



Discussion Paper

Examining Health Impact of FGC
(The experience of FGC Survivors
in Awdal Region)

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Acronyms

CHEWs	Community Health Workers
STDS	Sexually transmitted Diseases.
WHO	World Health Organization.
ACCAF	Africa Coordinating Centre for the Abandonment of Female genital cutting/Cutting
FGC	Female genital cutting/cutting
FIGO	International Federation of Gynecology and Obstetrics
GRACE	Gender and Reproductive Health & Rights Resource Center
GRAG	Global Research and Advocacy Group
HIV	Human immunodeficiency virus
HIV/AIDS	Human immunodeficiency virus/Acquired immune deficiency syndrome
MeSH	Medical Subject Headings
NS	Not statistically significant
NAFIS	Network against Female genital cutting in Somaliland
PPH	Postpartum hemorrhage
PRB	Population Reference Bureau
SS	Statistically significant
STDs	Sexually transmitted diseases
MESAF	Ministry of Employment, Social Affairs & Family

Executive Summary

Female genital cutting/cutting (FGC) continues to be a threat to women's and girls' health and human rights globally. A sizeable body of evidence has developed over the past three decades on the direct health impacts of FGC. However, the evidence has been spread out and detached in diverse research and interventional, making it cumbersome for quick reference when responding to women and girls exposed to the health effects of FGC. The Africa Coordinating Centre for the Abandonment of Female genital cutting/Cutting (ACCAF), with support from the Population Council, sought to synthesize the evidence on the health impacts of FGC, identify recommended interventions, and compile and analyses the existing FGC issue.

The discussion paper investigated the health impact looking the experience of FGC survivors who had a cyst complication which supported their medical expenses in Awdal Region by NAFIS NETWORK. The paper compared their experiences before and after the medical support, how they had lived with the complication and how it affected their everyday life.

The discussion focused data presentations discovered an active interviews with targeted beneficiaries consisted of combination of various complications bellows. 1- Anxieties (fearing future lives due to the persistent growing tumor in their vagina). 2- Depression episodes (low self-esteem or mood which hindered normal social lives) causes by FGC. Sequel to this, the study demonstrated acute genitourinary problems associated with FGC, sated by targeted beneficiaries to consist of the following depilating pains that leads to difficultly in mobility which hampered academic and professional attainments, 2.-swelling of genital tissue leading to urinary track programs, 3- infections in different parts of the reproductive organs.

Other physical complications interfered with women's and girls' social lives as a result of ill health which adversely affected their full participation in social activities thus lead to isolation and mental problems due to improper diagnosis and inadequate counseling mechanism in place, led to psychological issues relating to FGC and also identified female's survivors were too ashamed to seek help on ranges to complications, especially psyche-social issues.

All devastated problem triggered by FGC successfully resolved after surgically removed tumors grown in the vagina and medical intervention supported to them positively impacted their normal lives.

1.0 Background

Context

Female genital cutting/cutting (FGC) is a culturally entrenched global practice that not only is considered an evident human rights violation but also has resultant health and social repercussions on girls and women. It has been implicated in serious health consequences, significant morbidity, health burden, and poor health indicators (1, 2). A sizeable body of evidence has been developed over the past three decades on the direct health impacts of FGC. Systematic reviews by the Norwegian Knowledge Centre for the Health Services provide a useful summary of these impacts, organized into obstetric, gynecological, and immediate health consequences depending on the type of FGC (3). There are four documented types of FGC: clitoridectomy (type I), the partial or total removal of the clitoris and prepuce; excision (type II), the partial or total removal of the clitoris and the labia minora; infibulations (type III), the narrowing of the vaginal orifice through creation of a covering seal by cutting and placing together the inner and/or outer labia with or without the removal of the clitoris; and others (type IV), including non-therapeutic harmful procedures to the female genitalia such as pricking, piercing, incising, scraping, and cauterization (2). Researchers have alluded to the fact that FGC has also been associated with social, sexual, psychological, and mental consequences for women and girls.

To enable health practitioners to address the consequences associated with FGC, WHO, various ministries of health, organizations, and experts have presented information in the form of intervention materials. Currently, however, there is inadequate comprehensive reference material/report which practitioners are required to consult various data when faced with an FGC challenge. This can be inefficient and wasteful in terms of time for both clients and providers, and in some cases may result in serious complications or total disturb their daily life. Therefore, a comprehensive package of interventions, skills support on health impacts associated with FGC would be most useful to health practitioners. Such assessment report would support the provision of appropriate, efficient, and effective gynecological, obstetric, medical, and related treatment services, including preventive strategies.

