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Original Research Article

A recent look for the implication and attitude of practicing female genital mutilation in upper Egypt: a cross sectional study

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ABSTRACT

Background: Female genital mutilation (FGM) was defined as the partial or total removal of the female external genitalia for non-medical reasons. The Demographic and Health Survey in Egypt in 2000 showed that 97% of married women included in the survey had experienced female genital mutilation.

Methods: This is a cross sectional study to evaluate the current prevalence of FGM, current attitude of our society towards it after illegalization of it as a cross sectional survey of Upper Egypt. The most important point in this study is our evaluation of intention of these women whom exposed to FGM toward mutilation of their daughters or not and reasons for that. Statistical analysis was done using SPSS software version 21.

Results: The study included 1175 women, from whom 89.1% were circumcised. Type 1 FGM was the most prevalent type practiced in about 58% of participants. Immediate complications occurred in 42.5% of women. Primary hemorrhage during circumcision was the most commonly reported immediate complication among 38.5% of them. Sexual problems were found in 40.5% of participants. Sixty-four women reported occurrence of hepatitis virus infection after the procedure. Moreover, 44 women were suffered from infertility and 72 women had an episode or chronic PID. Women who intend to circumcise their daughters are mostly those coming from rural areas ($p=0.000$) and housewives ($p=0.000$). Most of women (45.8%) who have the intent to circumcise their daughters claiming that it is religious based.

Conclusions: The prevalence of FGM did not differ between urban and rural or between house wives and employee, lastly did not differ between different educational levels as most of them were encourage it thinking that it is of traditional, religious base and protect the girl from any abnormal sexual excitation. The women who intent not circumcise their daughters were from low educational level in its highest percentage and this was explained by occurrence of higher percentage of complications in spite of the highest percentage of operator was physician.

Keywords: Female genital mutilation, Female circumcision, Upper Egypt

INTRODUCTION

Female genital mutilation (FGM) was defined as the partial or total removal of the female external genitalia for non-medical reasons.¹ It is not known when and

where it was first practiced, but it is thought to have originated in ancient Egypt.² This practice was done by people of all religions, including Christians, Muslims and Jews.³ The prevalence counted across 28 African countries from Gambia to Somalia and involving some parts of the Middle East and Asia.¹

The Demographic and Health Survey in Egypt in 2000 showed that 97% of married women included in the survey had experienced FGM. Another study by the Egyptian Ministry of Health and Population in 2003 reported that over 94% of married women had been exposed to genital cutting.⁴

The age at which female genital mutilation is carried out ranges from early neonatal period up to 10 years. The following are reasons for it: controlling female sexuality; cleanliness; maintaining female virginity until marriage; improving fertility; traditional and cultural practice; and, the belief that it is a religious target.⁵⁻⁷

Types of circumcision: as defined by WHO

- Type (1): Excision of the prepuce with or without excision of part or the entire clitoris.
- Type (2): Excision of the clitoris with partial or total excision of part or all of the labia minora.
- Type (3): Excision of part or all of the external genitalia and stitching/narrowing of the vaginal opening (infibulation).
- Type (4): Unclassified – includes applying corrosive substances for narrowing the vagina, cauterizing, pricking, Piercing, incising, stretching, scraping or other harmful Procedures performed on the clitoris and/or labia.¹

In most of the studies the following are the complications of FGM

Immediate complications

Primary hemorrhage-Infection at circumcision site-Urine retention-dysuria-Injury of vagina,

Sexual problems like

Disturbance in relationship (loss of libido, sexual desire and failure to reach orgasm)-Non-satisfaction in intercourse-separation from husband,

Physical problems like

(Chronic pelvic pain-urinary troubles-infertility-serious virus infection like hepatitis),

Obstetric problems

(Cesarean section due to obstructed labor-Multiple vaginal tears-postpartum hemorrhage).⁸

Some studies found that 46.8% of circumcised females were unsure whether it would have been better if they had not been circumcised.⁹ This corresponds to that detected in a study by another study in Egypt, which reported that only 12.4% of the study population intended to discontinue the practice.¹⁰

METHODS

A cross sectional survey study to evaluate the current prevalence of FGM, current attitude of our society towards it after illegalization of it as cross-sectional survey of Upper Egypt. The most important point in this study is our evaluation of intend of these women whom exposed to female genital mutilation toward mutilation of their daughters or not and reasons for that, in addition to effect of various factor evaluated in this study upon intent to circumcise their daughters or not.

