

Medicalization of FGM/C in Sudan: Health Care Provider & Families' Perspectives

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Overview

- Deeply rooted FGM/C practice is supported by beliefs & social norms is changing (Shifts): including increasing Medicalization.
- Shifts are sustaining continuity of FGM/C, calling for strengthening of abandonment approaches
- Interventions with health care providers are needed to address medicalization.

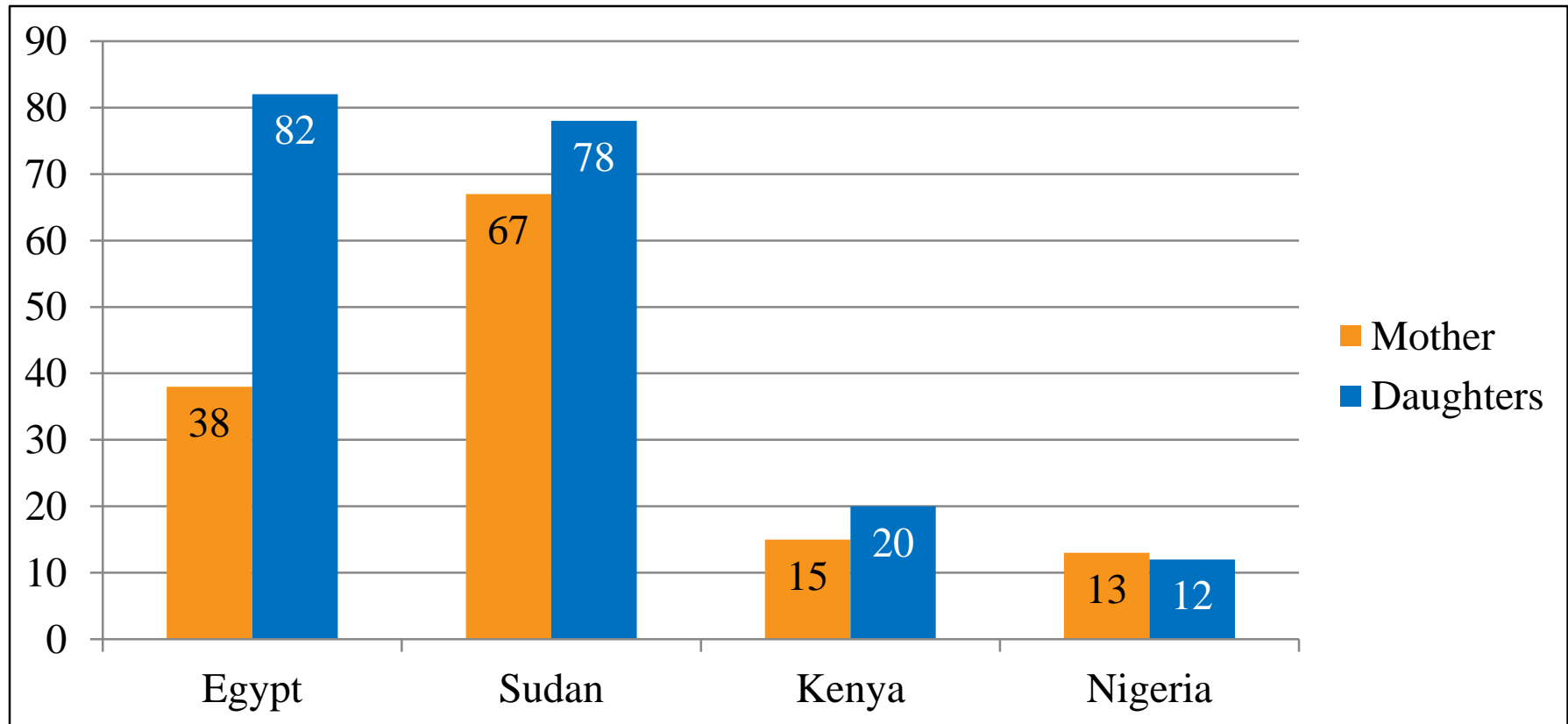
Background and Rationale

- Over 140 million girls & women alive today are believed to have been subjected to FGM/C
- FGM/C will grow to 6.6 million in 2050 if no intervention
- Female genital mutilation is classified into four types
- Globally 90% of women older than 15 years old have undergone types I & 90% type III

Shifts in Type, Age & Performer Observed

- Shifts in FGM include: ***medicalization, less severe, and younger age cutting.***
- Shift in the type of cut moving from the so-called pharonic type (type III) to what is known as the sunna type (type I/IV)
- 26% of women aged 15-49 in 25 countries undergone FGM/C – totaling nearly 16 million, have been cut by a medical professional (medicalization).

