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Female genital mutilation in northern upper Egypt: prospects reasons for performing and refusing

Abstract

Background: Female Genital Mutilation was reported during a papyrus from 163BC. Within the third century, Soranos who are taken into account as the father of obstetrics and gynecology described the procedure of FGM. Herodotus also pronounced the excision of female external genitalia in Egypt dated back to the primary century, Rome, Pre-Islamic Arabia, and therefore the Tsarist Russian Federation.

Aim: The study was conducted to assess prospects reasons for performing and refusing female genital mutilation in Northern Upper Egypt.

Subject & methods: A Descriptive Cross-sectional study was used to achieve the aim of the current study. The study was conducted in family health centers (FHCs) in different sitting at Beni-Suef Governorate. Convenient sample was used. A pre-designed structured questionnaire was used to collect data. The questionnaire is divided into two sections: (1) socio-demographic and personal characteristics; (2) Reasons for practicing FGM/C and reasons for refusing FGM.

Results: The main reasons for performing FGM/C as mentioned; were traditions and culture, religious requirements, and to decrease the sexual desire of females (77.4%, 21.7 %, and 14.4%), respectively. The main reasons for refusing FGM/C were complications, not necessary, and problems between wife and husband (47.3%, 10.3%, and 9.4%), respectively. The main sources information about FGM/C were personal experience & friends or neighbors (71.3% & 36.2%), respectively.

Conclusion: Traditions and culture was the main reason for performing FGM/C, followed by religious requirements, and to decrease the sexual desire of females. Health consequences of FGM/C were the main reason for refusing the procedure, followed by females who stated that FGM/C is not necessary, and problems caused between wife and husband related to FGM.

Recommendations: Increase awareness about FGM/C law against all parties, whether parents seeking to perform FGM/C or health care workers or other persons participating in performing FGM/C.

Keywords: female genital mutilation, upper Egypt, prospects, reasons, performing, refusing

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Introduction

There is no concrete evidence of where FGM was first beginning to be practiced, but some studies suggest it'd are first started in ancient Egypt and then spread to different parts of the world at different times.[1–6] In ancient Rome, metal rings skilled the labia of female slaves to stop them from procreating.[7–11] In Greece, FGM was reported during a papyrus from 163BC. Within the third century, Soranos who are taken into account as the father of obstetrics and gynecology described the procedure of FGM.[12–16] Herodotus also pronounced the excision of female external genitalia in Egypt dated back to the primary century, Rome, Pre-Islamic Arabia, and therefore the Tsarist Russian Federation.[17–22] Regardless of its origin, FGC has been performed by Christians, Muslims, and Animists. The practice was also common in the U. S. of America and Europe in the early 19th century when cutting of genitals was wont to treat psychological disor-ders, and prevent masturbation also as "clitoral enlargement", epilepsy, and hysteria.[23–26] There are two suggested theories about the origin of FGM/C. The first is that it would have been developed in Egypt and spread to other countries, while the second is that it originated in Africa as an African tribal puberty rite and then transmitted to other places like Egypt.[27,28] The origin of infibulation (type of FGM/C) is slightly difficult to be traced, but it'd be dated to the Romans, and mainly performed on slaves to stop them from making sexual relationships.[29] Within the 19th century, the UK (UK) allowed the removal of the females" clitoris surgically as a treatment for epilepsy, sterilization, and masturbation.[30]

Aim of the study

The present study was carried out to assess prospects reasons for performing and refusing female genital mutilation in Northern Upper Egypt.

Research questions

I. What are Reasons for performing female genital mutilation in Northern Upper Egypt

II. What are Reasons for Refusing female genital mutilation in Northern Upper Egypt

Subjects and methods

Research design

A Descriptive Cross- sectional study was used to achieve the aim of the current study.

