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Attitude and Practice of Female Genital Mutilation among Doctors in Khartoum State 2014

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Abstract

Background: Female genital mutilation (FGM) is a harmful traditional practice that is deeply rooted in Africa. It has been still done in Khartoum state of Sudan and there is evidence that its performance by traditional circumcisers and health professionals.

Objective: The study aimed to determine the attitude and practice of FGM among doctors practicing in public hospitals in Khartoum state. Methods: two hundred and fiftynine (259) structured questionnaires were administered to all available doctors in the study hospitals for self-completion. Data entry, cleaning and analysis was performed with personal computer using the statistical package for social science (SPSS), version17. Descriptive statistic presented in the table and graph was based on the observed data.

Results: All the respondents were aware of FGM. More than 90% of respondents said it was not a good practice, 86.1% of respondents said that the government and NGOs are doing an appreciable effort to fight against this practicealso 73% of respondents said that people are doing this practice based on cultural attitudes compared only to 6.2% who think people are doing FGC based on religious attitude also 59% of respondents think that this practice is mostly done by midwives.

Conclusion: The study revealed a high level of awareness of FGM among doctors working in public hospitals in Khartoum state. It also showed their aversion and favorable disposition towards the elimination of the harmful practice.Efforts should be made to reinforce this position.

Keywords: Female genital mutilation; Statistical package for social science; Midwives; Harmful practice; Female circumcision; Cauterization; Sudan Society of Obstetrics and Gynaecology; Infibulation

Introduction

Female genital mutilation (FGM) also known as female genital cutting (FGC), female circumcision, or female genital mutilation/cutting (FGM/C), is defined by the World Health Organization as all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons [1]. The various terms emerged in an attempt to balance varying views and opinions on the practice and to appeal to all stakeholders in the elimination of the practice [1,2]. The WHO divides the procedure into four major types. Type I is the partial or total removal of the clitoris and/or the prepuce which is also Known as modified sunna in some regions like Sudan, Type II is partial or total removal of the labia minora and clitoris with or without excision of the labia majora, Type III is narrowing of the vaginal orifice with creation of a covering seal by cutting and repositioning the labia minora and/or the labia majora, with or without excision of the clitoris. It is called infudibulation and is also known as pharaonic circumcision. Type IV is all other harmful procedures to the female genitalia for non-medical purposes, for example, pricking, piercing, incising, scraping and cauterization [1,3]. According to the WHO, about 100-140 million girls and women worldwide are currently living with the consequences of FGM. In Africa an estimated 91.5 million girls and women aged 9 years and above have undergone the procedure and about three million girls are at risk for it annually [4]. FGM is performed largely by traditional practitioners (traditional circumcisers and traditional birth attendants) and worrisomely and increasingly by health professionals mainly doctors and nurses/midwives [5,6]. Involvement of health care providers is a violation of both the rights of the girls and women and also the fundamental ethical principle to 'do no harm' [7]. Proponents of medicalization of FGM argued inter alia that when trained health professionals perform the procedure, there will be a reduction at least in the immediate risks associated with it [8-10]. Other reasons why health professionals perform FGM include economic gain, [10-12] personal belief in the propriety of the procedure [11,12]

and pressure to satisfy the cultural demands of the community where they practice [10-12]. Several measures have been taken internationally, regionally and at national levels to increase awareness and eliminate FGM. For example in 2003, the African Union adopted the Maputo Protocol promoting women's rights including an end to FGM [13]. This went into force in November 2005, and by July2010, 25 member countries had ratified and deposited the Maputo Protocol including Sudan in June 2008 [14].

Although little research has been conducted regarding the psychological impact of FGM, there is some anecdotal evidence that psychological trauma occurs as a result of FGM. For example, Alice Muir-Leach describes the changes in behavior that she observed among young Sudanese girls as a result of genital mutilation: Before the ordeal, the infibulation, they were friendly, clear eyed normal children, and had no fear of a medical examination. But a child who had been recently infibulated, when seen some two months later or even up to two years later, showed a very different picture. She stood trembling with fear at the open door, or else bolted into the examination room and crouched in the far corner, and it was with difficulty that she was persuaded to remove even her outer garments. Others with more courage, approached trembling and stood weeping silently. They were terrified at the sight of a metal instrument such as a stethoscope or spatula. In all cases the sound of a metal spatula being lifted from the tray caused a slight trembling even if the examination had proceeded normally till then. In others, the sight of the spatula in my hand brought on a nerve storm, and it was impossible to continue. This seems to indicate an unreasoning fear of surgical instruments [15].