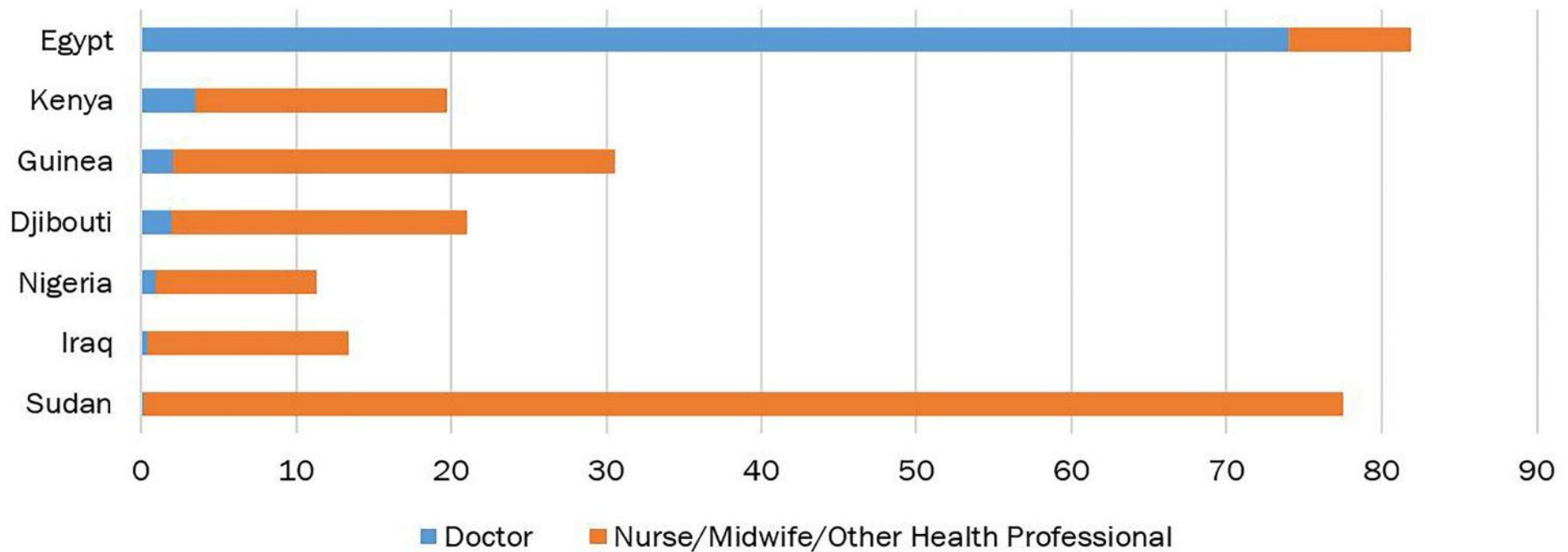
Rates of Medicalization are higher among younger generations:



Adapted from: Shell-Duncan et al, 2017

Variation in Type of Health Practitioners Performing FGM/C across the Countries

Type of Health Practitioner Who Performed FGM/C on Daughters



*Data shown are for countries with rates of medicalisation over 10%

Source: Shell-Duncan et al, 2017

Prevalence is High Despite Efforts

- Despite five decades of anti-FGMC campaigns, national average is 86.6% among 15-49 years old & 31% among 0-14 year olds (MICS, 2014)
- MICS showed shift in the type of cut among various social groups, moving from type III type I
- 58% of girls aged 10-14 years in Sudan were cut by a trained health-care providers (medicalization)
- *“Medicalization” of FGM refers to situations in which FGM is practised by any category of health-care provider, whether in a public or a private clinic, at home or elsewhere (WHO, 2010).*

Objectives & Methods

Goal: To inform ongoing & future interventions on **drivers of the shifts in the type & medicalization of FGM/C** to achieve effective drop in medicalization & practice of FGM/C.

