

Relationship between Females' Knowledge and Attitude and Intention of Female Genital Mutilation

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Abstract Background: The terms female genital cutting (FGC) and female genital mutilation/cutting (FGM/C) are often used among practicing communities and individuals. These concepts emphasize the significance of adopting nonjudgmental vocabulary when working with practitioners. When discussing the matter in practice communities, terms like excision or genital cutting are also acceptable. **Aim:** The present study was carried out to estimate relationship between level of knowledge, attitude and intentions of females toward the practice of FGM. **Subject & Methods:** Descriptive Cross-sectional study carried out in family health centers (FHCs) in different sitting at Beni-Suef Governorate on a convenient sample. Structured Interviewing Questionnaire sheet which includes three sections: (I): Females' Knowledge of females regarding FGM/C, (II): Attitudes of females regarding FGM/C. (III): Intention to practice FGM/C. **Results:** About 76.9% of females know that FGM/C practice is illegal and 61.7% did not know that there is a punishment for parents seeking FGM/C, and 70.4% did not know that prison is the type of punishment for parents in Egyptian law. Only 25.7% of females had good knowledge regarding FGM/C, 35.5% had an unfavorable attitude towards. About 79.4% of females who experienced FGM/C had the intention to mutilate their daughters in the future. Almost all females with unfavorable attitudes towards FGM/C (78.7%) had the intention to practice FGM/C in the future, followed by 17.6% of females with neutral attitudes and only 3.7% of females with a favorable attitude. **Conclusion:** The highest proportion of females did not know that there is a punishment for parents seeking FGM/C, and most of them did not know that prison is the type of punishment for parents in Egyptian law and did not know that there is a punishment for physicians performing FGM/C in Egyptian law as well. The proportion of females who had the intention to practice FGM/C increased with the decrease in the level of knowledge. **Recommendations:** Enhancement of females' knowledge and negative attitude toward Female Genital Mutilation should be established by educational programs.

Keywords: *relationship, knowledge, attitude, intention, female genital mutilation*

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1. Introduction

Female genital mutilation/cutting was prevalent in majority of girls between the ages of 13-35 years, according to a study done in 2014. Even though the age range of survey participants was lower than the age range of participants in the current investigation, this prevalence was higher than the prevalence reported in the study [1-5].

The FGM/C is an ancient cultural practice, predating the Bible and therefore the Koran, and has no basis in any religion [6-11]. FGM/C is related to deep social and cultural ideas impeded in several societies regarding femininity and modesty because it is viewed as girls clean

and delightful only after being genitally cut. FGM/C is additionally viewed as a protection of virginity, and it prevents premarital sex [12-16].

Other factors include hygienic and esthetic causes, social causes, psychological causes, myths, and false beliefs. Hygienic and esthetic causes involve a belief that the female genital organs are dirty and need to be flat and rigid to ensure purity. Myths and false beliefs are as: If a girl isn't cut, she is going to not find a husband and marry. Recent surveys show that men in many communities would like FGM to end. FGM has health benefits for the baby. If the clitoris isn't removed it can hurt the baby during the delivery. If the clitoris isn't cut it'll grow until it becomes as big as a male penis. A woman who is not cut cannot become pregnant [17-21].

2. Aim of the Study

The present study was carried out to estimate the relationship between level of knowledge, attitude and intentions of females toward the practice of FGM.

2.1. Research Questions

1. Are there relationship between level of knowledge, attitude and intentions of females toward the practice of FGM?

3. Subjects and Methods

3.1. Research Design

A Descriptive Cross-sectional study was used to achieve the aim of the current study.

3.2. Subjects & Setting

3.2.1. Setting

The study was conducted in family health centers (FHCs) in different sitting at Beni-Suef Governorate. Beni-Suef governorate is divided into seven sectors. From every sector the MCH was randomly selected to geographically represent the sector.

3.2.2. Sample

3.2.2.1. Sample Type

A Convenient sample was used. The study sample was selected according to the following Inclusion criteria: 18-60 years old women.

3.2.2.2. Sample Size

The study population consisted of all females who were accepted to participate in the study at the time of data collection (A period of six months from the start of data collection) and will be included in the study.

3.3. Tools of Data Collection

A pre-designed structured questionnaire was used to collect data. Data were collected through personal interviews. The questionnaire is divided into three sections: **Section I: Females' Knowledge of females regarding FGM/C**

Scoring system: The scores are then turned into percentages, and the overall score is divided into the following categories:

- Good level of knowledge $\geq 75\%$.
- A fair level of knowledge is $\geq 50\%$ to $< 75\%$.
- Poor level of knowledge $< 50\%$.