Research into the phenomena of genital mutilation in Sudan has a long tradition [16]. Sudanese doctors have been involved in research and study efforts since the 1960s, but it was not until the 1970s that anti-FGM activities gathered strength. Towards the end of the 1970s, both the Sudan Family Planning Association and the Sudan Society of Obstetrics and Gynaecology adopted recommendations with a view to abolishing genital mutilation. In the wake of this, several voluntary organisations were established. Currently there is a number of government and voluntary organisations working towards the elimination of FGM. But despite these long term efforts, genital mutilation continues to be widespread in Sudan. Whereas a few positive changes have been observed, these relate primarily to a transition from infibulation to clitoridectomy [17]. The Objectives of this research is to study the attitude and practices of medical doctors toward female genital cutting.

Methods

The study design is a descriptive cross-sectional, facility based study performed in Khartoum state teaching hospitals (Khartoum teaching hospital, Omdurman teaching hospital, Khartoum North teaching hospital). The study populations are the practicing medical doctors in the mentioned educational hospitals. 259 doctor were participate after the project was fully informed to each one and signed a consent. sample population was divided into three groups (consultants, registrars, and medical officers) and the selection from each group will be according to the size. Data management and analysis: The collected data was analyzed using the statistical package for the social sciences version 17. Descriptive data are provided as mean±SD compared with international values. P value less than 0.05 is consider statistically significant. This study was ethically cleared, and consent have been taken.

Result

Results are shown in Table [1-10] andFigure [1-7].

Table 1: Show socio -demographic characteristic of respondents.

Age	Frequency	Percentage
=<25	22	8.5
25-34	137	52.9
35-44	45	17.4
45-54	50	19.3
>=55	5	1.9

Table 2: Showing that 94.6% of respondents are Muslims.

Religious	Frequency	Percentage
Islam	245	94.6
Christianity	14	5.4

Table 3: Showing that the majority of respondents from Khartoum teaching hospital.

Place of Practice	Frequency	Percentage
Khartoum teaching hospital	175	67.6
Omdurman teaching hospital	69	26.9
Khartoum North teaching hospital	15	5.5

Table 4: Shows the attitude of respondent toward FGC more than 90% said it was not a good practice, more than 86.1% say that government and NGOs doing enough effort.

Attitudinal Question	Yes	Percent	No	Percent	Don't Know	Percent
A good practice	21	8.1	238	91.9	0	0
Encourage FGC	21	8.1	238	91.9	0	0
Be criminalized	218	84.2	41	15.8	0	0
Your daughter to be circumcised	41	15.8	213	82.2	5	2
Government and NGOs doing enough to fight FGC	223	86.1	31	12	5	1.9

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Table 5: Shows that 59.1% of respondents said that midwives are doing the practice.

	Frequency	Valid Percent
Doctors	10	3.9
Nurses	21	8.1
Midwives	153	59.1
Traditional Practioners	75	29
Total	259	100

Table 6: Showing that 68.8% of practice was done at home.

		Frequency	Percent
Valid	At hospital	5	31.3
	At home	11	68.8
	Other	0	0
	Total	16	100

Table 7: Association between group (medical officer, registrars and consultant):- Between Medical officer, registrars and consultants and their attitude to FGC more medical officer and registrar said it is not a good practice.

		Is Female Genital Cutting is a Good Practice?		Total
		Yes	No	
Group				
	Medical officer	80	100	180
	Registrar	19	35	54
	Consultant	15	1`0	25
Total		114	145	259

Table 8: Approximately half of medical officers and consultants and two third of registrars do not encourage the practice.

		Is Female Genital Cutting is a Good Practice?		Total
		Yes	No	
Group				
	Medical officer	80	100	180
	Registrar	19	35	54
	Consultant	15	1`0	25
Total		114	145	259

Table 9: Most said it should not be criminalized.

Group		Do you think Female Genital Cutting should be Criminalized?		Total
		Yes	No	
	Medical officer	110	70	180
	Registrar	38	16	54
	Consultant	14	11	25
Total		`190	69	259

Table 10: Most said that they would not let their daughters circumcised.