Objectives: Understanding shifts & drivers of shifts in FGM/C in Sudan.

Methods: Mixed quantitative and qualitative methods – (Interviews & FGDs) in Khartoum & Gadaref States

Families with traditional / medicalised cut daughters & health providers were included

Data collection activity	Participants	Total
Focus group discuss	Mothers Fathers Grandmothers Young girls	13
In depth interview	Mothers Health care providers	58
Survey		480 HHs

Qualitative data were analysed through applied coding & memo writing to create categories that represent the participants' perspectives. Quantitative through SPSS with descriptive statistics

Social Norms Theory Applied & Measured by:

- Participants' **personal attitude towards FGM/C** and trends in the type of cutting
- Participants' **perceptions on FGM/C & trends in the type of cutting**
- **Social Expectations of families and HCPs** (who & what others in reference group do)
- Do **families & HCPs think others are practicing medicalization**, how many are seeking HCPs/ are other HCPs cutting
- **Why people would want to use a HCP & approve of HCPs performing FGM/C, would HCPs counsel families to uncut?**

Key Findings: Significant Shifts

Type

- Shift to lesser cutting (from III to I)

Age

- Shift to younger age

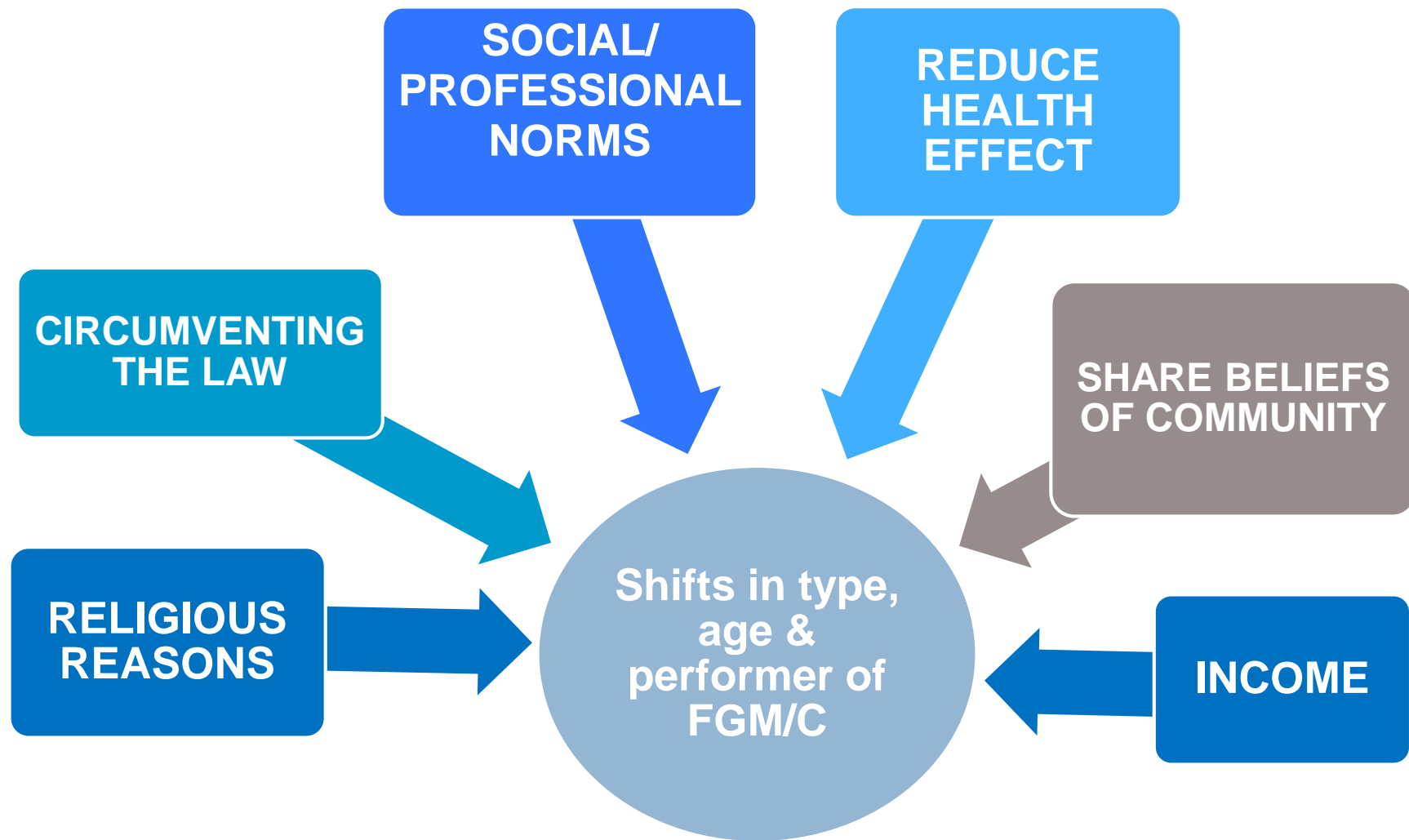
Performer

- Shift to medicalization

Key Findings: Younger age of cutting, more type I cutting & high medicalization

- 480 households were studied, 714 females in Khartoum State & 576 in Gadaref State
- In Khartoum State, 69% of those who had FGM/C were cut 4-9 years, in Gadaref State, 45% were cut as young as 1-3 years.
- In both states, type I was the most common at 59% and 53% respectively.
- Most (90% & 81% respectively) of cutting in Khartoum & Gadaref states was performed by a trained midwife & 5% in Gadaref by a health visitor.

Key Findings: Common Drivers for Shifts



Unique Drivers for Medicalization among Health Care Providers

Fears of being excluded from performing all other functions

Oath as driver for abandoning or shifting to Type I

When not practicing ay face strong disapproval & social sanctions by community

