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Wrong Perceptions Towards Health Consequences of Female Genital Mutilation and Associated Factors Among Women in Adama District, Oromia, Ethiopia

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Abstract: *Background*: Wrong perceptions towards health consequences of female genital mutilation among women can contribute to the continuation of the practice of female genital mutilation. This study aimed at determining the prevalence of wrong perception towards health consequences of female genital mutilation and associated factors among women at Adama District. *Objective*: To determine the prevalence of wrong perceptions towards health consequences of female genital mutilation and associated factors among women in Adama district, Oromia, Ethiopia from Oct 15-20, 2019. *Method*: Community based cross sectional study design was used. A total of 507 women were selected using systematic sampling method from randomly selected six kebeles in Adama District. Data were collected using pretested semi structured interviewer administered quantitative questionnaire and analyzed using SPSS version 20. Binary Logistic Regression and Multiple Logistic Regression were used to find the association between wrong perception and associated factors. *Result*: 158 (31.2)% (95% CI: 27, 35.5) of women had wrong perceptions towards health consequences of female genital mutilation. Rural residence (AOR, 2.68; 95% CI: 1.42, 5.04), not having any maternal care service (AOR, 2.56, 95% CI: 1.40, 4.68), no mass media exposure (AOR, 2.68, 95% CI: 1.21, 5.94) and age at circumcision>11 years (AOR, 0.31, 95% CI: 0.12, 0.78) were statistically significant variables associated with wrong perception towards health consequences of female genital mutilations ($p<0.05$). *Conclusion and recommendation*: 31.2% of women had wrong perceptions. Women at Rural residence, having no mass media exposure, having no maternal care service and circumcised at<10 years had wrong perceptions towards health consequences of female genital mutilations. Increased maternal care service and health education were recommended to reduce women's wrong perception towards health consequences of female genital mutilation.

Keywords: Wrong Perception, Female Genital Mutilation, Adama District

1. Introduction

Background: Female genital mutilation/cutting refers to all procedures involving the removal of part or total female external genitalia & injuries to female external genitalia for non-medical reasons [1]. World Health Organization (WHO) classified female genital mutilations/ cutting (FGM/C) in to four types: Type I-Sunna and clitoridectomy, Type II- excision, Type III- infibulations and Type IV- unclassified FGM [2]. Any type of FGM is internationally recognized as violence against human rights of girls & women which violets the right to physical integrity, right to life, the right to freedom from torture or cruel act & right to health [1, 3]. Perception is the process by which a person interprets and organizes sensation (see, touch, feel) to produce a meaningful experience of the world. Perception is defined as the way you think about something, the way you notice things with your sense organs, the ability to understand or notice things quickly.

It is also defined in philosophy, psychology and cognitive science as the process of getting awareness or understanding of sensory information. Perception is subjective interpretation and is one among components of attitude where attitude has components like perception/thoughts, feelings or belief/ and behavior/practice/ [4, 5]. Globally, more than 125 million girls & women alive today have undergone FGM in 29 countries of Africa, Yemen, Asia & Middle East where the practice is concentrated [1]. Ethiopia was classified among moderately high prevalence countries with FGM of 74% [3] and according to EDHS 2016 the national prevalence of FGM among girls & women aged 15-49 years is 65.2% & in Oromia region it is76.5% [6, 7]. Ethiopia launched health extension package since 2003, also addressed FGM in Second Growth and Transformation Plan (2015/16-2019/20), prepared National Adolescent and Youth Health Strategy (2016-2020) and refreshed its commitment to end FGM/C and child marriage by 2025 [6, 8].

Ethiopia also launched strategic action plan to improve awareness or perception towards the harms of FGM on economy and health of girls and women. Among activities done, awareness raising and social mobilization to bring attitudinal changes through community conversation, empowerment of girls and women through training, skill building, sharing information, religious based interventions, 'iddir', folksong social media to increase girls' & women's perception of health problems of FGM [9-11].

