – Hall.
- Hailu, A. (2008). *Astep forward in the long march to eliminate female genital mutilation*. In Somalia and Afar region. Addis Ababa: Population Media Center.
- Henselin, J., (2009). *Exploring social life, reading to accompany essential of sociology, adown ward to early approach* (4<sup>th</sup> ed). Bostson: MA Allyn and Bacon.
- Hirut, T., (2002). *The study of female genital mutilation: a guide to laws and policies worldwide* (5<sup>th</sup> ed.). London: Zed Books Ltd.
- Lie, J. and Robert, B., (2009). *Sociology your campus for your world* (2<sup>nd</sup>ed ). Belmont, California
- Morgan, T., C.a nd Rechard, A., K. (1993). *Introduction to psychology* (7<sup>th</sup> ed.). New Delhi: McGraw Hill Company.
- Olayinka. K. T. (1992). *The circumcision of women and strategies for education*. London: Zed Books Ltd.
- Tobia. N and Anika R. (2000). *Female genital mutilation a guide to laws and policies worldwide*, (5<sup>th</sup>Ed.). London: Zed Books Ltd.
- World Health Organization (WHO), (2001). *Female genital mutilation: Report of a WHO Technical working group*. Geneva: World Health Organization.