

The Opinion and Role of Men in Female Circumcision in Khartoum State in 2015-2016

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Abstract

Background: Study on female genital mutilation (FGM), review and contrasting points of view on the subject of men between supporters and opponents and their role in the spread of this phenomenon or control based on their opinion and also the opinion of religions, especially the Islamic religion, medicine and the law on The benefits and the damage that results from behind this phenomenon and then in the presence of customs and traditions in the regions where they are located.

Objectives: The study was aimed to study the opinion and role of men in female circumcision in Khartoum state (2015-2016).

Methods: In Khartoum state between 2015 and 2016 by descriptive, cross-sectional study, men between 20 to 60 years were enrolled. Men's attitudes, beliefs, and behaviors were explored in regards to FGM, as well as their ideas about FGM prevention and abandonment.

Results: The result 150 cases from Khartoum states revealed 89.6% who refused this idea and most important factor to determine the role and opinion is level of education. But still the major role stayed for women specially mothers, and most of them said we had a role against this idea by 65.4% and 67.4% they know the opinion of Islamic religious.

Conclusion: The men had a major role in the female circumcision. The level of education of men was one of the most important indicators.

Keywords: Sudanese; Circumcision; Female genital mutilation

Introduction

Female circumcision has been practiced traditionally for centuries in sub-Saharan Africa. Traditions, rituals, myths, and taboos have perpetuated the practice even though it has maimed or killed untold numbers of women and girls. It is catastrophic health effects, combined with the social injustices it perpetuates, constitute a serious barrier to overall African development, genital surgeries, one might have anticipated finding the true studies that documented considerable increases in mortality and morbidity. This review could find no incontrovertible evidence on mortality, and the rate of medical complications suggests that they are the exception rather than the rule [1].

World Health Organization (WHO-2000) defines FGM as 'procedures involving partial or total removal of the external female genitalia or different injury to the female genital organs whether or not for cultural, religious or other different non-therapeutic reasons [1]. FGM is usually known as female genital mutilation implying that it is similar to male circumcision. However, the degree of cutting is far more extensive, often impairing a woman's sexual and reproductive

functions and even the power of ladies and girls to pass urine normally [1].

Classification of FMG (WHO, 2000)

Type 1: Excision of the prepuce (a retractable piece of skin covering part of the clitoris), with or without excision of part or the entire clitoris.

Type 2: Excision of the clitoris with partial or total excision of the labia minor (may be known as sauna circumcision)

Type 3: Excision of part or all of the external genitalia and stitching/narrowing of the vaginal opening,

Type 4: Pricking, piercing or incising of the clitoris and/or labia, stretching of the clitoris and/or labia, cauterization by burning of the clitoris and surrounding tissue, scraping of tissue surrounding the vaginal orifice (angurya cuts) or cutting of the vagina (gushier cuts), introduction of corrosive substances or herbs into the vagina to cause bleeding, or for the purpose of tightening or narrowing it – and any other procedure that falls under the definition given above [1]. Complications of female circumcision, either Immediate complications which include, hemorrhage (bleeding), shock, bacterial infection, tetanus or sepsis (bacterial infection), severe pain, urine retention or

pain associated with urination, open sores in the genital area and injury to nearby genital area. In long-term consequences of the female circumcision include; recurrent urinary tract infections and bladder infection, cysts, secondary infertility, an increased risk of newborn deaths, and childbirth complications, the need for later surgeries. For example, the FGM procedure that seals or may be narrows a vaginal opening needs to be cut open later to allow for sexual intercourse and childbirth by a doctor or midwifery [2]. FGM is widespread, in most developing countries only, including the Republic of Sudan, which states controlled by the norm, customs and traditions, some of which dates back to the roots of religions [3], and some other tribes used to deal with without looking for its causes or manifestations and raised [4]. It was necessary to work in a comparative study of this phenomenon, which studies indicate a high rate of very great to look at the causes of this phenomenon [5].