Globally and nationally, eradication of FGM had pertinent relation to SDGs 1 & 2 (no poverty and zero hunger), goal 3 (good health and wellbeing), goal 4 (quality education), goal 5 (gender equality), goal 8 (economic growth) [12, 13]. Hemorrhagic and neurogenic shocks, severe pain, urine retention, infection (HIV/AIDS infection and tetanus) are some of the immediate complications. Damage to adjacent organs, pain during sex, failure of the wound to heal, formation of abscess, dermoid cyst, kelloid scar, narrowing of the opening of vagina so that difficulty in passing head of the new born, excessive bleeding during delivery, risk of caesarian section, episiotomy, and death (estimated 100, 000 teenagers death per year during child birth due to complications related from FGM), psychological trauma andare the long term complications of FGM [2, 3, 13].

A study conducted in Nigeria shows that 26.3% of women didn't perceive FGM has gynecological problems [14]. Other study conducted in Nigeria also shows that 47.2% 36.8%, 31.1% and 36.8% of women didn't perceive FGM can result in dyspareunia, excessive bleeding during procedure, infection and incontinence respectively [15]. Studies conducted in West Shewa and Bale Zone of Ethiopia reveal that 11.6%, 63% of women didn't perceive FGM has health consequences respectively [16-18]. Study conducted in West Shewa shows that 40.5% of women didn't perceive the immediate complications of FGM and studyat Kersa, West Hararge shows 68.8% of women didn't perceive any health complications of FGM [16, 18].

These studies show large number of women had low perception towards health consequences of FGM. Wrong perception of respondents towards health consequences of FGM couldn't bring attitudinal changes which in turn makes elimination of the practice of FGM difficult [12, 13]. Since there was no or scarce study done on wrong perceptions towards health consequences of FGM, this study was aimed at determining the prevalence of wrong perceptions towards health consequences of FGM and associated factors among women in Adama District, Oromia region, Ethiopia.

2. Methods and Materials

2.1. Study Area and Period

Adama district is one of the woredas among East Shewa Zone which is different from Adama 'Liyu' woreda. It is an area located around Adama City, 100 Km South West from Addis Ababa in Oromia regional sate. According to the Woreda Health Office, the woreda has 9 health centers and 35 health posts to serve 37 rural kebeles & 5 sub urban kebeles with an estimated population of 200,563. Among these, the total number of women 15 years and above was 44, 385 with 41,784 households. The study was conducted from October 15 to 20, 2019.

2.2. Study Variables

Dependent Variable: wrong perceptions towards health consequences of female genital mutilation.

Independent Variables:

Socio demographic factors: age, educational status, residence, birth place, marital status, occupation, religion, ethnicity

Gynecologic and Obstetric factors: parity, maternal care service (ANC & PNC), status of circumcision, type of FGM performed, place of delivery and age at circumcision

Behavioral factors: exposure to mass media (TV/Radio)

Health Consequences of FGM: Short and long term consequences of FGM

2.3. Statistical Analysis

After the data collection was completed; the data were checked visually for completeness and entered in to EPI Info version 7 and exported to SPSS version 20 for cleaning, recoding and analysis. Summary statistics like median and inter quartile range were done.

Wrong perception towards health consequences of FGM was measured by 5 point Likert Scale [19-21] and constructed by aggregate summation of scores from 10 Likert item question responses. Based on different literatures, respondent's responses were collapsed in to two to make outcome variable dichotomous (wrong or Right perception) in order to employ logistic regression analysis [20, 21]. Then, individual responses were summed and those who had scored above median score were classified as having right perception, but those who scored below median score classified as having wrong perceptions.

Binary logistic regression was employed with 95% CL and p-value<0.25 to determine the relationship between

dependent and independent variables. Multi co-linearity among factors was checked with VIF>10. Then, multivariable logistic regression was employed to determine factors associated with wrong perceptions towards health consequences of FGM with 95% CL, p-value<0.05. Goodness of fit test was checked using Hosmer Lemishow with p-value>0.05.

2.4. Ethical Clearance

Ethical clearance was obtained from Adama Hospital Medical College Ethical Review Board, OHB, Adama District health office and leaders of selected kebeles. Then, after explaining the objective of the study, oral consent was obtained from the respondents for interview.

