

Prevalence and Associated Factors of Female Genital Mutilation Among Women of Reproductive Age in Altekaina Village, Gezira, Sudan

By: Aseel Imad*

*Student, Gezira University, Sudan

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Abstract

FGM/C is a very serious problem in Sudan and other countries in the North of Africa. A total of 68 randomly selected females were interviewed at the rural Altekaina hospital. The objectives were to measure the prevalence of female Circumcision at the village as well to identify the risk factors associated to create more awareness about its complications. The study results showed that most women were circumcised at a very young age due to religious and traditional views of the community. Recommendations were made about how the government should try to have health awareness sessions or through other media like television. We explored the knowledge, beliefs, and attitudes of the community towards female genital mutilation (FGM). Their basic knowledge about the practice of FGM was of unsatisfactory standards. They were unaware of the prevalence of FGM in Sudan and the practices and procedures of FGM. They were also poorly informed about the complications of FGM. As a result, 24% of them supported the continuation of the practice.

Introduction

Female genital mutilation (FGM) involves the partial or total removal of external female genitalia or other injury to the female genitalia for non-medical causes. The practice provides no health advantages for females. It has health complications and invalidates human rights. It is believed by many to be a religious requirement and is a tradition in Sudan. Female genital mutilation (FGM), often named as “female genital cutting or female circumcision”, is a cultural, traditional, and religious practice that deteriorates the well-being of females. It is predicted that more than 120 million girls and women are circumcised and that two million girls are at risk yearly. Most of those affected reside in less than 30 countries in Africa where the percentage of female circumcision implemented varies between 5-98%. The decrease of female genital mutilation practice will not only improve women's and girls's lives, it will simultaneously improve gender equity and women's empowerment in the lands where female circumcision still prevails.

Female genital mutilation is classified into four major types depending on the anatomy:

Type 1 involves the part or total removal of the clitoral glans, and/or the prepuce/clitoral hood. Type 2 is the partial or total removal of the clitoral glans and the labia minora, with or without the removal of the labia majora. Type 3 (infibulation) involved the seal that is formed by cutting and repositioning the labia minora, or labia majora, sometimes through stitching, with or without removal of the clitoral prepuce/clitoral hood and glans. Type 4 includes all other harmful procedures to the female genitalia for non-medical purposes, e.g. pricking, piercing, incising, scraping and cauterizing the genital area. Immediate complications of FGM can include severe pain, haemorrhage, swelling, fever, infections like tetanus, urinary problems, wound healing problems, injury to surrounding genital tissue, shock, and death. Long-term complications can include urinary problems, vaginal problems, menstrual problems, scar tissue and keloid, sexual problems, increased risk of childbirth complications and newborn deaths, and psychological problems. However the health consequences vary according to the type and the severity of FGM. There are concerns that the practice might also transmit human immunodeficiency virus (HIV).

Objectives

Aim: To determine prevalence and associated factors of FGM.

1. Measure the prevalence of Female Genital mutilation in Altekaina village
2. Identify the Risk factors of Female Genital mutilation in Altekaina by interviewing women and girls
3. Identify the factors associated with female Circumcision in the rural area

Justifications

In Altekaina hospital, women suffered from delivery complications related to circumcisions. Additionally, it was noticed that most of the women were circumcised and episiotomy was done to almost all the women who had vaginal deliveries. A greater proportion of them had their first child when they were between 15-20 years old. The hospital even reported cases of urine retention and bleeding following the circumcision of young girls.

Methods

The study was conducted in Altekaina hospital located in Altekaina village in Almassed unit, Alkamlin district, Algezira state, North Sudan. Altekaina lies about 70 km south of Khartoum state and bordered on the East by the blue Nile and on the west by Khartoum-madani. The area is three square kilometers long and one square kilometer wide. According to statistics from 2017, the population capacity was 18,800 citizens and the number of females was 9,000. The hospital offers primary and secondary health care services. It served patients from the village and other nearby villages. Majority of them were farmers that worked nearby, housewives, and children. The people of Altekaina spoke Arabic and very few understood or spoke English. They were all Muslims. Most of the inhabitants were relatives belonging to one tribe, Alrufaaya.

Study Population

Reproductive age group averaged between 15-50 years of age.

Sample size (n) = 68 women

Study Design

Community-based cross sectional study among 68 female participants in the age range of 15-50 was held. Samples were collected randomly by interview-administered questionnaires at Altekaina hospital during three days as a part of the Gezira University rural residency course. The question consisted of three parts about personal data, circumcision history, and knowledge of its complications. The questionnaire consisted of 10 questions each. A mix of a qualitative and quantitative methods were used. The study included personal information and a questionnaire was used to extract the important information. The hospital administration granted permission for the conduct of this research.

Data Analysis

The analysis first concentrated on the main information and then highlighted the correlation between risk factors and female genital mutilation. Data was presented in proportions and percentages in 95% confidence interval or ranges.

Results

Based on the interview-administered questionnaire results, the corresponding analysis will be shared. The prevalence of female genital mutilation was 90%. Participants who had FGM were classified. 55% had infibulation type 3 (narrowing of the vaginal opening through the creation of a covering seal). 45% had type 1 and 2 of FGM which is called (Sunna type) as they relate it to religious beliefs. Out of total participants, 24% advocate for FGM while 66% opposed FGM and 10% were clueless. The women who believed FGM was righteous were questioned about why they thought so. 78% said its a custom, 11% stated religion reasons, and 11% stated peer pressure. All of the circumcised participants were circumcised at home by a village attendant between the ages of 4-12 years old, but the mean age was six years old. 6% were aware of the four types of FGM, and 29% knew about FGM complications including bleeding and urine retention, although none knew about all its complications. All the uncircumcised women were educated and younger than 22-years old. However, 10% the circumcised participants were illiterate, 11% reached primary school education, 29% studied till secondary school, 36% were school graduates, and 13% graduated from university. 85% of the uncircumcised women were single, while 19% of the circumcised participants were single. 85% of uncircumcised women were against the practice but they weren't aware of the types of FGM or their complications. Employment rates were higher among uncircumcised women.

Discussions

By observations, it was obvious that Altekaina is a male-dominated village where womens rights are being neglected considerably like many villages in Africa and particularly in Sudan. They do not practice their rights to get education or employment. They were denied, as part of tradition, culture, or religion to be uncircumcised. They therefore have to tolerate more trouble with sexual relationships, marriage, childbirth, and urination. They are not aware of their rights or the main

complications of FGM. Some women even considered it a right act and said “women shouldn’t live if they are not circumcised.” To some it meant being dirty and unhygienic. Their thoughts were being reinforced by the culture. A few women complained that men didn’t want to marry uncircumcised girls and would ask about that before marriage. One woman said that her groom brought his first wife to her parents house so that she would get circumcised.

Health education should be targeted for both men and women, especially elderly women who have obsolete ideas that are hard to change. I believe they didn’t stop the act because they don’t know about its health consequences as we humans care about the ones we love and wouldn’t let girls face such complications like bleeding and death if they were known to them. The community would change drastically if health talks were conducted regularly to teach them about their types, methods, and complications. Women’s health should be taken care of through women empowerment.

Conclusion

Female Genital mutilation prevalence was lower in younger age groups, educated, and working women. There is a strong correlation between early marriage and circumcision. Health talks and lectures should be done to raise awareness and improve women health. To have positive development, excessive planning and sustained programmes to lower the prevalence of this practice are required.

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