		Would you have your Daughter Circumcised (If You Have One)		
		Yes	No	Total
	Group			
	Medical officer	75	105	180
	Registrar	18	36	54
	Consultant	13	12	25
Total		106	153	259

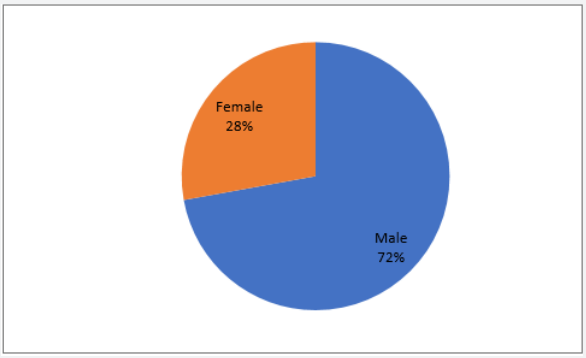

Figure 1: Showing that 72% of respondents are male.

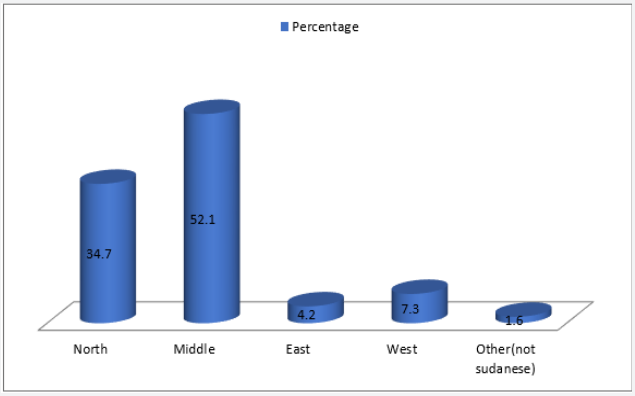

Figure 2: Showing that 52.1% of respondents were from middle of Sudan.

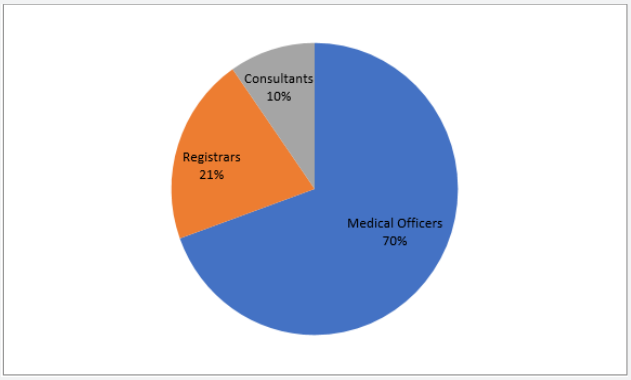

Figure 3: Showing that 69% of respondents are medical officers.

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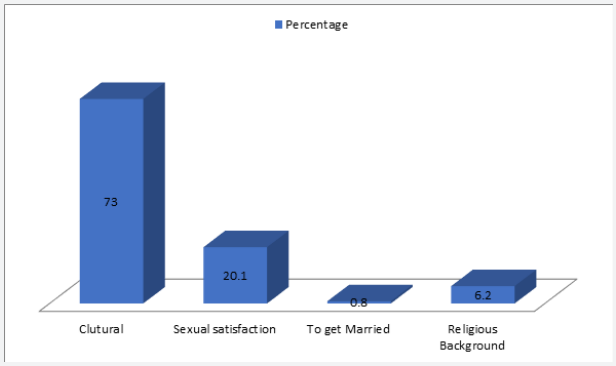

Figure 4: Showing that 73% of respondents said that cultural habit is a cause to do FGC.

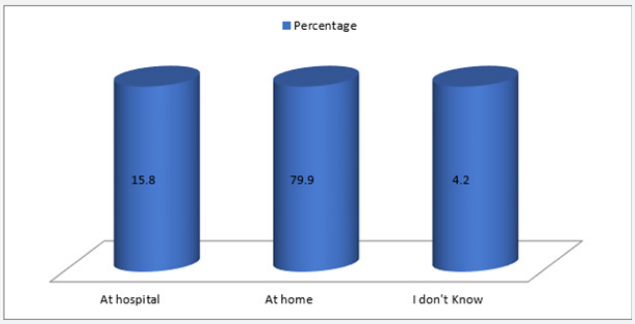

Figure 5: Shows that 79.9% of respondents state that most of the practice is done at home.