3. Results

3.1. Socio Demographic, Behavioral, Gynecologic and Obstetric Characteristics

In this study, 554 women were included, but 507 women responded to our interview making the response rate of 91.52%. The median age of the respondents was 30 years. Then, Q1 and Q3 were 24 and 42 making IQR of 18 years old. About 437 (86.2%) of respondents were in reproductive age group. Most of the respondents 364 (71.8%) and 371 (73.2%) were married and born in rural areas respectively. Fifty percent of women live in rural area. Most of respondents 219 (43.20%) were in elementary education, 299 (59%) were house mothers, 317 (62.53%) were Oromo in ethnicity and 301 (59.4%) were Orthodox in religion.

Four hundred ten (80.9%) of respondents had parity, 315 (76.83%) had maternal care service for the last pregnancy and child birth, 229 (55.85%) had given the last birth at health institution. Four hundred fifty one (89%) of respondents claim currently there was no practice of FGM in their community. The overall prevalence of FGM was 399 (78.7%) where most of the respondents 170 (42.6%) didn't know their age at circumcision. Nearly 93% of type of FGM practiced was type II FGM with 88% of FGM performed by female traditional circumcisers.

Majority, 448 (88.4%) of respondents had mass media (TV/radio) exposure. Majority 492 (97%) of the respondents had heard about FGM where most of them 379 (77%) heard from family. See Table 1 below.

Table 1. *Socio demographic, behavioral, gynecologic and Obstetric characteristics of women of reproductive age and above in Adama District, Oromia, Ethiopia, Oct, 2019, n=507.*

Variables	Frequency	Percentage (%)
Socio demographic factors		
Age (n=507)		
15-49 Yrs	437	86.2
>49 Yrs	70	13.8
Marital status (n=507)		
Married	364	71.8
Divorced	34	6.7
Widow	44	8.7
Single	65	12.8
Educational status (n=507)		
Illiterate	169	33.4
Elementary	219	43.2
Secondary	97	19.1
Diploma & above	22	4.3
Residence (n=507)		
Urban	251	49.5
Rural	256	50.5
Place of Birth (n=507)		
Urban	136	26.8
Rural	371	73.2
Occupation (n=507)		
House mother	299	59
Government employee	11	2.5
Self-employee	114	22.5
Farmer	49	9.7
Student	34	6.7
Ethnicity		
Oromo	317	62.53
Amhara	135	26.63
Gurage	35	6.90
Other / Kambata, Hadiya/	20	3.94
Religion (n=507)		
Muslim	31	6.1
Orthodox	301	59.4
Protestant	163	32.1
Other ('Waqefata')	12	2.4
Behavioral factor		
Mass media exposure (n=507)		
Yes	448	88.4
No	59	11.6
Heard about FGM		
Yes	448	88.4
No	59	11.6
Source of information about FGM (n=507)		
TV/Radio	59	12
Family	379	77
Friends	18	3.65
Health professionals	15	3.05
Gynecologic & Obstetric factors		
Parity (n=507)		
Yes	410	80.9
No	97	19.1
Place of delivery (n=410)		
Home	181	44.15
Health institution	229	55.85
Maternal care service (n=410)		
Yes	315	76.83
No	95	23.17
Currently FGM practiced in your area (n=507)		
Yes	56	11
No	451	89
Ever circumcised		
Yes	399	78.8
No	108	21.3
Age at circumcision (n=399)		
0-5 yrs.	210	52.63
6-10 yrs.	135	33.83
>11 yrs.	54	13.54
Type of FGM performed (n=399)		
Type I (Clitoridectomy)	25	6.27
Type II (excision)	371	92.98
Type III (infibulations)	3	0.75
Circumciser (n=399)		
Traditional birth attendant	48	12.03

Variables	Frequency	Percentage (%)
Traditional circumciser	351	87.97
Sex of circumciser (n=399)		
Male	4	1
Female	395	99

