

Medicalisation of FGM in Sudan: Negotiating between medical ethics/knowledge and perceived Socio-cultural obligations by community midwives

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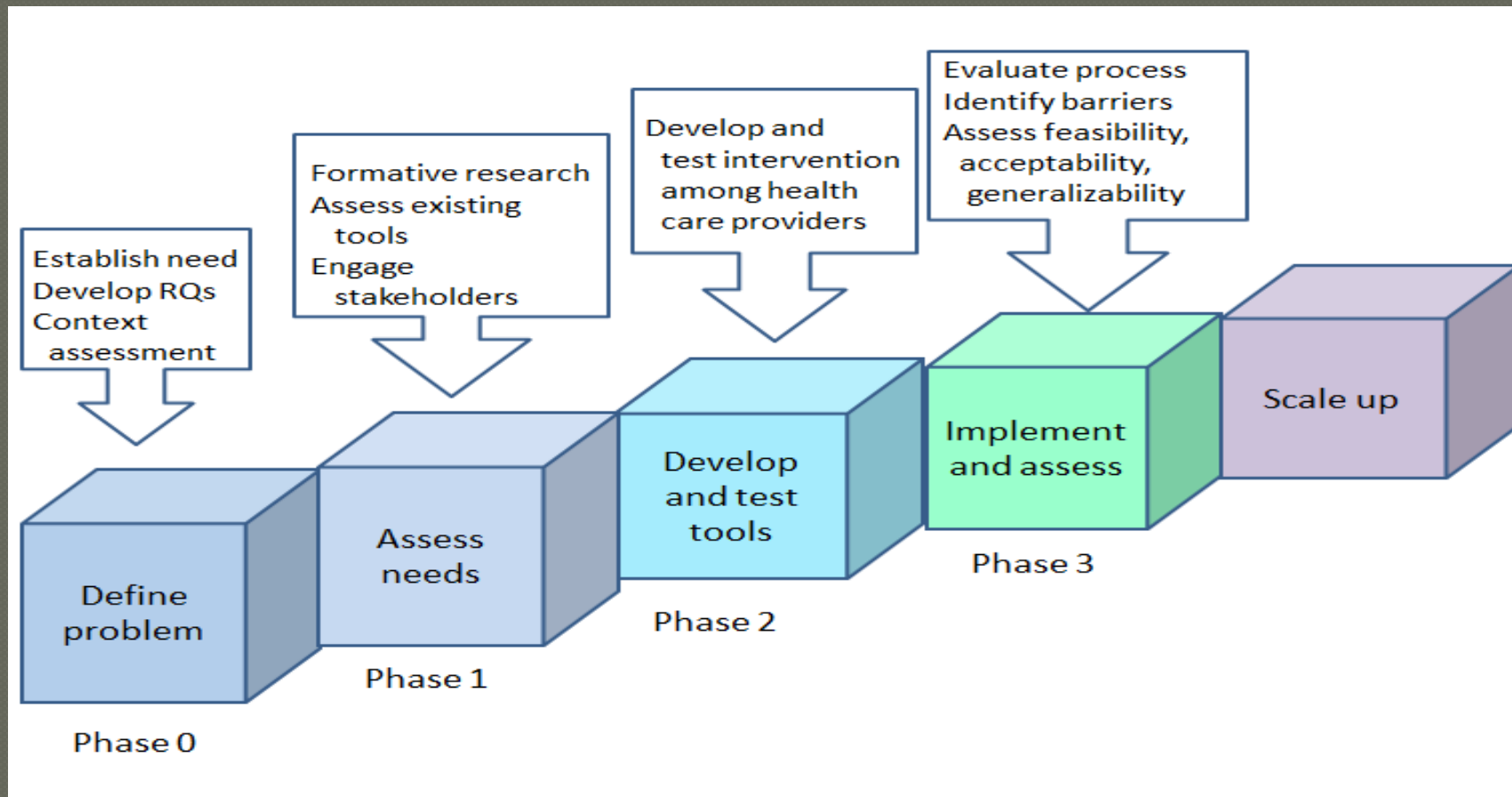
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Project overview



Overview

- Formative study objectives

1. To understand the motivations and professional barriers of the community midwives that drive them to perform FGM (medicalization) in order to inform development of health sector strategies to address medicalisation of FGM

Methodology

- Mixed methods study using quantitative and qualitative approaches
- **Study population:** CMWs and adult women and men in the community and supervisors of community midwives (health visitors)
- Methods of data collection: Qualitative data: in-depth interviews, focus group discussions,
- Quantitative: Semi-structured KAP questionnaires

