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Knowledge and Practice of Female Circumcision among Women of Reproductive Ages in South West Nigeria

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Abstract: *This study examine the knowledge and practice of female circumcision among potential women in south west Nigeria. Four hypotheses were formulated based on the variables of place of residence, level of awareness, level of educational and religion. The quantitative data used were obtained from the 2008 NDHS; Data analysis involved the use of descriptive statistics of frequency and percentages while the inferential statistics of chi-square test were used. Also, the qualitative information used was carried out in Ife/Ijesa senatorial district at which ten key informant interviews were carried out to buttress the quantitative aspect of the study. The results revealed that traditional circumciser have the highest prevalence which means that they are the one that circumcised the majority of the respondents who had undergone female circumcision. Also, revealed that the four independent variables have a significant relationship with the practice of female genital cuttings among women of reproductive ages in south west, Nigeria. Most of the interviewee during the Key Informant Interview disclosed that the practice is necessary and must be continued. It was observed that level of education, place of residence, religion and level of awareness of respondents to the practice of female genital cuttings have a direct links to the practice of female genital cuttings among women of reproductive ages in south west, Nigeria.*

Keywords*: Female circumcision, Knowledge, Reproductive age, Practice, Women.*

I. Introduction

According to World Health Organisation, [9] it was estimated that more than 135 million women and girls worldwide are currently living with the consequences of female circumcision, while in Africa an estimation of 92 million girls and women have already undergone female genital cuttings. Nearly 3 million girls across Africa continent are at risk of Female Genital Cuttings annually [6]. The World Health Organization defines female genital cutting (FGC) as "all procedures that involve partial or total removal of the external female genitalia or other injury to the female organs for non-medical reasons" [9]. Female genital cuttings are gender based practice that involves cutting or altering the female genitalia as a rite of passage or for other socio-cultural reasons. Female genital cuttings is categorized, based on severity, into a range of types, from removal of the clitoral foreskin (Clitoridectomy) and clitoris to complete genital dissection (excision) and narrowing of the vaginal opening (infibulation) [10]. While some research indicates that many women who undergo female genital cuttings do not have health problems as a result of the procedure, for others, the practice can have serious health consequences. Female genital cuttings practice subjects females to irreversible lifelong health risks and life-threatening implications, therefore regarded as a fundamental violation of human rights [7].

The consequences could be acute like severe bleeding infection, fistula, urine retention, stress, reproductive tract infection, pelvic inflammatory diseases, chronic urinary tract obstruction/bladder stones and shock or chronic including damage to the urethra or anus and disruption of normal sexual function, difficulty in menstruation/ painful menstruation; difficult delivery/obstructed labour, cysts, excessive growth of scar tissue, painful sexual intercourse, increased susceptibility to HIV/AIDS and hepatitis and other blood-borne diseases and urinary incontinence. These potential health effects are aggravated by the type of female genital cutting that girls and women experience. Other factors in determining the extent of health effects of female genital cuttings include the practitioner's expertise and tools, hygienic conditions, and access to adequate health care. Over the past twenty years, female genital cuttings have been increasingly recognized as a health and human rights issue among governments, the international community, and professional health organizations. As a result of this attention, consensus against female genital cuttings have gradually emerged and strong efforts are now being made on the international, national and community levels to end the practice.

Female genital cuttings exist mainly in Sub-Saharan and North Eastern Africa, but it has spread to other regions of the world through migration. It is practiced by people from all educational levels and social classes, among urban and rural residents, and among many different religious and ethnic groups. Though no religion mandates female genital cuttings, but occurs among all religious groups in Africa. There are great variability from country to country regarding practice and many other factors that may enhance complications as a result of the practice of female genital cuttings. These factors include the age at which female genital cuttings

occurs, the type of female genital cuttings practiced, the type of practitioner who performs the procedure, the conditions under which female genital cuttings is performed, and the rituals and traditions surrounding the practice. In some countries, daughters are just as likely to be cut by traditional practitioners as their mothers were while in other countries, medical professionals increasingly perform the procedure especially on younger girls, although this does not necessarily make the practice safer. This study sheds light to the knowledge and practice of Female genital cuttings among women of reproductive ages in south west Nigeria.