Problem statement

The opinion and role of men in female circumcision in Khartoum state (2015-2016). Due to the lack of the adequate studies on opinion and the role of men in female circumcision and not to broach the subject in previous research and scientific papers under this title as we saw, and the proportion of the large spread of the practice all over the world, especially in African countries, and to play the man of a very important role in the family, and this premise conclude that he would have a major role in the spread and continuity of this practice [6], and this is what will be dealing with in this research.

Well we address in this research to what we can offer for men to clarify the correct practice of female genital mutilation from the Islamic perspective, as many paper show religious view [7,8], proper health and modify some of the misconceptions about the practice.

Justification

We chose this topic despite of presenting other addresses because it is the most important topic in this time. And now it is place of most our dialogues. Also due to the lack of adequate studies on opinion and to the role of men in female circumcision. We conduct the study to know the opinion and role of men in female circumcision, to identify the proportion between supporters and opponents, to define reasons of supporters and opponents of female circumcision and to identify what has been done from each group to support their opinion.

Methodology

Study design: Descriptive, cross-sectional study.

Study area: Khartoum state (Omdurman), located in the center of Sudan is bordered on the northeast side River Nile State and the North West, Northern State and the eastern and south-eastern states of Kassala and Gedaref.

Study population: All men between (20–60) years old randomly selected.

Study period: From January, 2015 to August, 2016.

Sampling: By simple random method in Omdurman teaching hospital and Omdurman maternal hospital which chosen. 150 volunteer were included randomly.

Sample size: Calculated by,

$$n = \frac{d^2 * p(1-p)}{z^2}$$

Description:

n = required sample size.

d =confidence level at 95% (standard value of 1.96)

p =E prevalence of opinion and role of men in female circumcision.

z =margin of error at 5% (standard value 0.05).

Calculation:

$$n = \frac{1.96 * 1.96 * 10(1-10)}{(0.05)^2} n = \frac{345.744}{0.0025}$$

~150

150 sample contains 50 from each study area.

Inclusion criteria: All men attended in study area with age range. Men who in estimated age with any level of education.

Exclusion criteria: Men with age less than 20 years or more than 60 years old. Men who refused to participate.

Data collection: Data was collected by questionnaires.

Data analysis: Data was analyzed by computer program: statistic social sciences (SPSS), result presented as: tables and graphic of significance will be calculated by P value (0.05).

Ethical clearance: Approval of the study was obtained from the ethical committee and permission to conduct study was obtained from the administration of Omdurman Islamic University, written consent was obtained from each respondent.

Results

The research was done in Khartoum state (Omdurman) From January 2015 to August, 2016. The sample size was 150 men, the range of their age (20 to 50) years.

The ages of the men that participate in study group (20-30) years were 83 men (55.4%), the age group (30-40) years were 34 men (22.6%). Age group (40-50) years were 33 men (22%).

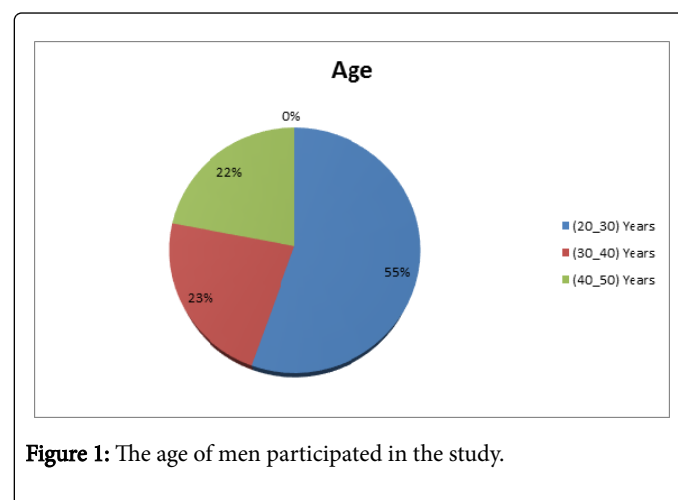


Figure 1: The age of men participated in the study.

As seen in (Figure 1), the undergraduate men was 92 men, (61.1%), which is the most important point we have namely education level. The

married respondents were 47.4% and 52.6% unmarried. The majority who knew him and numbered 129 at a rate of 86%. The Source of their knowledge was from the community by 59.3% and the other by books at a rate of 24.3% and others via the internet and the proportion of 9.4% and television 3.7% and finally, the newspapers and magazines by 3.3%, while those who do not know around the 21 and the proportion of 14% shown in Figure 2.

