

Mother's Perception towards Hazards of Female Circumcision in Rural Community

Thesis

Submitted for Fulfillment of Master Degree in Nursing
Science in Community Health Nursing

By

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List of Abbreviations

<i>Abb.</i>	<i>Full Term.</i>
CHN	: Community Health Nurse
CRC	: Convention on the Rights of the Child
EDHS	: Egypt Demographic and Health Survey
FC	: Female Circumcision
FGC	: Female Genital Cutting
FGM	: Female Genital Mutilation
HIV	: Human Immune Deficiency Virus
ICCPR	: International Convention on Civil and Political Rights
ICECR	: International Convention on Economic and Cultural Rights
MCH	: Maternal and Child Health
PID	: Pelvic Inflammatory Disease
PRB	: Population Reference Bureau
UDHR	: Universal Declaration of Human Rights
UNICEF	: United Nations International Children's Emergency Fund
UNPF	: United Nations Population Fund
UTI	: Urinary Tract Infection
WHO	: World Health Organization

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Female circumcision is any procedure involving the partial or total removal of the external female genitalia. **Aim:** The aim of this study was to assess mother's perception toward hazards of female circumcision in rural community. **Design:** A descriptive design was used to conduct this study. **Setting:** This study was conducted at 16 MCH center in Beni- suef city. **Sample:** A purposive sample of 300 mother having female daughters from 7 to 15 years done circumcision or not was selected. **Tools:** Two tools were used for data collection, first tool divided into five parts, structured interviewing questionnaire to assess socio- demographic data of mothers, history of female circumcision in family, knowledge of mothers regarding female circumcision and its hazards, predisposing factors lead to female circumcision, and the reported health practices of mothers after circumcision, second tool to assess attitude of mothers toward female circumcision. **Results:** The mean age of mothers was 34.3 ± 4.1 years, more than half of mothers had unsatisfactory level of knowledge regarding female circumcision and its hazards, more than two thirds of them perform circumcision for their daughters, more than two fifths of them did health practices after circumcision and more than half of mothers had positive attitude regarding female circumcision. **Conclusion:** Social, economic factors, habits and traditions were the most common predisposing factors among mothers and there was a statistically significant relation between mothers socio-demographic characteristics and their knowledge, practice and attitude towards female circumcision. **Recommendations:** Health education programs should be developed for increasing awareness of mothers about hazards of female circumcision at MCH centers.

Keywords: Female circumcision, Perception, Rural community.

Introduction

Female circumcision (FC), it is known as female genital cutting (FGC) or mutilation is still a concern in many countries, is the damage inflicted on women. It refers to the practice of removing all or parts of girl's or woman's genitalia for cultural reasons. Female circumcision is a cultural ritual that is performed in 27 countries, most commonly in sub-Saharan and Northeast Africa. The ritual is performed by various ethnic groups for a variety of reasons including perceived improved hygiene, social acceptance, marriage ability, preservation of virginity, reduction of female sexual pleasure (**Ward & Hisely, 2016**).

Female circumcision is a reflection of the amount of genital organs removed and the pain and damage it inflicts on girls and women. Female circumcision involves removal of genital organs ranging from clitoridectomy- the removal of the prepuce or hood of the clitoris; excision- the removal of the clitoris and all or part of the labia minora; to infibulation which involves the removal of the clitoris, the labia minora and most of the labia majora (**Alison, 2015**).

The World Health Organization (WHO) divides circumcision into four major types. **Type I** is the partial or total removal of the clitoris and/or the prepuce. **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 infibulation and is also known as pharaonic circumcision. Type IV is all other harmful procedures to the female genitalia for nonmedical purposes, for example, pricking, piercing, incising, scraping and cauterization **(Brink, 2017)**.

Female Circumcision can be performed on girl children and women at any time in their lives from birth onwards. It is, however, generally performed around the ages of 5-7 years or before the woman married. The procedure is carried out by the girl child's or woman's female relatives or by a Traditional Birth Attendant member of the community. The practice is normally performed without the use of anesthetic or hygienic surgical tools. This is frequently due to the level of poverty in communities, and therefore the lack of affordability of sterile equipment **(Baig, 2017)**.

Female circumcision is a danger to health and life as it usually performed without anesthesia and is intensely painful. Life threatening complications are hemorrhaging; blood poisoning, tetanus and gangrene. Long-term consequences include persistent pain, psychological distress and chronic infection from shared cutting instruments. Others are genital scarring which can obstruct childbirth, causing permanent injury even death to women in labor. Female circumcision may leave a lasting mark of the life and mind of the women who have undergone the procedure. Children lose trust and

confidence in care-givers. In the long term, women may suffer from feelings of anxiety, depression and frigidity **(Davidson & London, 2016)**.

The hazards that occur after circumcision has been carried out often depend on the type and degree of excision carried out. Several studies have documented various gynecologic and sexual health complications associated with it and these relate mainly to the more severe forms of female circumcision. Obstetric, psychological, sexual and social consequences are other complications that have been described in many literatures however; the morbidities and mortalities related to this practice remain difficult to quantify **(Maslovskaya et al., 2016)**.

It is evident that the perception and acceptance of harmful traditional practices, including female circumcision, is widespread across all regions, regardless of religious practices. In rural communities, it was identified that circumcision of daughters was associated with religion and ethnicity, and mothers who did not own a radio were more likely to have their daughters circumcised. This emphasizes the importance of further research on cultural and social factors, and working on communities of information and education by involving the media as an agent **(Hassanin et al., 2017)**.

Many societies believe that FGM prevents the women and girls from being promiscuous. This they believe is to