High demand from community for practice

Communities Choose Providers to Perform FGM/C because it is Safer

“The Trained midwives have a good knowledge about the infibulation type and there are few numbers of TBAs to help in practices FGM”

Woman from rural Gadaref State

Communities Value Providers' Opinion & Attitude towards FGM/C

“Doctors are knowledgeable and do the right thing, if doctors say to us circumcise then we will do it because if circumcision is not good they will not do it”.

A mother, Khartoum, Sudan

Midwifery Oath as an Intervention Tool??

“The midwife that circumcises our daughters is not from our place as all the available ones do not perform FGM/C due to the oath.”

Woman in Khartoum State

“All the midwives took the oath. But during the oath they did not say the exact words thinking that the oath will not be real unless they place their hands on the Holy Quran, otherwise it is not an oath. But they also said, ‘we will cut’ so that they can allow themselves income from the FGM/C and re-infibulation as their income from a government salary is little.” Midwife in rural Gadaref

Communities Shift to Type I because it heals quickly

“Pharaonic circumcision puts women in great problems.. they stay in bed for 40 days. I suffered as I had to do house chores and cook. I told her to do type I only for the girls as women with type I stay in bed for a week and then move around. The future for women is in type I”.

Husband in Khartoum, Sudan

Varying Shift in Age of Cutting

“We cut our girls in the Semaya (naming) part or in the Sebooa (seventh day celebration) so we can have the same midwife to do the birth and the circumcision.” Woman in Khartoum State (Ombadda)

“If we circumcise our daughters in 9 years there will be less bleeding and may be treatable and less sever in older age”
Father in Rural Gadaref.

Policy / Program Implications of these Findings

Performing FGM/C by health care providers creates implicit approval of the practice, and sustain its performance by non-health care providers.

Cutting by health care providers may lead to a total shift rather than abandonment.