II. Statement of the Problem

The issue about female genital cuttings has being an issue that need more urgent intervention, the practice have caused several argument and disputation. The following are the problems in question which this study exposes.

Although a female genital cutting has been a pervasive practice for thousands of years, recently there has been increasingly vehement opposition, even from members of the practicing cultures. Revulsion from a physical perspective, the belief that the practice is degrading to women, and the knowledge that the practice often is carried out unnecessarily as a result of inaccurate and destroying beliefs and myths surrounding the operation, have all contributed to this opposition. The dominant and most widely based objection to the practice is the concern over the pain and physical damage, even death, that female genital cutting has caused so many women and children. As a result of the above reasons, female genital cutting does not justify its horrible practice.

Despite the fact that female genital cuttings are an illegal and unlawful practice in some part of the world, this practice is still very much common mostly in less developed country. This gender based practice is terribly performed by a traditional practitioner or (quack) untrained person, usually an old woman in the particular family set up or in the community who use a several types of tools, such as a scalpel, piece of glass, to perform the practice harshly in an unhealthy, unsterile conditions which usually lead to haemorrhage and mostly the victim used to bleed to death [9]. The issue in question at which this study aims to reveal based on the argument whether the practice itself is the problem or the traditional practitioner who perform the practice.

III. Objective of the study

The general objective of the study is to examine the knowledge and practice of female circumcision among women of reproductive ages in south west Nigeria. Specific objective of the study are to:

- examine those who perform female genital cuttings in south west Nigeria.
- investigate the relationship between socio-demographic variables and the practices of female genital cuttings.

In order to achieve the stated objectives, the following research questions were answered at 0.05 level of significant.

- Who performed female genital cuttings in south west Nigeria?
- What is the extent of knowledge of women of reproductive ages towards the practice of female genital cuttings in south west Nigeria?
- How does the socio-demographic variables influence the practices of female genital cuttings among women of reproductive ages in south west Nigeria?

IV. Significance of the study

According to World Health Organisation [8], female genital cuttings are a common problem in approximately 28 countries in Africa. In about 85% of these countries, female genital cutting takes the form: *Clitoridectomy* (where all or part of the clitoris is removed) or *Excision* (where all or part of the labia minora is cut) About 15% of the cases of this practice in Africa are of the most extreme form called *infibulation* in which all or parts of the external genitalia are removed followed by the stitching and narrowing of the vaginal opening. According to figures released by the World Health Organisation [8], about 50% of Nigeria's female population is circumcised with the most common forms being Clitoridectomy.

Despite all influence of modernization, earnest and conscientious activity such as awareness programs, public orientations, funding of researches, publication by the governmental and non-governmental organization and also private individual both at the National and International level to eliminate this unfair practice, the practice is still in existence till date.

In Nigeria, there are still cases in which children at infancy and childhood age are been circumcised in isolation as a result of their cultural and religious belief, norms and myths, and the likes. This study aims at putting light into the women knowledge and their practice of female genital cuttings, precisely among those women of reproductive age.

V. Hypotheses of the Study

- There is no significant relationship between the type of place of residence and the practice of female circumcision.
- There is no significant relationship between the level of education and the practice of female circumcision.
- There is no significant relationship between the level of awareness and the practices of female circumcision.
- There is no significant relationship between religion and the practices of female circumcision.

VI. Methodology

6.1 Sampling Design and Sample Size

The sample design allowed for female genital cutting are calculated for each of the 6 zones and 36 states plus the federal capital territory, Abuja. The sample size used for 2008 NDHS was selected using a stratified two-stage cluster design consisting of 888 clusters, 286 in the urban and 602 in the rural areas.