This study was done through a direct interview in addition to examination of 1175 women of various ages in the reproductive age category, whether circumcised or not, at different social and economic states, during their coming to the reproductive health clinic in general Luxor hospital in Luxor city which is one of the famous governorates in south valley (Upper Egypt), these women were referred from primary care units for reproductive health care. Luxor city has a unique character, being near Aswan, Elnoba and Sudan, with their special culture and believes about female circumcision.

Duration of the study was about 13 months from April 2014 to May 2015. The interview was done by the researchers with help of a female doctor in some cases, in outpatient clinic of Luxor general hospital. The Assiut Medical Ethical Review Board approved the study. Informed consent was obtained from all participants.

All basic criteria of the study participants as age, residence, occupation, parity, educational level, history of FGM or not, age at FGM, the operator who performed FGM, occurrence of any immediate complications, presence of any sexual or organic problems, occurrence of any obstetric problems in past deliveries were obtained. Local examination was performed to detect the type of FGM, presence of any scars

All data were analyzed using SPSS software Chicago, IL, USA, version 21. Comparison between categorical variables in both groups was done by Chi-square test and continuous variables were compared using Student T-test. We considered P value < 0.05 as a significant value.

RESULTS

Table 1 shows the demographic characteristics of the study participants. The study included 1175 women, from whom 89.1% were circumcised. Type 1 FGM was the most prevalent type practiced in about 58% of participants. Nearly half (49.4%) of the study participants were house wives, while the rest were workers. Moreover, about 313 (26.6%) of them cannot read and write whereas 176 (15%) have secondary education above grade and 130 (11.1%) have university level education. Most of respondents who undergone FGM said that it was performed by physicians (58.4%) followed by midwives (28.6%).

Table 1: The demographic criteria of the study participants.

Variables	Study participants (n=1175) Number (%)
Circumcised	
Yes	1047 (89.1)
No	128 (10.9)
Residence	
Rural	580 (49.4)
Urban	595 (50.6)
Educational level	
Illiterate	313 (26.6)
Read and write	291 (24.8)
Primary	265 (22.6)
Secondary	176 (15.0)
University	130 (11.1)
Occupation	
House wife	580 (49.4)
Employee	595 (50.6)
Who did FGM? (n=1047)	
Midwife	299 (28.6)
Barber	46 (4.4)
Nurse	91 (8.7)
Physician	611 (58.4)
Types of FGM (n=1047)	
Type 1	613 (58.5)
Type 2	434 (41.5)

FGM; female genital mutilation

Table 2: The reported complications among the study participants.

Variables	Study participants Number (%)
Immediate complications: (n=447, 42.6%)	
Primary hemorrhage	172 (38.5)
Infection at circumcision wound	107 (23.9)
Urinary retention	80 (17.9)
Dysuria	43 (9.6)
Injury to the vulva or vagina	45 (10.1)
Sexual problems: (n= 429, 40.9%)	
Disturbance in relationship (loss of libido, sexual desire and failure to reach orgasm)	320 (74.6)
No sexual satisfaction	76 (17.7)
Separation from husband	33 (7.7)
Organic problems: (n= 212, 20.2%)	
Chronic pelvic inflammatory diseases	72 (34.0)
Urinary troubles	32 (15.1)
Infertility	44 (20.8)
Serious viral infection like hepatitis	64 (30.2)
Obstetrics complications: (n= 496, 47.3%)	
Caesarean section due to obstructed labor	192 (38.7)
Multiple vaginal tears	179 (36.1)
Postpartum hemorrhage	125 (25.2)