Subjects & setting

Setting: The study was conducted in family health centers (FHCs) in different sitting at Beni-Suef Governorate. As the following mention:

Salah Salem MCH, Eastern MCH, Taha Bosh MCH, Beba Medical Center, Tarshoup MCH, Bani Saleh MCH, Al-shantour MCH, El-Mamalik MCH, Elnouira MCH, and Kamen El-Arouse MCH.

Sample

Sample Type:

A Convenient sample was used. The study sample was selected according to the following Inclusion criteria: 18-60 years old women. Can read and write

Sample size:

The study population consisted of all females who were accepted to participate in the study at the time of data collection (A period of six months from the start of data collection) and will be included in the study.

Tools of data collection

A pre-designed structured questionnaire was used to collect data. Data were collected through personal interviews. The questionnaire is divided into three sections:

Section I: socio-demographic and personal characteristics as age, residence, level of education, marital status, occupation and experience with mutilation, etc...

Section II: Reasons for practicing FGM/C and reasons for refusing FGM

Section III: Knowledge of females regarding FGM/C.

Validity of the tool

The tool was revised for content validity by seven five professors, specialized in Maternal Health Nursing and obstetrics medicine to ascertain relevance and completeness.

Reliability of the tool

Testing reliability of tool was done by cronbach's alpha test.

Ethical and administrative considerations

Approval from the ethical committee at Beni-Suef faculty of nursing was obtained to conduct the study. Another letter of approval was sent to MCH centers director included the title and the aim of the study. Oral Informed consent was obtained from each participant in the study. Each woman had the right to withdraw from the study at any time. The participants were interviewed individually in a private room to maintain confidentiality of data collection.

Pilot study

The pilot study was carried out on 10.0% of the studied women in the study setting to test the applicability, clarify and the feasibility of the study tools as well as to estimate the time needed to complete the tool.

Field work

Data were gathered over six months beginning in November 2021 and ending in April 2022. Before data collection, the researcher introduced herself to the women and explained the purpose of the study.

Statistical analysis

All data were collected, tabulated and statistically analyzed using IBM SPSS 25. Data was supplied, and appropriate analysis was performed for each parameter based on the type of data obtained.

Descriptive Statistics data were expressed as**:**

a. Count and percentage: Used for describing and summarizing categorical data

b. Arithmetic mean ($\bar{X}$), Standard deviation (SD): Used for normally distributed quantitative data, these are used as measurements of central tendency and dispersion.

Analytical statistics

Cronbach alpha and Spearman-Brown coefficients: The internal consistency of the generated tools was measured to assess their reliability.

Graphical presentation**:** Data visualization was done with Coulum chart, Bar chart, Bie in 3D chart.

Results

Figure 1 presents personal characteristics of the study sample. It showed that 70.4% were rural residents, 90.2% were highly educated, 57.5% were single, 96.8% were Muslims, and 72.8% of their mothers were educated.