6.2 Participants

The information used for this study were collected from a nationally representative sample of about 33,385 women age (15-49) of which 6790 women of reproductive age were sampled and interviewed in southwest Nigeria. The participants used for the qualitative study were conveniently selected base on their experience, belief, sensation, perception, knowledge about the practice of female genital cuttings and their willingness to participate. This instrument of collecting qualitative information was carried out in Ife/Ijesa senatorial district at which ten key informant interviews were done in both Ilesha and Ile-Ife.

6.3 Research Instruments

Quantitative protocol used for this study is a secondary data from the 2008 Nigeria Demographic and Health Survey. Three questionnaires were used for the Survey but only data from the women's questionnaire were considered for this study to reflect issues that concerns female genital cuttings among potential women in south west Nigeria. The women questionnaire collected information about women's background characteristics, and the practice female genital cuttings and related issues on the practices.

Key informant interview (KII) were used as an instrument for collecting qualitative data to support the secondary data. The aim and objective of the KII is to explore, inquire and to share the experiences, beliefs, behaviours, thoughts, feelings, attitudes, perceptions and ideas of participants on the practices of female genital cuttings.

6.4 Measurement of Variables

Different measures are appropriate for different types of variable, depending on the level of measurement. All the variables used in this study are categorical variables such as age group, level of education, level of awareness, religiosity and respondent circumcised e.t.c.

Dependent variable in the study is number of daughter circumcised by the respondent which is measured categorically in terms of no daughter circumcised, 1-3 daughters circumcised, 4-6 daughters circumcised and more than 6 daughters circumcised.

Independent variables present in the study are:

Type of place of residence: It is measured categorically in terms of "rural" and "urban" area.

Level of education: It is measured categorically in terms of the following: "no education", "primary education", "secondary education" and "higher education".

Level of awareness: It can be measured in terms of ever heard of the practice of female genital cuttings which is categorically either "yes" or "no".(the level of respondent`s awareness to the practice of female genital cuttings are used to measure their knowledge to the practice)

Religiosity: It is measured categorically in terms of the following "Catholic", "Other Christian", "Islam", "Traditionalist" and "Others".

Who performed the female circumcision: The 2008 NDHS also included questions on the person who performed the circumcision which is measured in terms of "doctor", "Trained nurse/midwife", "other health professional", "traditional circumciser", "traditional birth attendant", "other traditional", "don't know",

6.5 Data Processing and Analysis

The statistical analysis software called STATA (version 10.0) were used to analyze the quantitative aspect of this study while the combination of CY index method and thematic approach were used to analyze the qualitative aspect of this study. The first and second level of analysis was carried out. Descriptive statistics was used in analyzing the variable "who performed circumcision" while cross tabulation was used to examine existing association/relationship between the independent variables and the practices of female circumcision. Chi square test was considered to be most appropriate test-statistic employed because it measures the relationship between two categorical variables.

VII. Result

It can be seen from the table 1 that traditional circumciser has the highest percentage of 66.5% which means that traditional circumciser are those that circumcised the majority of the respondent who had undergone female circumcision, while more than 2 in every 10 respondents (20.9%) interviewed do not know those who performed their circumcision, followed by the respondents who had their circumcision performed by a trained nurse/mid wife (8.1%).

Table 1: Percentage Distribution of who performed circumcision for the Respondents

WHO PERFORMED CIRCUMCISION	FREQUENCY	PERCENTAGE
Doctor	65	1.9
Trained nurse / midwife	274	8.1
Other health professional	7	0.2
Traditional "circumciser"	2248	66.5
Traditional birth attendant	51	1.5
Other traditional	28	0.8
Don't know	707	20.9
Total	3380	100.0

Source: NDHS 2008

Table 2:Relationship between socio-demographic variables and the practice of female genital cuttings