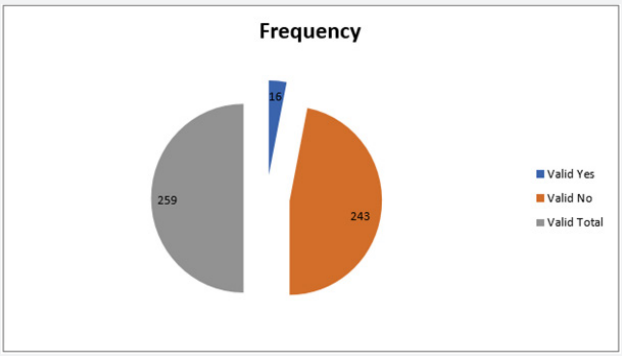

Figure 6: Showing that 16 out of 259 of respondents had practiced FGC.

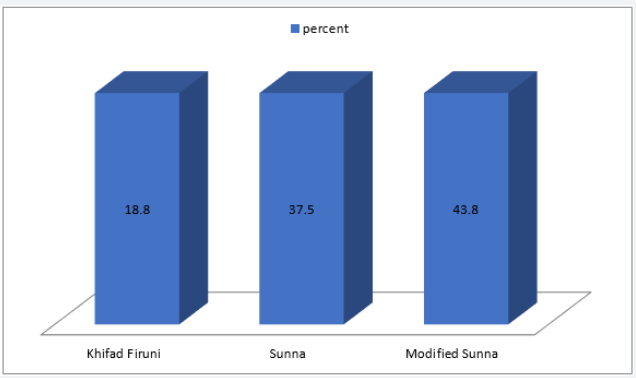

Figure 7: Showing that the most practicing type of FGC is modified sunna.

Discussion

This study assessed the attitude and practice of FGM among doctors working in Khartoum, Omdurman and Khartoum North educational hospitals. All the respondents were aware of FGC and displayed an appreciable knowledge of the practice as evident from their responses. FGC is still a major public health challenge and even it is a topical issue in Khartoum state, the health professionals demonstrated a positive attitude towards the elimination of this harmful practice, and this is irrespective of their gender or professional category. This is a step in the right direction and suggests that doctors in Khartoum state do not approve of medicalization or any other strategy that may perpetuate the practice. Evidence abounds for an increasingly positive attitude in support of elimination campaigns among health professionals and the general population worldwide [10].

Most of respondents are between 25-34 years old, from the middle of Sudan and practicing in Khartoum teaching hospitals more are Muslims and males. Also most of respondents are medical officers.91.9% of respondents said that it is not a good practice and this result is also concise to a result in a research done by Oyeyemi A.S and etal in Beylsa state of Nigeria. Also 86.1% of respondents think that the government and NGOs are doing an appreciable effort to fight against this practice, 73% of respondents think that people are doing this practice based on cultural attitudes compared only to 6.2% who think people are doing FGC based on religious attitude also 59% of respondents think this practice is mostly done by midwives and this concise with a report done in 2008 by Landinfo in female genital mutilation in Sudan and Somalia.

Only 16 out of 259 had performed FGC and the modified Sunna is the most type to be practiced with a percentage of 43.8% comparing to 37.5% for Sunna and 18.8% for the Khifad firuni. 68.8% of the practices done at homes compared to 31.3% done at hospitals.

In an association between the medical officers, registrars and consultants toward their attitudes toward the practice more medical officers and registrars said it is not a good practice while approximately half of the medical doctors and consultants and two third of registrars are not encouraging the practice, also the majority of respondents think it should be criminalized; two third of registrars state that they would not circumcised their daughters. These trends of Ideations among relatively young doctors may be due to increase awareness among these groups (i.e. medical officers and registrars) from one side and the dictatrix of grandfather/mother mentality among relatively older groups (i.e. consultants)The findings may not wholly represent the true picture among the study population, as those that failed to respond may have a different perspective on the subject.

Conclusion

The study revealed a high level of awareness of FGM among doctors working in public hospitals in Khartoum state. It also

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showed their aversion and favorable disposition towards the elimination of the harmful practice. More than 90% said it was not a good practice, more than 86.1% said that government and NGOs doing enough effort. 73% of respondents said that cultural habit is a cause to do it. 59.1% of respondents said that midwives are doing the practice. Only 16 out of 259 of respondents had practiced FGC. Most practicing type of FGC is modified Sunna. 68.8% of practice was done at home.In the view of the seriousness of the consequences that following the practice, further studies on the subject should be carried out among the nurses and midwives.

Acknowledgment

We are highly grateful to all those who volunteered to participate in the study

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