Section II: Attitudes of females regarding FGM/C

A Likert scale was used to assess attitudes, ranging from agree to disagree. FGM/C from a social standpoint; FGM/C and its effect on female genitalia; FGM/C violation and disability; FGM/C from a religious standpoint; FGM/C practice encouragement in society; FGM/C and marriage; and finally, FGM/C law were all included.

Scoring system: The scores are then turned into percentages, and the overall score is divided into the following categories:

- Favorable attitude $\geq 75\%$.
- Neutral attitude $\geq 50\%$ to $< 75\%$.
- Unfavorable attitude $< 50\%$.

Section III: Intention to practice FGM/C

3.4. Validity and Reliability of the Tool

The questionnaire was developed in consultation with two gynecologists, two maternity & gynecological nursing professors, and an expert in questionnaire validation. The validity of the used tool was evaluated by a health-care specialists and modifications were done accordingly based on their judgment, while its reliability assessed by piloting & measuring the related Cronbach Alpha value.

3.5. Administrative & Ethical Considerations

Official permission was obtained by submission of an official letter from the Faculty of Nursing to the responsible authorities of the study-setting to obtain permission for data collection. All ethical issues were taken into the researcher's consideration during all phases of the study; the researcher maintained the anonymity/confidentiality of the subjects. The researcher introduced herself to the patient and explained the nature of the study to every patient and asked questions in Arabic for all patients. Patients were enrolled voluntarily after their oral consent.

3.6. Pilot Study

The pilot study was carried out on 10.0% of the studied women in the study setting (that were excluded from the study sample) to test the applicability, clarify and the feasibility of the study tools as well as to estimate the time needed to complete the tools. It also helped to find out any obstacles and problems that might interfere with data collection, based on findings of the pilot study, certain modifications of the tools were done. Following this pilot study, the process of data collection was performed.

Pilot study was conducted on 10% of the total number to test the feasibility and applicability of the tools, and to estimate the time needed for data collection. Necessary modification/omission/addition was followed as needed according to the results of the conducted pilot study.

3.7. Field Work

Data were gathered over six months beginning in November 2021 and ending in April 2022. The researcher was present at the previously mentioned location until the entire sample size was gathered.

3.8. Statistical Analysis

All data were collected, tabulated and statistically analyzed using IBM SPSS 25. Data was supplied, and appropriate analysis was performed for each parameter based on the type of data obtained.

3.8.1. Descriptive Statistics Data were Expressed as

- a. **Count and percentage:** Used for describing and summarizing categorical data
- b. **Arithmetic mean (X-), Standard deviation (SD):** Used for normally distributed quantitative data, these are used as measurements of central tendency and dispersion.

3.8.2. Analytical Statistics

- a. **Cronbach alpha and Spearman-Brown coefficients:** The internal consistency of the generated tools was measured to assess their reliability.
- b. **Chi-square (χ^2):** used to see if there's a link between two category variables or to see if two or more proportions differ. For Race tables, Monte Carlo exact probability was used wherever 2 was present.

3.8.3. Graphical Presentation

- a. Data visualization was done with graphs:
 - Colum chart
 - Bie in 3D chart

4. Results

Table 1: Presents the studied participants' Knowledge about Egyptian Law about FGM and their intention to practice FGM/C for their daughters. About 28.6% of females who had mutilated their daughters were planning to mutilate their other daughters in the future. About 76.9% of females knew that FGM/C practice is illegal and 79.1% knew that the government makes an effort to reduce FGM/C practice. The highest proportion of females

(61.7%) did not know that there is a punishment for parents seeking FGM/C, and most of them (70.4%) did not know that prison is the type of punishment for parents in Egyptian law. About 54.9% did not know that there is a punishment for physicians performing FGM/C in Egyptian law and only 24.3% knew that prison is the type of punishment for physicians performing FGM/C in Egyptian law.

Figure 1: presents the distribution of females according to their total knowledge score. Only 25.7% of females had good knowledge regarding FGM/C, while 40.5% and 33.8% had poor and fair levels of knowledge,

Figure 2 describes the percent of the distribution of females according to their total attitude score towards FGM/C. More than one-third of females (35.5%) had an unfavorable attitude towards (supporting) FGM/C and 44.3 % of them had a favorable attitude towards (refusing) FGM/C while 20. 2% had a neutral attitude.