LEVEL OF EDUCATION	**RESPONDENT HAVE DAUGHTERS CIRCUMCISED**					
	No n (%)	Yes n (%)	Total n (%)	d.f	□□	□-VALUE
No education	239(48.1)	258(51.9)	497(100.0)	3	120.3657	0.000
Primary	452(54.1)	383(45.9)	835(100.0)			
Secondary	845(67.0)	417(33.0)	1262(100.0)			
Higher	306(78.5)	84(21.5)	390(100.0)			
Total	1842(61.7)	1142(38.3)	2984(100.0)			
EVER HEARD OF FEMALE CIRCUMCISION						
No	23 (1.3)	1819(98.8)	1842(100.0)	1	3.8398	0.050
Yes	6 (0.5)	1137(99.5)	1143(100.0)			
Total	29 (1.0)	2956(99.0)	2985(100.0)			
RELIGION						
Christian	882 (64.0)	497 (36.0)	1379(100.0)	2	47.5502	0.000
Islam	390 (49.5)	398 (50.5)	788(100.0)			
Traditionalist	10 (38.5)	16 (61.5)	26(100.0)			
Total	1282 (58.5)	911(41.5)	2193(100.0)			
PLACE OF RESIDENCE						
Rural	1152(62.5)	690(37.5)	1842(100.0)	1	45.4359	0.000
Urban	571(50.0)	571(50.0)	1142(100.0)			
Total	1723(57.7)	1261(42.3)	2984(100.0)			

Source: NDHS 2008

Table 2 shows the relationship between socio-demographic variables and the practice of female genital cuttings as presented in the hypotheses of this study.

Hypothesis 1: The calculated Pearson`s chi-square co-efficient as shown in the above table is 120.3657 with the degree of freedom of 3 and probability value is 0.000.

Hypothesis 2: The calculated Pearson`s chi-square co-efficient as shown in table 2 above is 3.8398 with the degree of freedom of 1 and probability value is 0.050.

Hypothesis 3: The calculated Pearson`s chi-square co-efficient as shown in table 2 is 47.5502 with the degree of freedom of 2 and probability value is 0.000.

Hypothesis 4: The calculated Pearson`s chi-square co-efficient as shown in table 2 is 45.4359 with the degree of freedom of 1 and probability value is 0.000.

VIII. Discussion of the findings

This study is to examine the knowledge and practice of female circumcision among women of reproductive ages in south west Nigeria. Results from the findings on this study showed that □□=45.4359, P < 0.05, N=2894, since the probability value is less than 0.05, then we reject the null hypothesis and therefore conclude that there is a significant relationship between respondent's place of residence and the practices of female circumcision among women of reproductive ages in south west Nigeria. The result of this study was however agreed with the study carried out [2] among women in Sudan.

It further shows that □□□120.3657, P < 0.05, N=2894, since the probability value is less than 0.05, then we reject the null hypothesis and therefore conclude that there is a significant relationship between the respondent`s level of education and the practice of female genital cuttings among women of reproductive ages in south west Nigeria and this agrees with the outcome of the cross-sectional study on 210 antenatal patients conducted by Abubakar et al, in 2004 on the assessment knowledge, attitude and practice of female genital cutting among antenatal patients in Aminu Kano Teaching hospital in northern Nigeria. The result of this study was however variation with study carried out [3] among male and female students of college of Technological sciences, (Tigana).

Also, the study revealed that □□□3.8398, P < 0.05, N=2894, since the probability value is less than 0.05, we reject the null hypothesis and therefore conclude that there is a significant relationship between the respondent's level of awareness to female genital cuttings and the practice of female genital cuttings among potential women in south west Nigeria. The result of this study was however variation with study carried out [5] among expectant mothers in Juth Nigeria.

The findings from this study also showed that □□□47.5502, P < 0.05, N=2894, since the probability value is less than 0.05, we reject the null hypothesis and therefore conclude that there is a significant relationship between respondent`s religion and the practice of female genital cuttings among potential women in south west Nigeria. The result on religion is similar to the information by the World Heath Organisation and Gruenbaum report which revealed that while the practice of female genital cuttings is most commonly associated with Islam, the practice is not limited to Muslims; Christians and practitioners of indigenous religions also practice female genital cuttings [1] [9].