N. B: n=sample size, FGM=Female Genital Mutilation, TV=Television.

3.2. Responses to Questions Related to Perceptions Towards Health Consequences of FGM

Among 507 respondents, 190 (37.48%) disagreed that FGM can result in urine retention after the procedure. One hundred seventy five (34.52%) respondents disagreed FGM can be a cause for HIV/bacterial infection and about 178 (35.11%) of the respondents disagreed on the wound healing problem due to FGM. There was disagreement of severe bleeding during the procedure of FGM among 172 (33.92%) of women. Fifty percent of the respondents disagreed on FGM as a risk for prolonged labor. Similarly 254 (50.1%) of women disagreed that FGM can result in severe bleeding during delivery.

About 74% of women disagreed that FGM can cause urine incontinence and 218 (43%) of women disagreed that FGM can lead to sexual dissatisfaction and 191 (37.67%) of women disagreed that FGM can cause sexual pain and 176 (34.72%) of respondents disagreed on FGM can be a risk for neonatal and maternal death.

Out of 507 women, 158 (31.2%) had wrong perceptions towards health consequences of FGM (See table 2 below).

Table 2. *Responses to questions related to health consequences of FGM among women of reproductive age and above at Adama District, Oromia, Ethiopia, October, 2019.*

Variables	Strongly agreed	Agreed	Neutral	Disagreed	Strongly disagreed
FGM can result in urine retention after procedure	111 (21.9%)	161 (31.8%)	45 (8.9%)	148 (29.2%)	42 (8.3%)
FGM can be a cause for HIV/bacterial infection	122 (24.1%	155 (30.6%)	55 (10.8%)	137 (27%)	38 (7.5%)
FGM can result in wound healing problem	45 (8.9%)	238 (46.9%)	46 (9.1%)	131 (25.8%)	47 (9.3%)
FGM can result in severe bleeding during procedure	57 (11.2%)	220 (43.4%)	58 (11.4%)	131 (25.8%)	41 (8.1%)
FGM is a risk for prolonged labor (>12hours)	69 (13.6%)	141 (27.8%)	42 (8.3%)	202 (39.8%)	53 (10.5%)
FGM can result in severe bleeding during delivery	61 (12%)	162 (32%)	30 (5.9%)	189 (37.3%)	65 (12.8%)
FGM can cause urine incontinence	17 (3.4%)	83 (16.4%)	34 (6.7%)	272 (53.6%)	101 (19.9%)
FGM leads to sexual dissatisfaction	63912.4%)	161 (31.8%)	65 (12.8%)	161 (31.8%)	57 (11.2%)
FGM can cause sexual pain	88 (17.4%)	195 (38.5%)	33 (6.5%)	134 (26.4%)	57 (11.2%)
FGM can be a risk for neonatal & maternal death	77 (15.2%)	219 (43.2%)	35 (6.9%)	101 (19.9%)	75 (14.8%)

N. B: FGM=Female Genital Mutilations, HIV=Human Immune Deficiency Virus.

3.3. Bivariate Analysis

Extreme responses (strongly agree, agree and neutral were collapsed to agreement whereas strongly disagree and disagree were collapsed to make disagreement) to dichotomize responses for bivariate analysis. Those who scored above median (>25) were coded (0) as having right perception and those who scored below median (<25) were coded (1) as having wrong perception. In this study, among 507 respondents, 158 (31.2%, 95% CI: 27, 35.3) of women had wrong perceptions towards health consequences of FGM.

Marital status, Residence, place of birth, educational status, occupation, religion, ethnicity, parity, maternal care service, place of delivery, mass media exposure, ever circumcised, age at circumcision and types of FGM performed had statistically significant relationship with perceptions towards health consequences of FGM among respondents under binary analysis with 95% CI and p-value<0.25. Among factors that had statistically significant relationships with wrong perception towards health consequences of FGM under binary analysis, marital status, place of delivery, parity, birth place and ever circumcised had showed multi co-linearity with each other i.e. (VIF>10) thus removed before employing multi variable logistic regression with 95% CI and p-value<0.05.