Figure 3: Presents Association between Participants' Level of Knowledge and their Intention to Mutilate their Daughters. About 79.4% of females who experienced FGM/C had the intention to mutilate their daughters in the future, while only 20.6% of females who did not experience FGM/C had the intention to mutilate their daughters in the future. It could be noticed that the proportion of females who had the intention to practice FGM/C increased with the decrease in the level of knowledge (1.4% among females with a good level of knowledge, 34.5% with a fair level of knowledge, and 64.1% among females with poor level of knowledge).

Figure 4: Association between Participants' Level of Attitude and their Intention to Mutilate their Daughters. Almost all females with unfavorable attitudes towards FGM/C (78.7%) had the intention to practice FGM/C in the future, followed by 17.6% of females with neutral attitudes and only 3.7% of females with a favorable attitude.

Table 1. participants' Knowledge about Egyptian Law about FGM and their intention to practice FGM/C for their daughters

Variables	Values (no = 2837)	
	No.	%
Do you intend to perform FGM for your sister or daughter?		
No	1519	53.5
Yes	811	28.6
I didn't decide	507	17.9
FGM is illegal		
No	277	9.8
Yes (correct)	2181	76.9
I don't know	379	13.4
The government is making several efforts to curb FGM		
No	146	5.1
Yes (correct)	2243	79.1
I don't know	448	15.8
There is a punishment for parents asking for FGM/C in Egyptian law		
Correct (yes)	1086	38.3
Incorrect	1751	61.7
Type of the punishment of parents in Egyptian law		
Correct (prison)	321	29.6
Incorrect	765	70.4
There is a punishment for physicians performing FGM/C in Egyptian law?		
Correct (yes)	1281	45.1
Incorrect	1556	54.9
What punishment does Egyptian law impose on the person who performs FGM?		
Correct (prison)	312	24.3
Incorrect	969	75.7

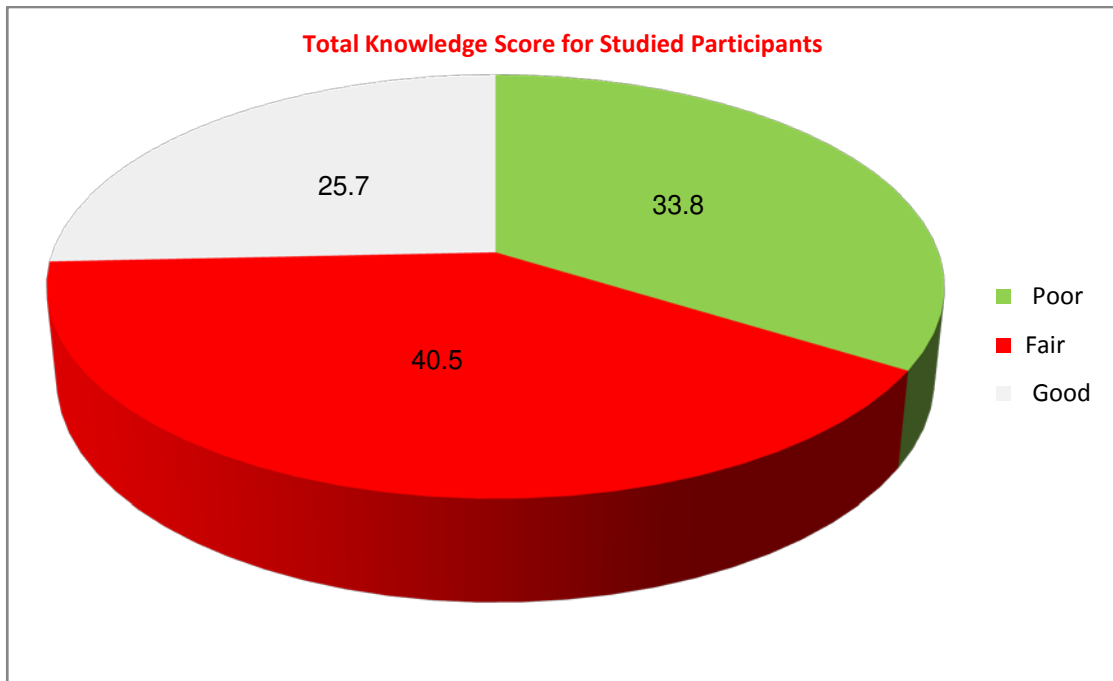


Figure 1. Total knowledge score regarding FGM/C.