These findings implied that the variables: place of residence, level of education, level of awareness and religion when taken one after the other to examine their relationship with the practice of female genital cuttings did have direct and significant relationship with the practice of female genital cuttings among women of reproductive ages in south west Nigeria which means that all this explanatory variable are contributing greatly and influencing the expansion of the practice of female genital cuttings in south west Nigeria.

IX. Qualitative Data Analysis (Key Informant Interview) To Buttress the Quantitative Aspect of the Analysis

Two basic method of qualitative data analysis were used to analyze the information's obtain from the key informant interview, namely, CY index and the thematic approach. This is done in other to get the best out of the information gotten from the key informant interview.

Table 3: Characteristics and Socio Demographic Characteristics of the Key Informants

Date	Town	Name	Age	Sex	Level Of Education	Religion	Duration
18/08/11	Ile-Ife	Dr. Kehinde Ojo	45	M	Higher Education	Roman Catholic	26minutes 30seconds
20/08/11	Ile-Ife	Dr. Olatunji Asimiyu	45	M	Higher Education	Islam	13minutes 24seconds
24/08/11	Ile-Ife	B.O Oyegbade	46	F	Primary Education	Christian	21minutes 4 Seconds
27/08/11	Ile-Ife	Temitope Obayoade	37	F	Secondary Education	Christian	14minutes 34seconds
29/08/11	Ile-Ife	Mrs Adeoti	49	F	Primary Education	Christian	12minutes 5seconds
31/08/11	Ilesha	Deaconess Adeagbo	45	F	Secondary Education	Christian	12minutes 46seconds
01/09/11	Ilesha	Mrs Adeyemi	49	F	Secondary Education	Christian	11minutes 3 Seconds
01/09/11	Ilesha	Mrs Rachel Awe	64	F	Primary Education	Christian	14minutes 7 Seconds
01/09/11	Ilesha	Mrs Modupe Adedoyin	85+	F	No Education	Christian	10minutes 29seconds
01/09/11	Ilesha	Mrs S.O Afolabi	58	F	Higher Education	Christian	20minutes 2 Seconds

SOURCE: FIELD WORK (AUGUST & SEPTEMBER, 2011)

Table 4: CY-Index Table Showing Knowledge and Practice of FGC in Ife/Ijesha Senatorial District in Osun State Using Key Informant

THEMES	ILE-IFE					ILESHA				
	R_1	R_2	R_3	R_4	R_5	R_1	R_2	R_3	R_4	R_5
knowledge about FGC	+	+	+	+	+	+	+	+	+	+
knowledge about age at FGC	_	+	+	+	+	+	+	+	+	+
knowledge about reasons for FGC	+	+	+	+	+	+	+	+	+	+
knowledge about benefits of FGC	_	+	+	_	+	_	_	+	+	+
Prevent against promiscuity	_	+	+	_	+	_	_	+	+	+
Belief that FGC is required by religion	_	_	+	+	+	_	_	+	_	_
Belief that FGC is influenced by education	+	+	+	_	+	+	_	+	_	_
Negative impact of FGC	+	_	_	+	_	+	+	_	_	_
knowledge about the consequences of FGC	+	_	_	+	_	+	+	+	_	_
Necessity of FGC	_	+	+	_	+	_	_	+	+	+
Human right violated when practice FGC	+	_	_	+	_	+	+	_	_	_
Continuity decision of FGC	_	+	+	_	+	_	_	+	+	+

SOURCE: FIELD WORK (AUGUST & SEPTEMBER, 2011

Table 6: Summarized CY-Index Table Showing Knowledge and Practice of FGC in Ife/Ijesha Senatorial District in Osun State Using Key Informant

THEMES	ILE-IFE	ILESHA
knowledge about FGC	++	++
knowledge about age at FGC	++	++
knowledge about reasons for FGC	++	++
knowledge about benefits of FGC	++	++
Prevent against promiscuity	++	++
Belief that FGC is required by religion	++	+
Belief that FGC is influenced by education	++	++
Negative impact of FGC	++	++
knowledge about the consequences of FGC	++	++
Necessity of FGC	++	++
Human right violated when practice FGC	++	++
Continuity decision of FGC	++	++