This synthesis has been spearheaded by the ACCAF team, with support from the Population Council and in consultation with recognized professional experts in the field of FGC, including WHO and FIGO.

2.0 Approach and Methods.

2.1 Objectives

The purpose of this discussion paper is to investigate the health impact looking the experience of FGC survivors who had a cyst complication which NAFIS supported their medical expenses in Awdal Region. The paper compared their experiences before and after the medical support, how they had lived with the complication and how it affected their everyday life. On the other hand, the paper assessed their current life after the cysts (tumor) were removed.

2.2. Methodological issues

The study purely based on qualitative approach. It comprised both primary and secondary data. For the primary data, interview with the key informants conducted. The project beneficiaries, as well as health care workers who have managed the cyst-removal procedures, were specifically be targeted by the consultant. These tools were carefully selected based on their appropriateness for the task after a thorough consideration of the objectives of the discussion paper.

To collect the data semi-structured questions were developed to serve as a guideline for conducted interviews. Before visiting the field, the consultant approached those involved in the interviews, including female health workers.

Thematic data analyzed used since a significant amount of qualitative data was generated through the face to face key informant interview and document review. The consistency of the collected data was ensured to enable drawing a coherent conclusion. Although there is a limited available secondary resource, the consultant reviewed the available literature.

2.3 Desk review

Female genital cutting (FGC), also called female genital cutting (FGC), is a reproductive health and human rights concern, with devastating short- and long-term impacts on the lives of women and girls. The procedure is risky and life-threatening for the girl undergoing the procedure and throughout the course of her life¹⁸.

Female genital cutting/cutting has both immediate and long-term consequences to the health of women. The effects of FGC depend on the type performed, the expertise of the circumciser, the hygienic conditions under which it is conducted, the amount of

resistance and general health condition of the girl/woman undergoing the procedure. Complications may occur in all types of FGC but are most frequent with infibulation¹⁹. The practice of FGC has had immediate and lifelong psychological effects on the estimated 100 to 140 million women and girls who have been subjected to this procedure. The experience has also been related to a range of psychological and psychosomatic disorders which, in turn, affect eating, sleeping, moods and cognition. Symptoms can manifest themselves in various ways, including those associated with post-traumatic stress syndrome and severe physical health consequences can also emerge¹⁹.

Involvement of unskilled practitioners worsens the situation when they use unsterilized knives/razor blades, threads and thorns during operation on girls. Apart from reproductive challenges, this has aided sexual transmitted diseases and HIV virus to the victims due to use of one unsterilized tool on several girls.

Efforts to abandon the practice of FGC in Africa have used several different approaches, including those based on human rights frameworks, a health risk approach, training health workers as change agents, and the use of comprehensive social development approaches. Although there are indications of the effectiveness of some anti-FGC interventions in achieving changes in knowledge, beliefs, attitudes, behaviors and practices related to FGC, systematic appraisal of the evidence is lacking.

Anti-FGC campaign and eventual abandonment can succeed if the circumcisers are involved in alternative sources if incomes are identified. This will entail building their capacities in business development skills and enabling them start small businesses to fend for themselves, this is because most of them are concerned about their livelihood. In relation to this, they (reformed circumcisers) should be made key in the anti-FGC campaign process (16).

FGC could be abandoned if Legislations that criminalize it are enforced like in other countries such as Ethiopia, where circumcisers can earn a sentence of 3-4 years in prison if they are found guilty of cutting girls. Religious scholars need to play a crucial role by condemning publicly that FGC is forbidden and must be abandoned. MOE, MESAF, MORA, MOH and the nursing and medical associations are in agreement to have FGC abandoned completely (17).

Also it's a scale up project from the results of the first two year project implemented on the same. From the annual report it was a clear that, the number of women asking for the services is increasing which calls for continuation and expansion of the project to reach more women and public, hence indirectly will reduce the FGC prevalence gradually¹⁶.