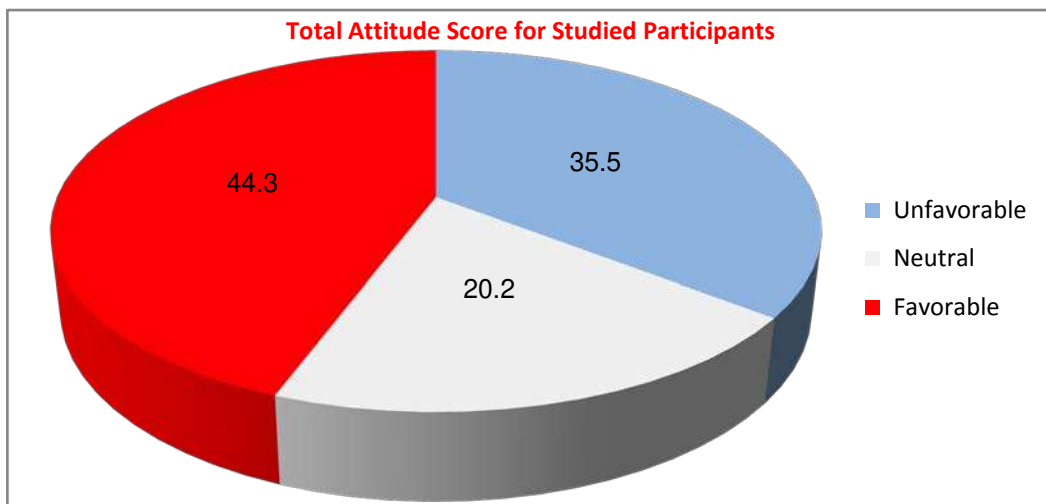


Figure 2. Total attitude score towards FGM/C.

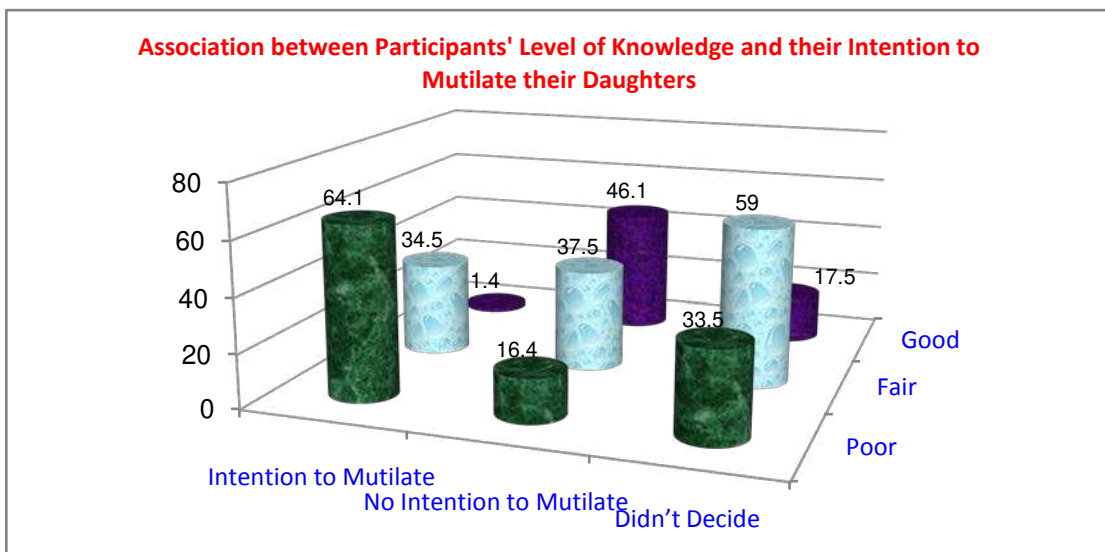


Figure 3. Association between Participants' Level of Knowledge and their Intention to Mutilate their Daughters