SOURCE: FIELD WORK (AUGUST & SEPTEMBER, 2011)

KEY	
_	None of the respondents agreed
+	At least one respondents agreed
++	At least two respondents agreed

X. Discussion of qualitative aspect of the study

The key informant interviews revealed that the practice of FGC is still very much in existence as a result of the people's belief and culture of the community as a whole. Although, the traditional circumscribers are not very common among those who are still doing this practice of FGC but the majority of the circumscribers were found among the midwives. Those culprits are adult women in the mission house and they are popularly called "mummy mission". These midwives knew the fact that the practice of FGC is prohibited by

the law but they keep doing it base on the fact that the some parents want their children to be circumcised due to their belief that female circumcision is a benefit and comfort for womanhood, they belief that FGC is the key to prevent promiscuity or premarital sex, marital stability and reduction in infant mortality. The CY index revealed that the entire interviewee in both Ile-Ife and Ilesha have knowledge about female genital cuttings. Excerpts from the key informant interview revealed that: (A traditional circumscriber who is in oldest old age group)

"Han wi omo gbudo fori kan ido abe obinrin lule-ijesha, ki omo ba fori kan, selomo n aha ku. Ohun lomi fa ki opolopo obinrin fi mi bi mo ku, ki han ma mo bose je"

Meaning that: Our elderly ones told us that the child`s head must not touch her mother's clitoris in Ijesha land, but if the child's head touches it, the child will die, it is the main reason why incidence of infant mortality is high in the community of which many people do not know.

Another 37 years old key informant who happens to be a midwife Ile Ife also revealed thus:

"According to Yoruba culture in the long past, they said female child who is not circumcised will be promiscus that is, they will be using their sexual appeal to exploit men"

A 64 years old key informant who is a nurse assistant in a private health center revealed her experiences, perception and her belief toward this gender base practice. She revealed that …

"The reason for FGC is that we heard from the aged ones that if a woman delivers a baby, her baby's head must not touch the clitoris but if the baby's head touches it, the baby will die. Another reason for FGC is that the clitoris used to grow like that of manhood, which used to enhance their body to be sexually aroused, which make them to be promiscus but those that were circumcised are not usually promiscus"

According to another key informant who is 58 year old in Ilesha west local government, she revealed that:

"Education is very important and essential in someone's life but education doesn't have any influence in stopping female genital cuttings rather modernization is the key factor that influence it because both educated and non educated parent are engaged in the practice of FGC. In conclusion, female genital cuttings have no negative impact but rather positive ones"

Key informants were asked if they believe that the practice of female genital cuttings is required by religion. Findings suggest that religion partially having influence on the practice of FGC in the olden days but not anymore, some key informant who practice Christian religion also emphasize that it was written in the bible to circumcise children but they said bible did not specify whether to circumcise male children or female children, so they are indifferent about it. The analysis from the CY index reveal that at least two respondents in Ile-Ife and at least one respondent in Ilesha agreed reveals that religion partially have influence on the practice of female genital cuttings in the olden days but not anymore. According to a 45 years old key informant who is a consultant in OAU health centre, he revealed that:

"I don't think religion have any influence on the practice of female genital cuttings, though some people said that in the olden days, some religion especially Islamic religion and roman catholic partially require their follower to do female circumcision but nowadays it is not compulsory and the practice itself is not necessary."

Another 37 years old key informant who happens to be a midwife in Ile Ife also revealed thus:

"Religion have much to do with female genital cuttings, because it is in the bible that we must circumcised our children but the bible did not specify whether to circumcised male or female children"

Key informants were asked if they believe that the practice of female genital cuttings have a negative impact and have violated any human right when practiced. The analysis result from the CY index revealed that at least two of the respondent in both locations (Ile-Ife and Ilesha) believe that female genital cuttings have a negative impact and human right is violated when practiced. Excerpts from the key informant interview revealed that: (A traditional circumscriber who is in oldest old age group).