3.0 Review of findings

FGC Health Impact	Experience of FGC Survivors)	After Medical and treatment Support
Immediate Complications	The assessment discovered, constant pain, bleeding of injured tissue, and genital tissue swelling inducing urination problems increasing the struggle to be mobile and productive while also limiting educational and professional undertakings.	These issues were resolved after surgery and healing period of the surgical wounds. They can normally do their daily activities.
Late (chronic) Complications	The study identified an obstinate vaginal discharge with irritations, usually with painful urination, genital infections leading to chronic genitor-urinary infections causing genital tissues and menstrual problems which can lead to impediments to reproduction and normal labor cyclers.	The entire problem caused by FGC complications has been successfully resolved after surgically removing a cyst grown in the vagina. The supported medical intervention greatly and positively impacted the survivors' daily activities. Additionally the cyst removal prevented long term damage to the genital tissue which in turn inhibits the normal function of the reproduction system, health of their families and sexual life of women.
Obstetric Complications	Issues of problematic and prolonged labor, tears and cut of genital tissue and post-delivery hemorrhage, the already damaged genitourinary tract and episiotomy devastates the normal reproduction cycle.	When fully healed pregnancy and Labor related complication are lessened, and the FGC survivor will not require delivery instruments to aid labor.
Sexual Function Complications	Damage of the tissue, excessive swelling in the vagina due to Acute and Chronic cyst	Normally resuming all sexual activities after surgery and complete recovery..

Complications	<p>Complications, make the female sufferer struggle with normal satisfying sexual functions.</p> <p>Intercourse is agonizing, no gratification due to the distress of the pain, and lack of sensation of the wounded soft tissue.</p> <p>Fear of pain due to penetration becomes an important factor. Therefore there is substantial decrease of sexual desire and commencement of sex.</p>	<p>While the fear of sexual intercourse dissipates when the painful feelings are gotten rid of by comprehensive healing of the lacerated soft tissue of the genitourinary organs.</p> <p>The assessment discovered that one of the interviewee's husband divorced her due to the excessive cyst grown in the vagina, but after removal of the cyst, the woman revealed how situation was resolved, after few days later the man returned and family reunited in a legal way.</p>
Psycho- social Complications	<p>Lack of control over physiological functions may also inhibit with women's and girls' social lives because of ill health.</p> <p>Inconsistence may unfavorably disturb their full partaking in social accomplishments thus leading to isolation and mental problems including severe anxieties, despair occurrences, neuroses, psychoses and postpartum stress disorders.</p>	<p>Psycho social complications are usually intertwined with Immediate, chronic and sexual functions complication of the FGC but since the surgery resolves most of these issues and that means psychological and social issues are reversed with the appropriate interaction of female patients with their peers in their communities and wider society emotionally, physically and ability to stay sexually active with spouses.</p> <p>The assessment identified two girls who decided not to marry since they had cyst grown in their vaginas, but after they received medical support and have fully recovered. Since then both went on to start a family of their own,</p>

3.1. Health Impacts of FGC girls with cysts complications

The discussion paper focused on the prevalence of health impact summarized here below the description and data presentation discovered in an active interviews with targeted survivors consisted of combination of various complications including. 1- Anxieties (fearing future lives due to the persistent growing cyst in their vagina). 2- Depression episodes (low self-esteem or mood which hindered normal social lives) causes by FGC. Sequel to this, the study demonstrated acute genitourinary problems associated with FGC, sated by targeted survivors to consist of the following depilating pains that leads to difficultly in mobility which hampered academic and professional attainments, 2.-swelling of genital tissue leading to urinary track problems, 3- infections in different parts of the reproductive organs.

Other physical complications interfered with women's and girls' social lives as a result of ill health which adversely affected their full participation in social activities thus lead to isolation and mental problems. Furthermore, survivors end up developed mental health issues due to improper diagnosis and inadequate counseling mechanism in place, led to psychological issues relating to this problem, the survivors are too ashamed to seek help on ranges to complications, especially psyche-social issues.

Damage of the tissue by the immediate (Genital tissue swelling, Bleeding and Delayed wound healing) chronic (Genital tissue damage, Reproductive and Genitourinary infection) and obstetric complication (Difficult labor causing tears and laceration, Episiotomy and postpartum hemorrhage) of cyst caused by FGC make the female struggle with fulfilling normal sexual functions making it painful to have intercourse, no satisfaction due to the discomfort of the pain sensation of the injured tissue and lessens the desire and initiation of spousal relations because of the fear of the physical activity relating to it and trauma of the feeling of struggling to find it satisfactory.