3.4. Factors Associated with Wrong Perceptions Towards Health Consequences of FGM

Rural residence, having no mass media exposure, not having maternal care service and age at circumcision>11 years were variables that had statistically significant association with wrong perception towards health consequences of FGM the in Multivariable Logistic regression analysis. Women from rural areas had 2.68 (AOR=2.68, 95% CI: (1.42, 5.04) times higher odds of having wrong perceptions towards health consequences of FGM compared to women residing in urban.

Respondents who had no maternal care service had 2.56 (AOR=2.56, 95% CI: (1.40, 4.68) times higher odds of having wrong perceptions towards health consequences of FGM compared to those who had maternal care service during last pregnancy or child birth.

Those respondents who had no mass media exposure had 2.68 (AOR=2.68, 95% CI: 1.21, 5.94) times higher odds of having wrong perception towards health consequences of FGM compared to women who had mass media at home Finally, respondents who had been circumcised at age>11 years had 69% (AOR=0.31, 95% CI: 0.12, 0.78) lesser odds of having wrong perception towards health consequences of FGM compared to those who had been circumcised at age less than or equal to 5 years (See table 3 below).

Table 3. *Factors associated with wrong perceptions towards health consequences of FGM among women of reproductive age and above, Adama District, Oromia, October, 2019.*

Variable	Perceptions towards health consequences of FGM		COR, 95% CI	AOR, 95% CI
	Wrong (coded 1)	Right (coded 0)		
Residence (n=507)				
Urban	58 (23.1%)	193 (76.9%)	1:00	1:00
Rural	100 (39.1%)	156 (60.9%)	2.13 (1.45, 3.14)	2.68 (1.42, 5.04)*
Educational status (n=507)				
Illiterate	68 (40.2%)	101 (59.8%)	1:00	
Elementary	68 (31.1%)	151 (68.9%)	0.66 (0.43, 1.01)	
Secondary	20 (20.6%)	77 (79.4%)	0.38 (0.24, 0.65)	
Diploma and above	2 (9.1%)	20 (90.9%)	0.15 (0.03, 0.65)	
Occupation (n=507)				
House mother	92 (30.8%)	207 (69.2%)	1:00	
Gov't employee	4 (36.4%)	7 (63.6%)	1.29 (0.37, 4.50)	
Self-employee	41 (36%)	73 (64%)	1.26 (0.82, 1.99)	
Farmer	19 (38.8%)	30 (61.2%)	1.43 (0.76, 2.66)	
Other (Student/pension)	2 (5.9%)	32 (94.1%)	0.14 (0.03, 0.59)	
Religion (n=507)				
Muslim	8 (25.8%)	23 (74.2%)	1:00	
Orthodox	108 (35.9%)	193 (64.1%)	1.67 (0.69, 3.74)	
Protestant	41 (25.2%)	122 (74.8%)	0.97 (0.40, 2.33)	
Other	1 (8.3%)	11 (91.7%)	0.26 (0.03, 2.36)	
Ethnicity (n=507)				
Oromo	83 (26.2%)	234 (73.8%)	1:00	
Amhara	59 (43.7%)	76 (56.3%)	2.18 (1.43, 3.33)	
Gurage	7 (28%)	18 (72%)	1.1 (0.44, 2.71)	
Other (Silte, Kembata)	9 (30%)	21 (70%)	1.20 (0.53, 2.73)	
Had maternal care service (n=410)				
Yes	84 (26.7%)	231 (73.3%)	1:00	1:00
No	53 (55.8%)	42 (44.2%)	3.48 (2.16, 5.58)	2.56 (1.40, 4.68)*
Had mass media exposure (n=507)				
Yes	128 (28.6%)	320 (71.4%)	1:00	1:00
No	30 (50.8%)	29 (49.2%)	2.59 (1.49, 4.48)	2.68 (1.21, 5.94)*
Age at circumcision (n=399)				
0-5 years	79 (37.6%)	131 (62.4%)	1:00	1:00
6-10 years	48 (35.6%)	87 (64.4%)	0.91 (0.58, 1.43)	1.04 (0.59, 1.81)
>11 years	10 (18.5%)	44 (81.5%)	0.38 (0.18, 0.79)	0.31 (0.12, 0.78)*