Study areas and Sampling

- Five from the geographical zones in Sudan (rural and urban localities).
- North (Northern State),
- Central (Gezira),
- East (Gedaref),
- West (South Darfur) and
- South (North Kordofan)

Methods of data collection

State	Focus group discussion CMV		In-depth interview Health Visitors		Focus group discussion Community Women		Focus group discussion Community men	
	Urban	Rural	Urban	Rural	Urban	Rural	Urban	Rural
Darfur	1	2		2	2	3	1	1
Northern	1	1	1	2	1	2	1	1
Gazira	1	2	1	1	1	2	1	2
Gadarif	1	1	1		1	1	1	1
North Kordofan	1		1		2	2	1	1
Total	5	6	4	5	7	10	5	6

Analysis

- ⦿ Thematic analysis has been employed to analyse the data.

Agency Vs. Social Norms

“My cousin asked me to cut his daughter. I refused and succeeded to convince him not to do so because this will cause many problems to her. I explained all the harmful effects of the FGM, he was convinced and agreed not to cut her. He had traveled outside the village. His wife went to a traditional (Daia)midwife(TBA) and she cut the girl. During the process the girl was bleeding. They didn't tell me immediately although we were neighbors. When I heard that ,I came and tried to save the girl. I connected the artery to stop the bleeding. I then told them to take her to the hospital. On the way and before they reached the hospital the girl died” FGD with CMWs – Ied Elfirsan – Nyala (28/11/20180

Competition between social norms and medical ethics:

- As members of the community, the majority are trapped in the same social norms and culture of their communities.
- They have social and moral obligations to perform FGM in order to fulfill their socio-cultural obligations

Preliminary Results :

Knowledge

- CMWs have started to appreciate the health consequences of FGM due to the in-service training. They learn more from illustrations, videos and pictures and drama.
- Insufficient pre-service training to community midwives (18 months) limited exposure to ethical “do no harm” to counter existing social and religious norms.
- Training about complications related to FGM and emphasizing medical ethics including taking oath needs to be complimented by social norm change interventions among communities and among CMWs.
- Saleema campaign was one of the successful stories they appreciate. (One of the CMWs named her daughter Saleema)

Shift in Attitude and practice

- Some CMWs reported out right rejection of FGM like what one of the CMWs explained:
“ I am an example in the community and I used to advice people, so it is impossible that I cut my daughters” *
- Others actively engaged in advocating for FGM abandonment in different women gatherings and social occasions.
- Report doing less severe/symbolic forms of FGM
- Relatively young and more literate midwives who employ strategies to say no to requests from communities to perform FGM by trying out different options.
- Connive with women who just delivered and girls to pretend that they have performed FGM or re-infibulation.

Re-infibulation

- ◉ With regard to re-infabulation CMWs tend to believe that when a woman gives birth, re-infibulation is for her own good because :
 - It restores back to original state
 - To avoid infection
 - Helping her to maintain her marriage because the husband ask for it.
- ◉ Understood as a sort of beautification

Factors behind CMWs Performing FGM

- ◉ CMWs are part of the community and are influenced by the social norms.
- ◉ They believe by performing FGM- (increasing marriage chance, saving marriage institution from breaking down)
- ◉ Balancing between demands from families, their cultural/religious obligations and professional ethics.
- ◉ Primary FGM and re-infibulation represents considerable source of income but motives of midwives are more complex than only being economic.
- ◉ Midwives perceived to be on the loose; not accountable and most are administratively not hired by MOH to apply existing code of conduct policies.

Power Dynamics

- At community and societal level, midwives wield power and control over issues of sexuality, reproduction are trusted and protected by the community.
- Medicalization of FGM adds to the power of midwives because they are now perceived as the only ones who can do it right.
- Midwives who do not perform FGM are generally perceived by those who want FGM as incompetent, showy and talkative.
- competition between CMWs and traditional midwives(Daia) in gaining reputation and social status)

Conclusions

- ◉ Diverse attitudes and practices exist among CMWs within one state and between states due to cultural and ethnic differences.
- ◉ Multiple drivers of practice range from perceptions of harm reduction, power dynamics, economy, insufficient training, culture/religious nor limited knowledge of the immediate and long term health, sexual and psychosocial complications associated with FGM.

Cont...

- Efforts to empower community midwives with knowledge on FGM and its health complications are beginning to yield results especially among the young community midwives but these alone are not sufficient.
- Need to strengthening the integration of social norm change interventions in the trainings for community midwives and supporting alternative livelihood options.
- In addition, as we address the supply side, it is important to deepen efforts to address the demand side for FGM at the community level.