All the above mentioned acute and chronic consequences of the FGC, pale in contrast with the obstetric repercussions on the reproductive organs of expectant mothers. As stated by patient feedback complications caused include difficult and prolonged labor, tears and laceration of genital tissue, instrumental delivery and postpartum hemorrhage of the tear and laceration of the already damaged genitourinary tract , caesarean section and episiotomy.

3.2. After medical support and surgically removed cyst complications.

All clinical problem caused by FGC complications have partially resolved after surgically removing cyst (Tumor) grown in the Vagina. Supported Medical intervention had a great, positive and lasting impact on the beneficiary daily activity. Additionally cyst removal had prevented long term damage to the genital tissue in turn preventing reproduction system defects.

Pregnancy and Labor related complications after surgery with the aid of instrumental delivery are rare when full recovery of the genital tissue is reached.

The assessment had discovered that all sexual activities resumed including satisfactory intercourse with their spouses returned initiated willingness and desire of the female patients. While the fear of sexual activity dissipates when the painful feelings are gotten rid of by the comprehensive healing of the lacerated soft tissue of the genitourinary organs.

One of the female patients was divorced by her husband due to the excessive swelling/tumor grown in the vagina, however after medical support and surgically removed cyst/tumor, the woman explained to him about medical support and how situation resolved. A short period thereafter, she was able to reunite with her estranged husband. Psycho social complications are usually intertwined with Immediate, chronic and sexual functions complication due to the FGC. However since the surgery resolves most of these issues and with female patients able it means psychological and social issues are healed over time, with the appropriate interaction of females with the society emotionally, physically and sexually actively participated.

The assessment has also identified two girls who decided not to marry and start a family since they had cyst grown in their vagina. After they received medical intervention and have fully recovered, they were able to ascertain that they eventually – as with their other peers- tied the knot and started a family of their own.

“When I was living with the cyst, hearing stories of pain and suffering from other women, I thought it could not be possible to get married and start a family due to the big cyst grown in the vagina. Which can apparently impact to get pregnant and possibilities of a long and life threatening baby delivery. That is why I rejected marriage offers from different men. With the way things were going I felt quiet unhappy and depressed.

However through friends I heard about a medical project that could help me. I eventually got through to NAFIS NETWORK and received medical support, to surgically remove the tumor. I felt well and gained back my confidence. Afterwards, I decided to get marry, and everything went well, now I am happy and doing ok”.

4.0 Conclusions.

The negative health impacts of FGC have received different levels of attention, both in terms of interventions and evidence. The health impacts resulting from FGC place a burden on health systems, however, little is known of the costs, especially of the obstetric complications associated with FGC.

While this synthesis focused on interventions that may facilitate effective responses to women and girls exposed to the FGC practice with complications, however this particular intervention supported by NAFIS NETWORK looked closely at how FGC survivors' with a cyst complication physiological health and psychosocial wellbeing has been positively impacted.

Cyst complications are associated with several health risks such as severe pain, bleeding, and shock, difficulty in passing urine and infections. Additionally cyst removal prevents long term damage to the genital tissue which prevents reproduction system defects.

This analysis underscores the health impacts associated with FGC and compelling reasons for their interventions.

The analysis of this discussion paper shows also major, positive long lasting health impact due medical support provided to girls and women survivors. It demonstrated with simple clinical intervention for women and girls not only improves greatly ill health -- resolved through surgical removal of the cyst -- but importantly serves as educational opportunity for women and girls as witness changes in their lives.

5.0 Recommendations.

- Health care providers should engage women who are victims of FGC in capacity building program in all levels and to also sensitize them on the inherent medical dangers associated with such rusk practice.
- The Health care system should be strengthening by anchoring FGC existing program socio-community structure and other facility based medical services.

- The Health care givers should urgently enhance a post-surgical counseling mechanism at both primary and secondary schools in order to stabilize psychosocial and community integration.
- A well legal framework that will combat such inhuman and degrading treatments on the victims of FGC.
- Both government and health care givers should make it a duty to provide victims of FGC who might have received any surgical intervention with a post-psychosocial supports in order to reversed mental and social complications that might result due to FGC.
- The Urgent need to set up a post-operational psychosocial follow up service system by the health care givers is of significant import, because it will aid in following up mental health repercussion cases encountered by victims of FGC.

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