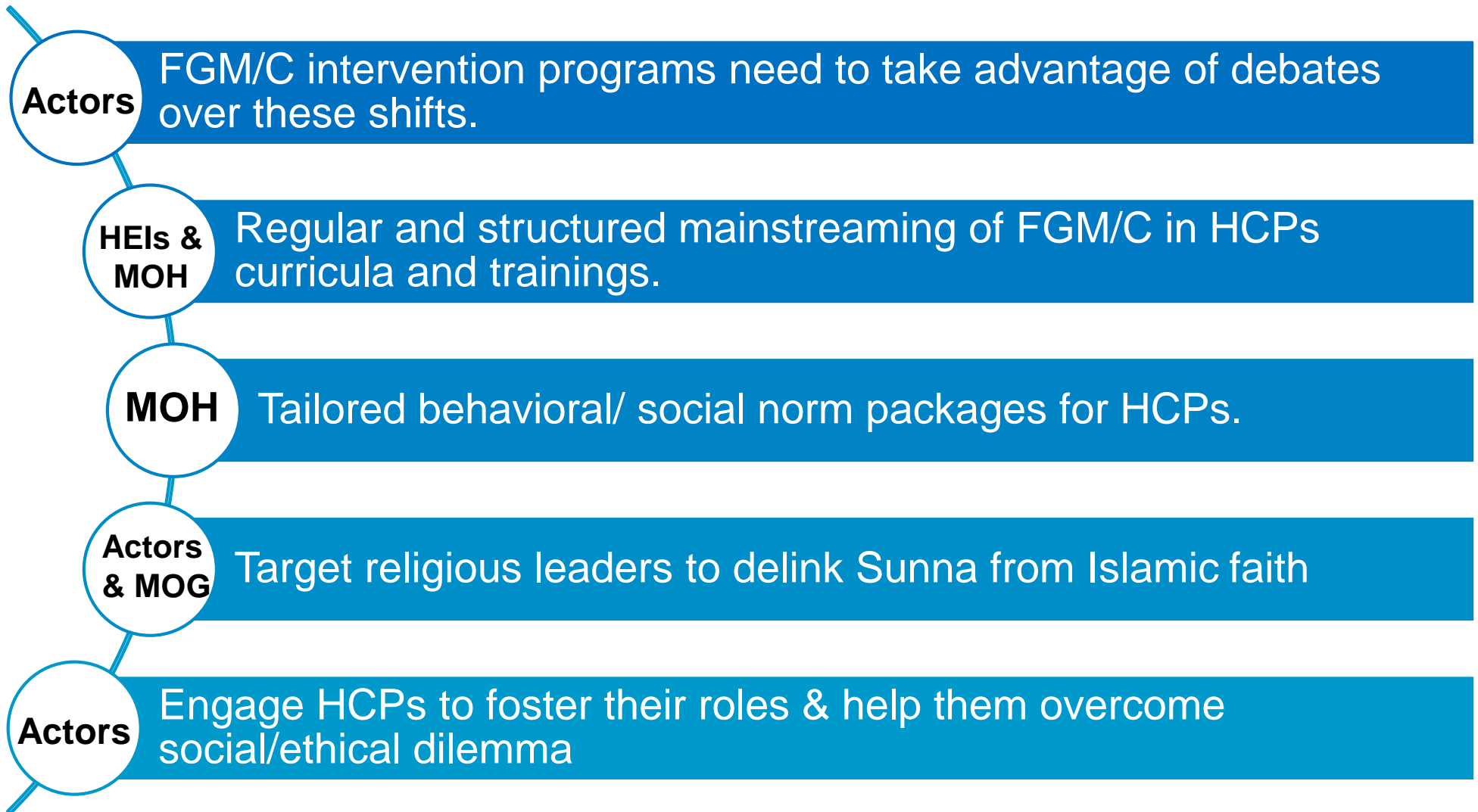
Shifting in type of FGM/C & age are driven by support for continuation by families and health care providers

Normalizing and modernizing FGM/C (especially type i) are possible consequences of medicalization

Conflicting dilemma of HCPs between personal and professional responsibilities & consequences of choosing one side over other

Believing in opinion of HCPs puts HCPs at the heart of the social change campaign

Call for Action



Summary

- Shifts in FGM/C can undermine abandonment by families & HCPs due to social, professional & religious norms
- It essential to address both demand & supply of medicalized cutting
- HCPs & religious leaders have roles in influencing shifts towards type I & younger age cutting.



Photo Source: GARCe

THANK YOU .. Questions?



Photo Source: <http://saleema.net>