"Circumcision is my family business; my mother and my grandmother are professional in this work. I learnt how to circumcise from them and i know everything about it which has no negative impact but positive one and there is no human right that is violated when we do the circumcision"

According to another 45 years old key informant who is a medical practitioner, he revealed that:

"Female genital cuttings may result in having some opportunistic infections, can also lead to tear when the girl grow to the stage of bearing child (oju apa ko le jo oju ara) because of the elasticity of the area. Also other consequences are obstruction during child birth, psychological trauma and so on. It is not only through genital that a woman could be sexually arouse, if you tough the breast of a woman, she will get sexually arouse; if you tough her laps and her head, she may sexually get into action. Can we now cut all part of a woman`s body because we want to prohibit promiscuity? The negative impact of the practice is more than the positive once. In conclusion, the medicolegal aspect of medical work is the right of individual which is dented and condemned in totality when practice FGC and its legal implication is not favourable."

Another 37 years old key informant who happens to be a midwife in Ile Ife also revealed thus:

"I don't think little girls have any human right that is been violated when circumcised but all I know is that female genital cuttings is good for their life"

Key informants were asked if they believe that the practice of female genital cuttings is necessary and whether the practice should continue or discontinued. The analysis from the CY index revealed that at least two respondents in both locations (Ile-Ife and Ilesha) reveals that the practice is necessary and must be continued.

XI. Conclusion

It was observed from the study that respondent`s place residence have a direct relationship with the practice of female genital cuttings among women of reproductive ages which implies that there is a significant relationship between Respondent's place of residence and number of daughters circumcised. Hence the women`s place of residence whether rural area or urban area contributes greatly and significantly to her practice of female genital cuttings.

Also, the findings revealed that respondent`s level of education is directly proportional to the practice of female genital cuttings among women of reproductive ages which implies that there is a significant relationship between the level of education and number of daughters circumcised. This result is in variant when compared with the result from the qualitative aspect of the study which revealed that the practice of female genital cuttings is not influenced by level of education, since the practice of female genital cuttings is prevalent at all level of education.

Moreover, findings also revealed that there is a significant relationship between the respondent's level of awareness to female genital cuttings and number of daughters circumcised which implies that the knowledge of women of reproductive ages in south west Nigeria towards the practice of female genital cuttings very high of which their high level of knowledge influence their practice of female genital cuttings and this is also supported by the qualitative aspect of the study.

Lastly, based on the practice of female genital cuttings in south west Nigeria, it was observed that respondent`s religion have a direct relationship with the practice of female genital cuttings among women of reproductive ages which implies that there is a significant relationship between religion and number of daughters circumcised. This is also in variant with the analysis from the CY index which revealed that at least two respondents in Ile-Ife and not less than one respondent in Ilesha agreed that religion is partially having influence on the practice of female genital cuttings in the olden days but not anymore.

The following recommendations are suggested be taken to counter trends towards a eliminating this gender based practice called female genital cuttings:

- The Ministry of Health needs to strengthen its facility-level supervision mechanisms in both rural and urban area in south west Nigeria to stop its staff from performing the practice. The Ministry of Health should develop guidelines for the local government supervisors on the appropriate actions to take to detect and deter the practice.
- Education on existing policies and laws is needed so that providers and other community leaders and even religion leaders can understand and discuss female genital cuttings issues competently, dissuade communities from continuation, support women and girls who oppose the practice, and manage complications arising from it.
- More severe punishment should be taken against those that are caught practicing the practice of female genital cuttings. Local administration personnel (such as police, chiefs, Children's Officers, and social workers) should actively pursue those known to be involved and to close unregistered facilities and seasonal clinics and also those that practice it in isolation.
- Also, more research on the knowledge and practice of female genital cuttings and other socio-demographic and economic variable must be done in other to figure out more factors that may influence and promote the practice in south west Nigeria.

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