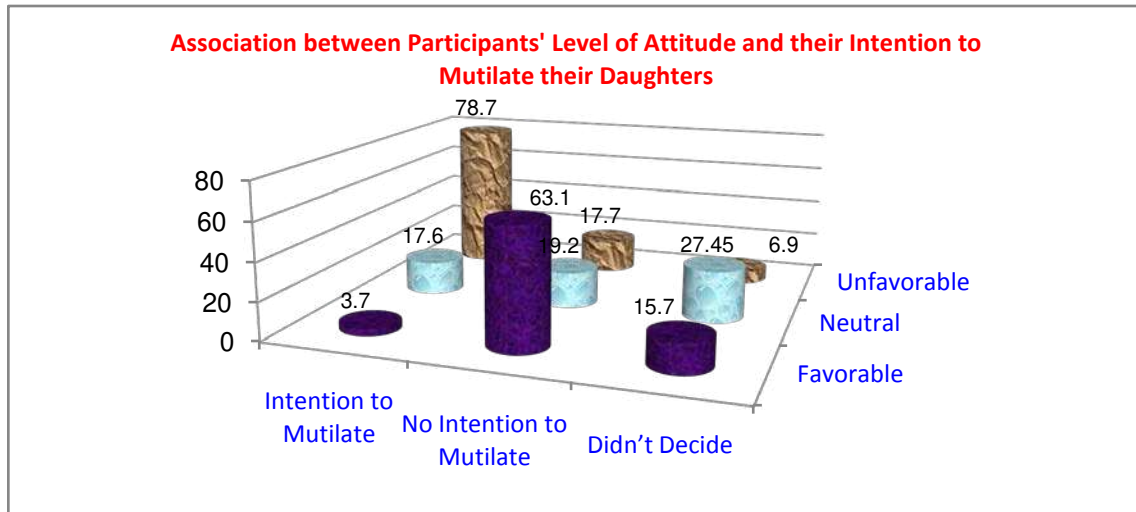


Figure 4. Association between Participants' Level of Attitude and their Intention to Mutilate their Daughters

5. Discussion

Some opinions explain why FGM/C is still practiced. One of these theories is the social convention hypothesis, which describes parents' attitudes toward social conventions and social norms. It discusses why families continue to practice FGM/C and why abandoning FGM/C is difficult for daughters and families [22,23,24].

Female genital mutilation/cutting Female genital mutilation/cutting Female genital mutilation/cutting Female genital mutilation/cutting is also seen as a technique for cleaning girls in some societies. They believe that FGM/C should be continued as a source of femininity and to protect virginity [25]. The concept of the girl as a source of shame influences attitudes toward the continuance of FGM/C. People feel that because FGM/C lowers female desire, it reduces premarital sex and sexual relationships [26].

Although, most of studied females know that FGM/C practice is illegal. The results of the present study reveal that some females who had mutilated their daughters were planning to mutilate their other daughters in the future. This may attribute to most of them had poor levels of knowledge and favorable attitude towards FGM/C. This may also due to The highest proportion of females (61.7%) did not know that there is a punishment for parents seeking FGM/C, and most of them (70.4%) did not know that prison is the type of punishment for parents in Egyptian law.

Regarding association between participants' level of knowledge and their intention to mutilate their daughters, it could be noticed that the proportion of females who had the intention to practice FGM/C increased with the decrease in the level of knowledge. It could be noticed that the proportion of females who had the intention to practice FGM/C increased with the decrease in the level of knowledge, and also increased with the decrease in the level of attitude. Almost all females with unfavorable attitudes towards FGM/C had the intention to practice FGM/C in the future. This may be attributed to that most of the percipients had pressure from their families, neighbors, etc.... to practice FGM for their daughters. This result disagreed with [27], who revealed that mothers

with a more favorable attitude toward FGM are more likely to show the intention of mutilating their daughters. This was in line with a study conducted in Egypt, which discovered that the desire of females to continue performing FGM/C on their daughters was significantly predicted by the experience of mutilation, lack of education, and an unfavorable attitude [12,28]. In Ethiopia, lack of access to mass media, degree of education, and age all had an impact on women's intentions to undergo FGM or C [29,30,31].

6. Conclusion

Although most of females know that FGM/C practice is illegal, some females who had mutilated their daughters still intended to mutilate their other daughters in the future. Moreover, the highest proportion of females did not know that there is a punishment for parents seeking FGM/C, and most of them did not know that prison is the type of punishment for parents in Egyptian law and did not know that there is a punishment for physicians performing FGM/C in Egyptian law as well. The proportion of females who had the intention to practice FGM/C increased with the decrease in the level of knowledge. Almost all females with unfavorable attitudes towards FGM/C had the intention to practice FGM/C in the future.

7. Recommendations

Enhancement of females' knowledge and negative attitude toward Female Genital Mutilation should be established by educational programs.

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