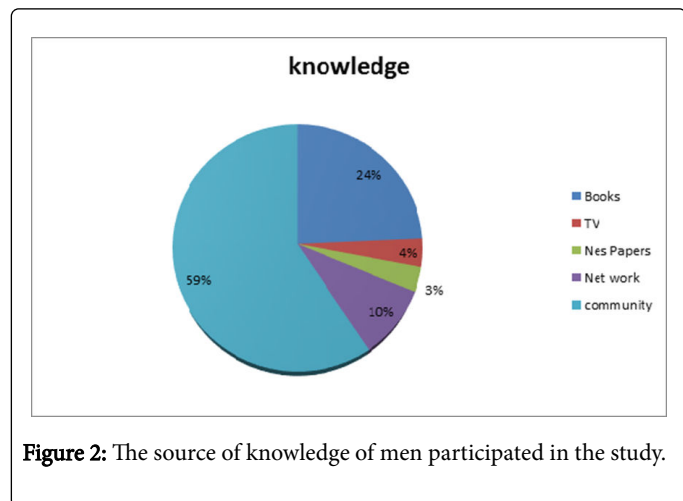


Figure 2: The source of knowledge of men participated in the study.

The majority of them disagree with the number 85 and the ratio 59%, while consenting to a certain type of number 48 by 30.4%, while the approvers never numbered 10 and 6.3% who have no opinion was number 74.3%. Married couples who have girls numbering 59 and by 74.6% and 31 of them carried out the circumcision rate of 52.6%. The reason behind circumcision majority they usually for them increased by 64.4% and the remainder reported that a religious requirement 70.9% the percentage of the mothers were behind it. For more information. Those who have not circumcised girls and the proportion of 47.4% because it is not usually have increased by 46.8%, and who was behind that of men by a large margin 89.6%. As for knowing its benefits 35.3% unanimously agreed that in order to reduce the desire and 22.6% said that in order to satisfy the community shown in Figure 3.

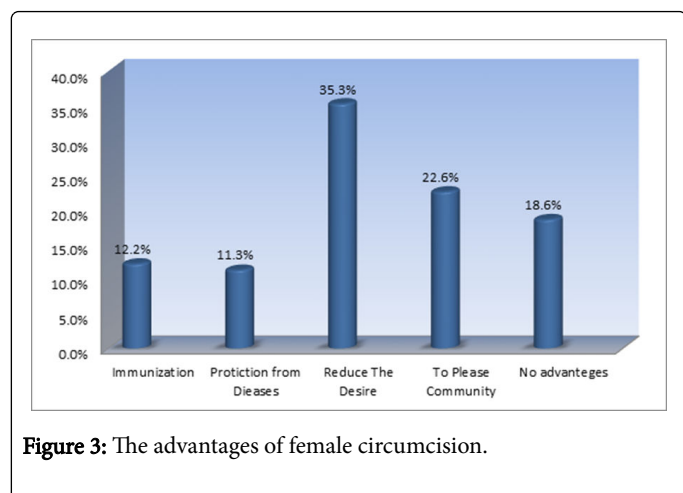


Figure 3: The advantages of female circumcision.

As for the disadvantages of 30% has been agreed that it leads to obstructed labor and the rest between the occurrence of bleeding and pain during intercourse shown in Figure 4.