N. B: * -represent statistically significant association, COR- Crude Odds Ratio, AOR- Adjusted Odds Ratio, CI-Confidence Interval

4. Discussion

This study showed that about 31% (95% CI: 27, 35.5) of women had wrong perceptions towards health consequences of FGM which was higher than 26.3% of study conducted in Nigeria [14]. Similarly, the finding of this study was higher compared to 10.6% of study conducted in West Shewa [18], lower compared to 63% of study conducted at Bale Zone [17] and 68.8% of West Hararge [16].

These differences could be due to differences in age of circumcision, mass media exposure and difference in study population which resulted in differences in wrong perception. Girls and women who had been circumcised at earlier age may not recall immediate consequences and circumcised women who experienced health problems during delivery might not also relate the problem with FGM which resulted in differences of wrong perceptions towards health consequences of FGM [22].

In this study, respondents who had no mass media exposure to like TV/Radio had 2.68 times higher odds of having wrong perceptions towards health consequences of FGM compared to those who had mass media at home.

This is because having mass media exposure can help in increasing awareness or understanding of health consequences of FGM which could help to bring healthy behavior in the community.

In this study, women from rural had 2.68 times higher odds of having wrong perceptions towards health consequences of FGM compared to those living in urban areas. Women living in urban also have more access to information about health consequences of FGM than those women living in rural area. Women residing in denser urban area have more relation with different women having better educational status and different experiences through neighborhood, work place and social interaction. Thus, woman's perception towards health consequences of FGM can be affected by other women's perception towards health consequences of FGM. This could be the reason for rural women to have wrong perceptions towards health consequences of FGM.

In this study educational status of respondents didn't associate with wrong perception towards health consequences of FGM. But as educational level of respondent increases, through educational discussions with teachers and peers about FGM, the perception towards health consequences of FGM increases [23].

5. Conclusion and Recommendation

5.1. Conclusion

Nearly one third of women in the study area had wrong perceptions towards health consequences of FGM. Rural residence, having no maternal care service, having no mass media exposure and being circumcised at age>11 years were factors that had statistically significant association with wrong perception towards health consequences of FGM in multivariable logistic regression analysis.

5.2. Recommendation

Health professionals working in the study area and other concerned bodies shall increasing maternal care services and provide health education on the harms of FGM for rural women to improve the perception of women towards health consequences of FGM. The investigator also recommends other researchers to further study on wrong perceptions towards health consequences of FGM using both quantitative and qualitative study designs.

5.3. Strength and Limitation of the Study

5.3.1. Strength of the Study

As far as the knowledge of the investigator, the title of this study is new that employed primary data to make generalization. Wrong perception towards health consequences of FGM was computed from immediate and long term consequences of FGM. Determined wrong perceptions towards health consequences of FGM among women of reproductive age and above with its associated factors can help in intervention programs in the study area.

5.3.2. Limitation of the Study

Since cross sectional study design was used, there could be interviewer information bias, social desirability bias and difficulty of detecting cause and effect temporal relationship.

Compliance with Ethical Standards

Conflict of Interest

The authors declare that they have no competing interests.

Financial Disclosure

All the expense for this original study was covered by principal investigator.

Ethics Approval

Ethical Approval was obtained from Oromia Region Health Bureau, Adama District Health Office, Adama Hospital Medical College and lowest administrative offices (Kebeles).

Key Message

Original data is available on request.

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References

[1] WHO. Understanding and addressing violence against women. 2012.

[2] Toubia N, Izett S. Female genital mutilation: an overview. Geneva: World Health Organization; 1998. 73 p.

[3] UNICEF. Female genital mutilation/cutting: a statistical overview and exploration of the dynamics of change. 2013.

[4] Pickens J. Attitudes and Perceptions. 35.

[5] OU Qiong. A Brief Introduction to Perception. In 2017.

