DISCUSSION PAPER

ASSESSING THE KNOWLEDGE, ATTITUDES AND PRACTICE OF FGM/C AMONG HEALTH PROFESSIONALS IN SOMALILAND

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KEY POINTS

- Female Genital Mutilation/Cutting (FGM/C) is a common practice in many developing countries, including Somaliland, and presents a major health problem.

- The majority of MCH medical staff in Hargeisa have sufficient knowledge about FGM/C's different types and adverse health consequences.

- There is a strong negative attitude towards Female Genital Mutilation/ Cutting among MCH medical staff in Hargeisa. On a personal level, the vast majority; more than 80%, claimed that they would never perform FGM/C on their daughters.

- The result of the study clearly indicates low level of participation in the practice of FGM/C by MCH medical staff in Hargeisa.

- In the light of the study finding there should be a strong and coordinated effort to approach in the fight against FGM/C at all levels in the health care system stakeholders; with an emphasis on mothers, along with the male population, health care providers and religious leaders.

- The intervention should be holistic in nature with capacity building and supportive educational programs targeted and implemented at multiple levels, such as schools, universities, mosques and health care providers.

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INTRODUCTION

World Health Organization (WHO) defines Female Genital Mutilation/ Cutting (FGM/C) as "all procedures that involve partial or the total removal of the external female genitalia, or other injuries to the female genital organs for non-medical reasons." These procedures are classified into four types: Types I (clitoridectomy), type II (excision), and type III (infibulation) are ordered according to a growing level of severity, while type IV comprises all other harmful procedures performed on the female genitalia for non-medical purposes (e.g., pricking, piercing, incising, scraping, and cauterization).[1]

FGM/C is primarily practiced in the sub- Saharan African countries, parts of the Middle East and Asia. The practice is also found in some parts of Europe and the US, where migrants still carry out some of their cultural practices. In Somaliland, the origin of FGM/C is not known yet; however, it shares the practice with at least 28 other countries in Africa.[2]

The country's latest data shows that 98% of the female population between the ages of 15-49 have undergone FGM/C.[3] Nevertheless, taking this number at face value will be a gross miscalculation about the facts on the ground; as the practice has evolved over the years. The trend now is moving from mutilation to cutting.[4]

Figures in Somaliland Health and demographic Survey (SLHDS, 2020) which puts FGM/C into three different categories shows that 61% of women had undergone the more severe Pharaonic type of FGM/C, while 7% received Intermediate procedure, and the rest 29% have undergone what is called the Sunni form of FGM/C, whereas 3% refused to answer. As far as the perception is concerned 56% of the women aged 15-49 believe Female Genital Mutilation/Cutting is a religious obligation.[5]

On the other hand, 20% of girls between 0-14 years have undergone FGM/C. More than half 63% for women aged 15-49 and 62% of girls 0-14 years) of women and girls who undergone the FGM/C have reported that the procedure was performed by traditional circumcisers. The data also show that 53% of women aged 15-49 were in favor of FGM/C practice to continue.[6]

1 https://www.who.int/news-room/fact-sheets/detail/female-genital-mutilation
2 Yirga W. S., Kassa N. A., Gebremichael M. W., Aro A. R. Female genital mutilation: prevalence, perceptions and effect on women's health in Kersa district of Ethiopia. International Journal of Women's Health. 2012;4(1):45–54. doi: 10.2147/ijwh.s28805.
3 Somaliland Health and Demographic Survey, 2020
4 Focus group discussion, 03 September, 2020
5 Somaliland Health and Demographic Survey, 2020
6 ibid

PURPOSE

The FGM/C is a harmful traditional practice with severe heath consequences for both girls and women. Seemingly, health professionals should be at the front line in fight and awareness-raising campaigns to prevent the FGM/C practice.

It is believed that FGM/C practice is performed by some of the health professionals and conducted the procedure at the health facilities or provide it as a door-to-door services. It is also believed that such actions have adversely impacted and undermined the efforts that was ongoing for the last three decades to abandon the FGM/C practice in Somaliland.

This study aims to examine the above-mentioned claims, by using the Knowledge Attitudes and Practices (KAP) Survey Model of Female Genital Mutilation/Cutting among health Professionals, with a focus on Maternal and Child Health Centers (MCH). The findings will also establish a baseline that can be used to compare and assess changes over time. Understanding these issues will support advocating for a national anti-FGM/C medicalization effort and will also enable specific capacity building programs to be designed. This could lead to an effective professional and social change.

OBJECTIVES

1. To evaluate the health professional's knowledge on FGM/C; types and health complications.

2. To assess the attitudes of health professionals towards the practice of FGM/C.

3. To investigate the practice of FGM/C among MCH health workers.

METHODOLOGY

To achieve the proposed objectives, the study was designed to examine the Knowledge, Attitude and Practice (KAP) of MCH staff regarding FGM/C. Since there is no pre-existing data on the area of study, the primary method in ascertaining the study's objectives will be to conduct a survey; The survey instrument consists of both quantitative and qualitative items in order to collect and use a reliable data.