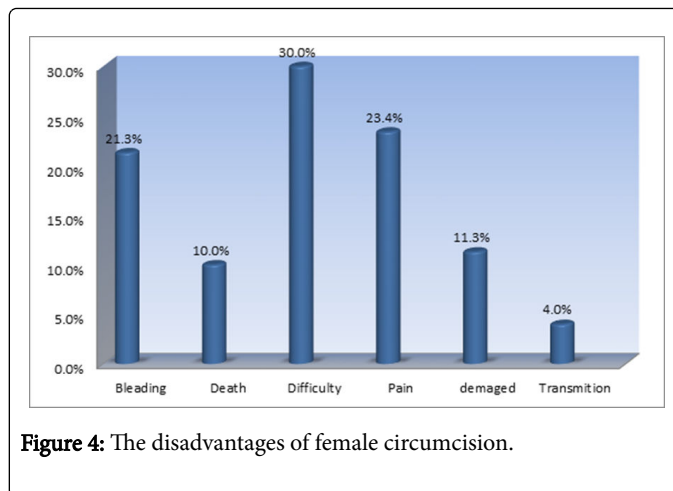


Figure 4: The disadvantages of female circumcision.

Discussion

The men played a major role in the organization of female genital mutilation and their level of education play a major role in men knowledge and behavior (96%). The community is the sources of information (59.3%). Also, we find that the large proportion of them reject this process (59%). Few of them agree on the specific type and the others believe that the process is necessary to reduce the female sexual desire. The reason of those who refused were get rid of the disadvantages they see female circumcision which obstructed labor (30%) and pain during intercourse (23.4%) and bleeding during the operation (21.3%), which may lead to psychological damage (11.3%) and even death (10%). The Population should make it topic of the hour in all the media for example, television and radio. And focus on showing the correct way consistent with the religion and medicine. In previous research [9], (Varol N1, 2015) demonstrated the significant role of the men on the subject of female genital mutilation. Men may play a passive role in approving FGM by refusing to marry uncult women or an active one by initiating the practice. In a study of about 400 Nigerian men and women [10], 71% of them stated that it was paternal grandfathers and fathers who were the decision makers responsible for requesting FGM [11]. And its relationship to educational level as: urban living and wealth are associated with disapproval of FGM. Evaluation of DHS data in Guinea from 1999 revealed that 51% of men wanted FGM to continue, whilst 38% were against it. The analysis of their research of Guinea showed that if FGM was considered to be accepted by religion, men were more likely to be supportive of the practice. In two studies in Somalia, almost all men supported the continuation of FGM and 96% preferred to marry women who had been cut, even though 90% were aware of its complications [12]. Men supported the "lesser" Sauna type, i.e. types I and II, because they believed it not to have any negative health effects, unlike the Paranoiac type, i.e. type III or infibulation. Ninety-six percent of men believed FGM to be a religious requirement [10], they have what it represents the main factor for him. Social obligation and the lack of dialogue between men and women were two key issues that men acknowledged as barriers to abandonment. Advocacy by men and collaboration between men and women's health and community programs may be important steps forward in the abandonment process [12].

Conclusion

We conclude in the end that what has been put forward and what are the measures taken to point of view and the role of men in female genital mutilation is a very significant percentage of the sensitivity of the issue and its importance for us and practice communities have. So it must work to achieve more research in order to be available for those who wish to do so, and we offer today is but a step we hope it opens the horizon for those who would like to research on this subject and we hope to find interest in and acceptance of people interested. And by referring to this research and what we have achieved, we find the role of the man in the face of the case if he had the satisfaction of education. Also it remains the biggest role behind the continuation of this case is that the women were mothers or grandmothers or aunts and even midwives practice for this process. Despite their knowledge of the opinion of the religion about this method practice them.

Recommendations

Increasing awareness and education for members of the community at all levels on the issue of female genital mutilation. The correct application of FGM religious and medical aspects of each influential in spreading this topic, especially women, must be clarified as to clarify serious complications as a result of the wrong application, which could end in death. Staff training assistance and religiously and scientifically educated about female genital mutilation and directing them to work in remote possible to spread awareness among the people to help him fight the wrong way. The work of educational sessions targeting mothers as they are the greatest female role for the continuation of this and be within neighborhoods and villages. Put strict laws to curb the spread of harmful forms for practitioners of the wrong application of this process and punishment must be punished as mothers seeking to stay the wrong application to him, the penalty shall be a bitter and hearing people even learn a lesson the rest. Dealt with the subject of

female genital mutilation through the media and social communication in order to be the subject of time due to the large significance. Directive to do more research on this topic until we have available to him the correct statistics and published in books and scientific journals and through various communication modes.

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