[6] Central Statistical Agency of Ethiopia. Ethiopia Demographic and Health Survey (EDHS). 2016.

[7] Shearman & Sterling LLP, the Thomson Reuters Foundation, 28 Too many. THE LAW AND FGM. 2018 Jul.

[8] UNICEF. Female genital mutilation: Accelerating Change. 2018.

[9] Torfinn S. to End Female Genital Mutilation.: 20.

[10] Federal Democratic Republic of Ethiopia, Ministry of Women, Children and Youth Affairs (MoWCYA). National Strategy and Action Plan on Harmful Traditional Practices (HTPs) against Women and Children in Ethiopia. 2013.

[11] Dr Ann-Marie Wilson, 28 Too Many Executive Director. FGM IN ETHIOPIA. 2013 Oct.

[12] UNDP. Sustainable Development Goals. 2015.

[13] Norman K, Hemmings J, Hussein E, Otoo-Oyortey N. FGM is always with us.: 55.

[14] Ahanonu EL, Victor O. Mothers' perceptions of female genital mutilation. Health Educ Res [Internet]. 2014 Aug 1 [cited 2019 Oct 1]; 29 (4): 683–9. Available from: https://academic.oup.com/her/article-lookup/doi/10.1093/her/cyt118.

[15] Ndikom CM, Ogungbenro FA, Ojeleye OA. Perception and Practice of Female Genital Cutting Among Mothers in Ibadan, Nigeria. 11.

[16] Yirga WS, NegaKassa, Mengistu Gebremichael, Aro AR. Female genital mutilation: prevalence, perceptions and effect on women's health in Kersa district of Ethiopia. Int J Womens Health [Internet]. 2012 Feb [cited 2019 Oct 1]; 45. Available from: http://www.dovepress.com/female-genital-mutilation-prevalence-perceptions-and-effect-on-women39-peer-reviewed-article-IJWH.

[17] Bogale D, Markos D, Kaso M. Prevalence of female genital mutilation and its effect on women's health in Bale zone, Ethiopia: a cross-sectional study. BMC Public Health [Internet]. 2014 Dec [cited 2019 Oct 1]; 14 (1). Available from: https://bmcpublichealth.biomedcentral.com/articles/10.1186/1471-2458-14-1076.

[18] Kalu Tololu A. Knowledge, Attitude and Practice of Mothers towards Female Genital Mutilation in South West Shoa Zone, Oromia Region, Ethiopia. MOJ Public Health [Internet]. 2017 Jun 19 [cited 2019 Oct 1]; 6 (2). Available from: http://medcraveonline.com/MOJPH/MOJPH-06-00162.php.

[19] Harpe SE. How to analyze Likert and other rating scale data. Curr Pharm Teach Learn [Internet]. 2015 Nov [cited 2020 Mar 4]; 7 (6): 836–50. Available from: https://linkinghub.elsevier.com/retrieve/pii/S1877129715200196.

[20] Joshi A, Kale S, Chandel S, Pal D. Likert Scale: Explored and Explained. Br J Appl Sci Technol [Internet]. 2015 Jan 10 [cited 2020 Mar 4]; 7 (4): 396–403. Available from: http://www.sciencedomain.org/abstract.php?iid=773&id=5&aid=8206.

[21] Rn ARW. A REVIEW OF MEASURES EXAMINING THE ATTITUDES, BELIEFS, AND BEHAVIORS RELATED TO PHYSICAL HEALTH AND ILLNESS.: 12.

[22] Kimani S, Muteshi-Strachan J, Njue C. Health impacts of female genital mutilation/cutting: A synthesis of the evidence [Internet]. Population Council; 2016 [cited 2020 Feb 2]. Available from: https://knowledgecommons.popcouncil.org/departments_sbsr-rh/637.

[23] Fikrie Z. Factors associated with perceived continuation of females' genital mutilation among women in Ethiopia. Ethiop J Health Sci [Internet]. 2011 Sep 9 [cited 2019 Oct 1]; 20 (1). Available from: http://www.ajol.info/index.php/ejhs/article/view/69425.