SAMPLE SELECTION

For a sampling purpose we have randomly selected 8 MCHs out of 12 MCHs in Hargeisa city. Again, we have further randomly selected a sample of 4-6 respondents from each MCH. Due to limited number of staff the overall sample consisted of 60 respondents. Out of the 60 questionnaires distributed, 51 was deemed complete and used for data analysis. The respondents included Nurses, Midwives and Doctors. Apart from the questionnaires, 6 in-depth interviews and one focus group discussion was conducted.

DATA COLLECTION INSTRUMENTS

The survey instruments used in the study were specifically designed to answer the research questions. Questionnaires, in-depth interviews and focus group discussion were used.

The questionnaire consisted of 18 close-ended questions and one open ended question. The first part captured the demographic data including: profession, age, gender, number of children and economic condition of the respondent. The second part consists of the of KAP's specifics regarding the Knowledge of MCH staff about the practice of FGM/C including: consequences and believes. The third part captured the Attitudes of MCH staff regarding the practice of FGM/C including; continuation of FGM/C, and possible strategies for prevention of the practice. The last part also captured the Practices of MCH staff regarding FGM/C.

A. DEMOGRAPHIC CHARACTERISTICS OF THE RESPONDENTS

The majority 76.5%, of MCH staff are female. This high concentration of women has both religious and cultural connotations. In Somaliland Nursing and Midwifery are often considered as a women's career, and is reflected in our study[7]. As shown in figure 1, the average age of respondents was 27 years of age, which indicates the youthfulness of health care professionals in the country. The data also shows that 35.3% were married, 47.1% were single/never married, 11.8% were divorced and 5.9% were widowed.

As far as education is concerned the data shows that 58.8% had some tertiary education. Of those who claimed to have tertiary education, 51% had a nursing background, 37.2% had midwifery training, and 9.8% were doctors.

Looking into their economic condition, we found out that 56.9 % described their economic condition as "good" which was our above average. Whereas 25.5% considered themselves as living in an "average" situation, 13.7% labeled their condition as a "very good" and only 3.9% felt that they are poor and said they were economically in a "bad" situation.

Since the practice of FGM/C will directly impact parents, we also asked the respondents if they have children and if they reply yes, we further asked a follow-up question enquiring about the number of girls they have. The data shows that 45.1% of all respondents had at least one child with an average of 3.14 children, of whom 1.52 were girls.

7 Focus group discussion, 03 September, 2020

TABLE 1

	N	%
Gender		
Male	12	23.5
Female	38	76.5
Marital status		
Married	18	35.3
Single/never married	24	47.1
Divorced	6	11.8
Widowed	3	5.9
Highest level of education		
Primary 1 – 4	3	5.9
Intermediate 5 – 8	4	7.8
Secondary 9 – 12	14	27.5
Tertiary	30	58.8

	N	%
Profession		
Nurse	26	51
Midwife	19	37.2
Doctor	5	9.8
Other	1	2
Economic situation		
Bad	2	3.9
Average	13	25.5
Good	28	56.9
Very good	7	13.7
Children		
Yes	23	45.1
No	26	54.9
Number of Children (average)	**3.14**	
Children (girls) (average)	**1.52**	

A. KNOWLEDGE TOWARDS FGM/C

The assessment of MCH staff's knowledge of FGM/C was conducted in two levels; first, we tried to explore their understanding of the the different types of FGM/C, and their general view on the practice. We also tried to understand their level of awareness and knowledge of its consequences.

Based on the result, 62.7% of our respondents claimed to have sufficient knowledge to properly distinguish different types of FGM/C, as shown in Figure 1. However, the assertion of the remaining 37.3%, who claimed to have difficulties in identifying the types of FGM/C, seems to be high, given the widespread use of the practice in the country. This knowledge gap could be interpreted in light of the fact that health workers do not encounter such practice in their work place, as it is most often done at the client's homes by non-medical staff.[8]