Table 2 shows the reported complications among study participants. Immediate complications occurred in 42.5% of women. Primary hemorrhage during circumcision was the most commonly reported immediate complication

among 38.5% of them. Sexual problems were found in 40.5% of participants. Sixty-four women reported occurrence of hepatitis virus infection after the procedure. Moreover, 44 women were suffered from infertility and

72 women had an episode or chronic PID. Table 3 shows the relation between demographic criteria of the study participants and their intention to circumcise their daughters. Women who intend to circumcise their

daughters are mostly those coming from rural areas (p=0.000) and housewives (p=0.000). Most of women (45.8%) who have the intent to circumcise their daughters claiming that it is religious based (Table 4).

Table 3: Relation between demographic criteria of the study participants and their intention to circumcise their daughters.

Variables	Will not circumcise their daughters	Will circumcise their daughters	p- value
State of circumcision			
Not circumcised	128 (100)	0 (0)	0.000
Circumcised	502 (47.9)	545 (52.1)	
Residence			
Rural	227 (39.1)	353 (60.9)	0.000
Urban	403 (67.7)	192 (32.3)	
Educational level			
Illiterate	212 (67.7)	101 (32.3)	0.000
Read and write	144 (49.5)	147 (50.5)	
Primary	137 (51.7)	128 (48.3)	
Secondary	78 (44.3)	98 (55.7)	
University	59 (45.4)	71 (54.6)	
Occupation			
House wife	227 (39.1)	353 (60.9)	0.000
Employee	403 (67.7)	192 (32.3)	

Table 4: The reasons of the study participants for intention to circumcise their daughters or not.

	Women who have no intent to circumcise their daughters (n=630)		Women who have intent to circumcise their daughters (n=545)
Confident that it has no benefit	373 (59.2)	Religious based	250 (45.8)
Not religious based	33 (5.2)	Traditional habit	150 (27.5)
Has many medical and psychological problems	224 (35.6)	To decrease sexual desire	145 (26.7)

DISCUSSION

There have been no comprehensive global surveys of prevalence of FGM. However, WHO estimated that 132 million of girls and women have under gone the operation and two million girls are at risk each year in 28 African countries with estimated prevalence of 90%.¹¹ Report by United nation population fund (UNFPA) indicated that the production and sexual health were affected over the entire life by FGM; despite the problem, it is still practiced, because of culture significance. Finally, it is important to bear in mind that FGM is dangerous and humiliating traditional practice that violates the right of girls and women and it is serious public health problems as it affects the health of poor girls and women.

The most frequent age group for circumcision in our study was 6 years followed by 5 years which correlate with other previous studies that were found that the

average age at which circumcision occurs was 6.06 years. Another one found that the mean age of circumcision was 8.04 years. All these studies informed us that the time of circumcision is usually just before onset of menarche to give the female the impression that she starts womanhood life.^{12,13}

In the present study, we found that the percentage of circumcision in urban residence (50.4%) that was near the percentage of circumcision in rural residence (49.6%) and this differ from one study in Egypt, in which the prevalence of circumcision was more common among rural area (68.5%) than city (31.5%). The explanation was that our study result was the actual one which reflects that circumcision is traditional habit rooted upon religious base not actually affected by residence.

Regarding educational level the percentage of women in the study was 22.6% illiterate, 24.8% read and write, 22.6% primary school, 15% secondary school, and 11.1%

university plus post graduate. Regarding occupation 49.6% was housewife and 50.4% was employee which differs from two studies in Egypt which found that the proportion that supports circumcision rose from 57% among women with secondary or higher education to reach 98% among women with no schooling. All these studies including our study confirms that higher levels of education indicated lower levels of support for circumcision.¹⁴ The explanation is that our study result was the actual one which reflect that circumcision is traditional habit rooted upon religious base not actually affected by educational level.