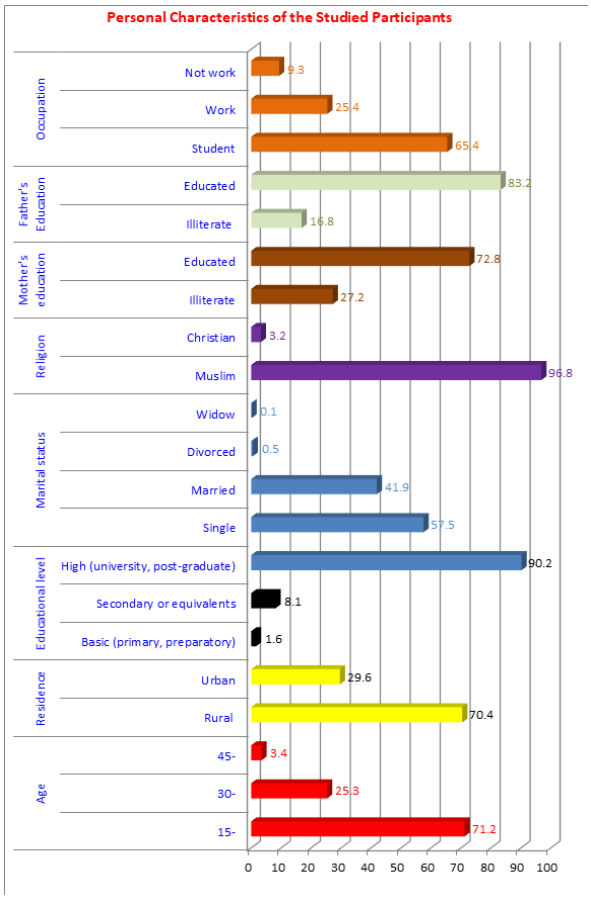

Figure 1 Socio demographic & personal characteristics of the studied participants.

Figure 2 presents participants' Prospects of Reasons for Performing FGM/C. It shows that Traditions and culture was the main reason for performing FGM/C (77.4%), followed by religious requirements 21.7 %, decrease the sexual desire of females (14.4%), while 14.4% and 13.2% mentioned that they prefer FGM to reduce female sexual desire, and to be an acceptable pride, respectively.

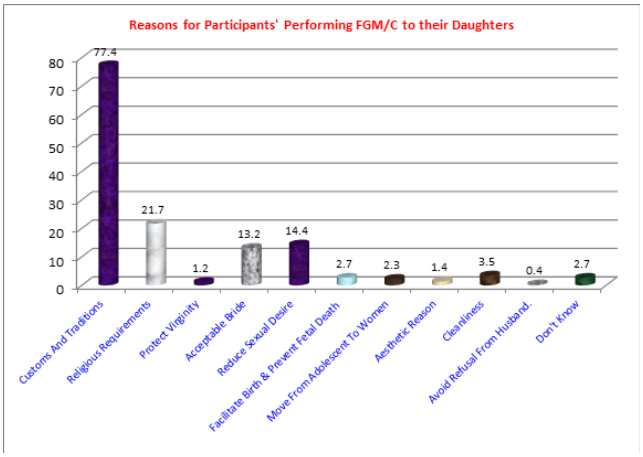

Figure 2 Prospects of reasons for performing FGM/C.

Figure 3 presents participants' Prospects of Reasons for Refusing FGM/C**.** It shows that Health consequences of FGM/C were the main reason stated by females for refusing the procedure (47.3%), followed by 10.3% of females who stated that FGM/C is not necessary, 9.4% said FGM/C causes problems between wife and husband, while 5.4% and 4.7% of females mentioned that FGM/C is forbidden in religion or is not a religious commitment, respectively.

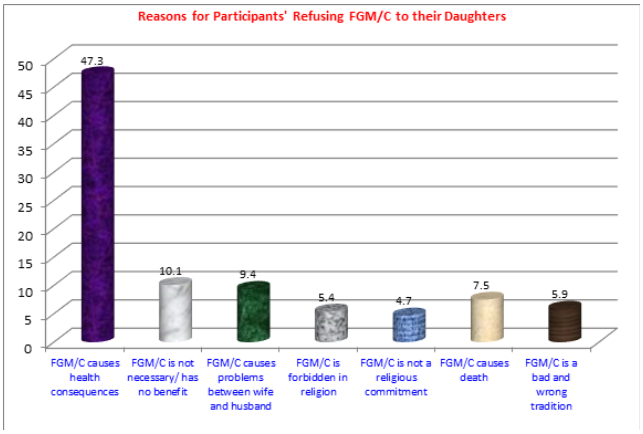

Figure 3 Prospects of reasons for refusing for refusing FGM/C.

Figure 4 presents participants' source of Knowledge of females regarding FGM/C. About 71.3% of females the source of their information was their personal experience, 36.2% from friends or neighbors, 22% from TV or radio, 22.1% from the internet.

