

KAP of FGM among Medical Doctors in Sudan

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DISSEMINATION**

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- **In the past FC was performed largely by traditional practitioners(traditional circumcisers and TBAs) ,currently, increasingly performed by health professionals mainly doctors and midwives i.e. Medicalization.**
- **Involvement of health care providers is a violation of both the rights of girls and women and also the fundamental ethical principle to ‘ do no harm’.**

- **With increased immigration health professionals in high income countries started to care for women and girls with FC, but-----**

- **Proponents of medicalization of FC argued that there will be a reduction at least in the immediate risks associated with FC**
- **Other reasons why health professionals perform FC include economic gain, personal belief in the propriety of the procedure and pressure to satisfy the cultural demands of the community**

- **Globally, health professionals' knowledge, clinical practice and attitudes to FC have not been systematically described.**
- **Articles mentioning and reporting primary data on health professionals' knowledge , attitudes and clinical practice related to FC, are very limited. The result of literature review showed that -----**

- **To our knowledge, in Sudan no study describing the knowledge , attitudes and practices relating to FC among doctors was ever conducted , hence this is a worth-while study that can help in bridging that gap**

- **FC is still a major public health challenge, with severe consequences for the health and wellbeing of girls and women**
- **Health professionals are therefore expected to be aware and knowledgeable about all the aspects of FC and to ensure that those affected by the practice receiving quality health care**

- **Moreover, their integration and legitimacy within the communities allow them to play a key role in prevention of the harmful practices including FC**

- **This study is a WHO Sudan –office initiative, and it came in time (Clinical handbook for management of FGM complications in Arabic and English languages are now available)**
- **WHO Sudan office in collaboration with Sudan Society of Obstetrics & Gynecology organized a survey to assess the KAP of FC among doctors attending the 29th conference of the society**

- **A number of structured questionnaires were administered during two days to the maximum available attendants for self-completion**

- **By conducting such an assessment , we aimed to answer the following questions:**
 - 1. Do doctors have experience with FC in their clinical practice?**
 - 2. Do doctors have adequate knowledge about FC types and complications?**

- 3. Do doctors have adequate knowledge about laws related to FC? And,**
- 4. What are the attitudes and beliefs of doctors towards the practice of FC?**

The Findings

- **By designation: obstetricians were 11%, obstetrics registrars 49% and general practitioners 40%**

- **Only 22% of the respondents received any type of training in FGM issues**
- **5%** reported the correct FC prevalence in Sudan. **29%** identified the WHO FC typology
- **47%** identified the main circumcisers and **only 37%** listed three FC health complications

- **Attitudes towards FC: 8% stated that health professionals should perform FC; 3% stated there are health benefits for girls by being circumcised ;17% indicated there are cultural benefits and 8% religious benefits to FC**

- **79%** of the respondents think FC is a violation; and **80%** stated that FC needs to be criminalized
- In response to the current country efforts **15%** said the efforts are sufficient; **85%** mentioned obstetricians have a role in FC prevention ; **84%** opposed a family member to be subjected to FC and **79%** called for elimination of FC in Sudan

- **In relation to FC practice ,51% faced health complications and 21% correctly manage FC complications**

Strengths

- **The survey revealed gaps in knowledge of FC among doctors . It also appeared that FC was not properly addressed in the basic and specialized medical training**

Limitations: There are noteworthy limitations to this study.

- **The number of filled structured questionnaires is small , hence the findings may not wholly represent the true picture .**
- **The questionnaire is deficient as it does not cover some few , but important issues i.e. re-infibulation , FC relevant counseling during pregnancy**

Recommendations

- 1. To conduct a large scale study on FC KAP among doctors and midwives**
- 2. To develop a culturally and gender sensitive training program to contribute to social change, promoting the abandonment of FC, avoiding medicalization and re-infibulation and ensuring accurate management of FC health consequences**

Conclusion

- **There is a low level of awareness among doctors. High level of FC knowledge among doctors is crucial as doctors can be used to reach out to the communities with other partners in the campaign to end FC in the country**

THANK YOU