Immediate complications had occurred in 42.6% of cases in our study with the following sequence: primary hemorrhage 38.5%, wound infection 23.9%, urinary retention 17.9%, dysurea 9.6%, injury to the vulva or vagina 10.1%. This agree with one study which found that the primary complication occurred in (39.3%) with 23.8% 1ry hemorrhage (25%) infection and 13% urinary complications in form of retention or dysuria and abnormal walking.¹⁵ Additionally, another study found that the primary complications directly after female circumcision mainly hemorrhage (28.8%) and wound infection in 20%, urine retention (19.8%) and vulvar or vaginal injury in (6.5%).¹⁶

Sexual problem has occurred in 40.9% cases of our study in the following sequences: (Disturbance in relationship (loss of libido, sexual desire and failure to reach orgasm 74.6%, non-sexual satisfaction 17.7% and separation from husband 7.7%. This agree with the following researcher comment who observed that Sexual complications took multiple forms from difficulties during intercourse in the form of (pain, fear, vaginismus), failure to reach orgasm which found in (16.61%) of circumcised females, these sexual problems caused separation from partner in 46 cases of circumcised females (4.39%).¹⁵

Long term organic complications in our study had occurred in 20.2% of cases in the following sequences: chronic pelvic inflammatory disease 34%, urinary troubles 15.1%, infertility 20.8% and serious viral infection like hepatitis 30.1. This agree with the following study which found that (15.7%) have pelvic pain and (5%) with urinary symptoms and (2.3%) with hepatitis between those whom circumcised¹⁷

Obstetrics complication had occurred in 47.9% of cases in our study by the following sequences: cesarean section due to obstructed labor 38.7%, multiple vaginal tears 36.1%, and post-partum hemorrhage 25.2% which agree with one study in which it was found that 10.41 % of circumcised cases had cesarean section due to labor difficulties. Also, the rigidity of the circumcision scar may force the fetal head posterior and cause severe perineal laceration.⁸

In our study 630 women (53.6%) from total women intent not to circumcise their daughters, but from total

circumcised women (1047) only 502 women (47.9%) intent not to circumcise her daughters. Regarding residence, 64 % from total women who intent not to circumcise her daughter were from urban residence. One of the important point is that the higher percentage of women who intent not to circumcise her daughters were from low educational level categories. Regarding occupation 64% from total women who intent not to circumcise her daughter were employee, all of the previous 4 items agrees with the following study which found that the overall prevalence of genital cutting was reportedly 50.3% among girls. In rural schools, the prevalence rate was 61.7% compared to 46.2% in urban schools.¹⁸

The percentage of women who will not intent to circumcise her daughter according the reason for that was in the following sequences: they were confident that it has no benefit (59.2%), not religious based (5.2%), has many medical and psychological problem (35.6%). This agrees with one study in which, 53.9% of non-circumcised girls said that genital cutting is not important and that it is an unhealthy and painful procedure, while 17.5% of girls said that it is unnecessary for females. Around 12% of girls in believed that there is no religious support for circumcision.¹⁸

Percentage of women who will intent to circumcise her daughter according the reason for that was in the following sequences: religious based (45.8%), traditional habit (27.5%) and to decrease sexual desire (26.7%) which agree with one study in which the girls were asked for reasons to support the practice of genital cutting. Their answers included that FGM is an important religious tradition (33.4%), the practice helps ensure cleanliness for girls (18.9%), it is a cultural and social tradition (17.9%), and it promotes chastity (15.9%).¹⁸

CONCLUSION

From our observation of the results we found that the prevalence of FGM did not differ between urban and rural or between house wives and employee, lastly did not differ between different educational levels as most of them were encourage it thinking that it is of traditional, religious base and protect the girl from any abnormal sexual excitation. The women who intent not circumcise their daughters were from low educational level in its highest percentage and this was explained by occurrence of higher percentage of complications in spite of the highest percentage of operator was physician.

Recommendations

Training courses for the house officer physician to explain the physiological, sexual and psychological aspect of FGM in addition to good anatomical details and complications. Good contact from leaders of the community especially highest religious authority in Egypt, Al-Azhar, with male and female students to speak

against FGM. As future husband support for her future wife to be against FGM has great role.

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Ethical approval: The study was approved by the Institutional Ethics Committee

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