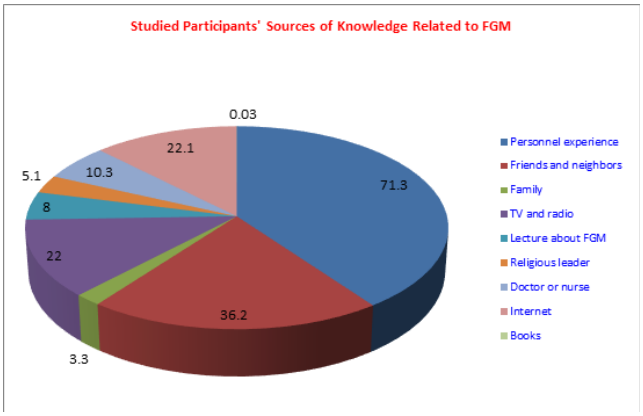

Figure 4 Participants' source of knowledge of females regarding FGM/C.

Discussion

Female genital mutilation/cutting was prevalent in majority of girls between the ages of 13-35 years, according to a study done in 2014.[31] According to a systematic review, the prevalence of FGM/C in Egypt from 1980 to 2018 varied between 14.7% and 100%. It also showed that FGM/C is becoming less common over time as a result of efforts done by both the government and non-government organizations to eradicate it, the decline in illiteracy, the prosecution of FGM/C, and other factors.[32] Concerning prospects of reasons for performing FGM/C, the results of the present study showed traditions and culture was the main reason for performing FGM/C as stated by females, followed by religious requirements. Decrease the sexual desire of females, while the minority mentioned protection of virginity and being an acceptable pride, respectively. On the other hand the minority of females did not know the reasons for performing FGM/C. These reasons were comparable to those reported. [33,34]

Mauritania discovered that the primary motivations for performing FGM/C were social recognition, reduced sexual desire, and religious requirements.[35] This was in contrast to a study conducted in Egypt in 2017 where near to half of female participants cited religious necessity as the primary justification for FGM/C, while near to one third cited tradition and more than one fifth cited sexual desire as another justification.[36] While getting married was the primary motivation for FGM/C study, followed by societal acceptance, protecting virginity, reducing sexual desire, and religious requirements.[37] While Protection of virginity, religious obligations, and avoiding sex-related issues were cited as the main motivations for FGM/C in another survey.[38] Although the percentages of the causes in various types of research vary, they always center on customs, religion, reduced sexual arousal, virginity preservation, and marriage. The disparities between these researches could be attributed to the demographic characteristics of females and the cultural mores prevalent in multiple countries. Regarding prospects of reasons for refusing FGM/C, results of the present study shows that health consequences of FGM/C were the main reason stated by females for refusing the procedure, about more than tenth of the participant stated that the reason for continuing FGM was to decrease their sexual desire for females. Followed by of females who stated that FGM/C is not necessary, near to tenth said FGM/C causes problems between wife and husband, while the minority of females mentioned that FGM/C is forbidden in religion or is not a religious commitment.

These reasons were comparable to those reported in Egypt.[33] In contrast found that more than one third of participants claimed it had negative effects on their physical and psychological health and that nearly to two third of people said it had no advantages.[36] According to a survey in Egypt, roughly more than half of girls stated circumcision was unnecessary for females, unhealthy, and painful, while near to one fifth disagreed and more than the tenth thought there was no religious justification for the practice.[39] According to a study of schoolgirls in Ethiopia, the majority of the girls rejected FGM/C because they saw it as a harmful tradition.[40]

Conclusion

Traditions and culture was the main reason for performing FGM/C, followed by religious requirements, and to decrease the sexual desire of females. Health consequences of FGM/C were the main reason for refusing the procedure, followed by females who stated that FGM/C is not necessary, and problems caused between wife and husband related to FGM.

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Recommendations

1. The development of an educational program for mothers about FGM is required to increase their awareness regarding complications of FGM.
2. Increase awareness about FGM/C law against all parties, whether parents seeking to perform FGM/C or health care workers or other persons participating in performing FGM/C.

Acknowledgments

None.

Conflicts of interest

The author declares there are no conflicts of interest.

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