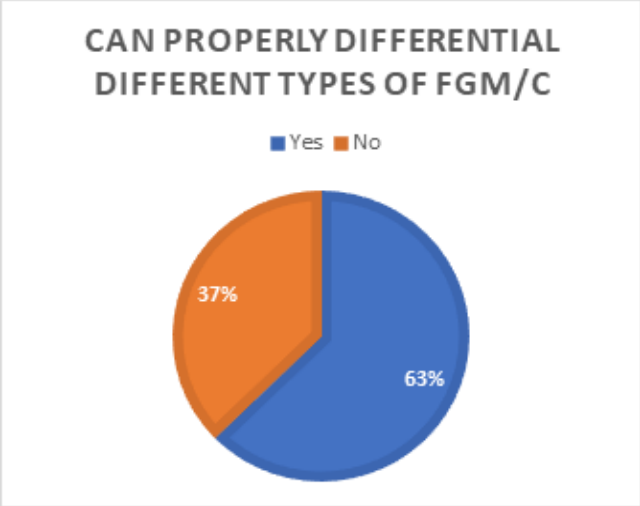


Figure 1

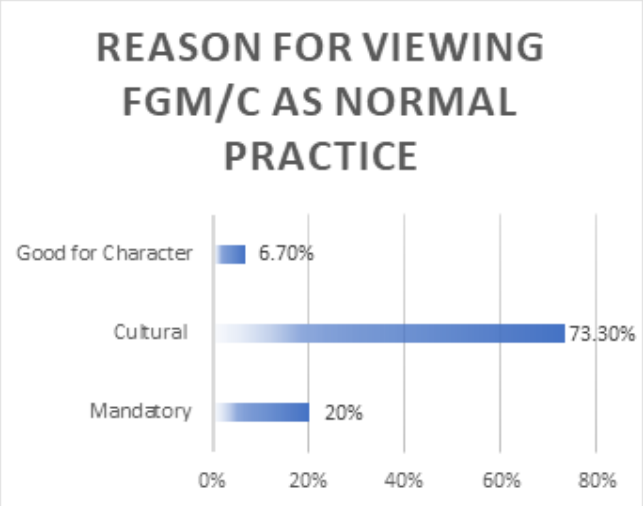


Figure 2

We also asked about their view on FGM/C practice in general. The majority, 70.6% of respondents, viewed the practice as harmful. However, the remaining 29.4% claimed to perceive FGM/C as normal. Of those who said they view the practice as normal were asked a follow-up question to reason out their belief in the practice. In responding to the question, 20% deemed the practice as religiously mandatory, whereas 73.3% considered the practice as profoundly rooted in Somali culture, while the remaining 6.7% viewed the practice as a way to uphold women's chastity and character.

Respondents were also asked if they could identify FGM/C's health consequences to understand their familiarity with the practice. The majority of respondents were able to identify the possible negative impact of FGM/C on girls' and women's health. The transmission of infectious disease was the highest reported answer with 39.2%. The respondents also mentioned general health problem 33.3, difficulties during delivery 17.6% and the possibility of excessive bleeding 7.8%. These results indicate a better understanding of health workers, about the transmission mechanism of infectious diseases in relation with the practice of FGM/C.

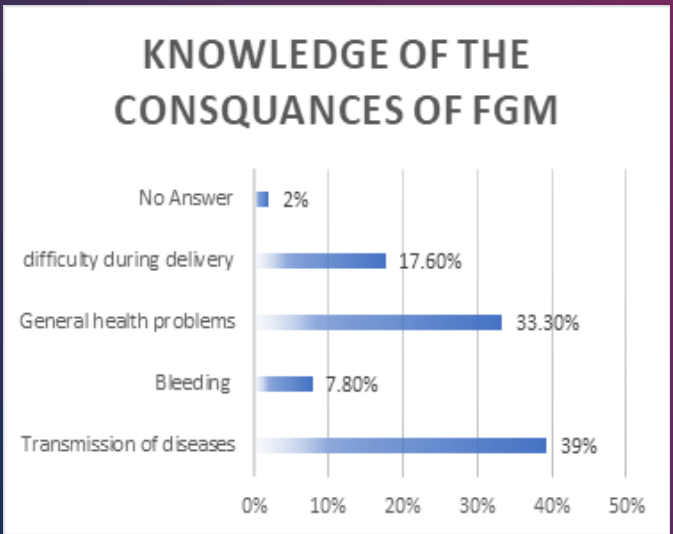


Figure 3

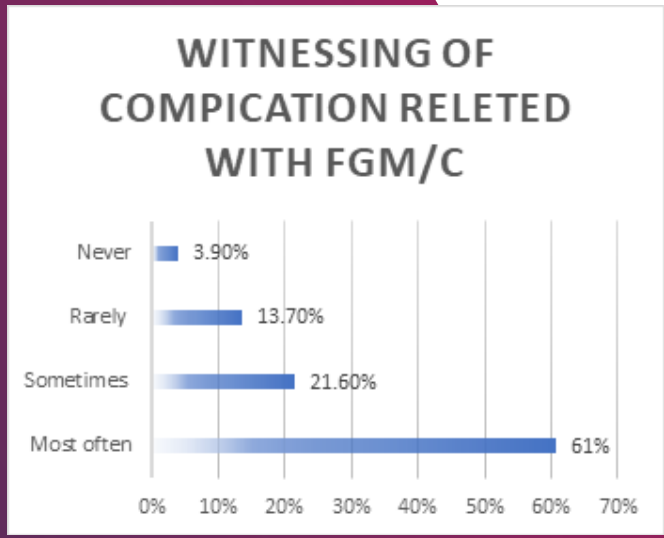


Figure 4

To further comprehend their understanding of FGM/C, we asked the respondents about the frequency that they witness a complication after FGM/C procedures. More than 60% conceded that they witnessed complications most often, 21.6% indicated, sometimes, 13.7% said they rarely face such complications, and only 3.9% claimed to have never came across any complication regarding FGM/C. This high number of self-reported encounter with FGM/C's complications confirms the severity of the practice in the country.

B. ATTITUDE TOWARDS FGM/C

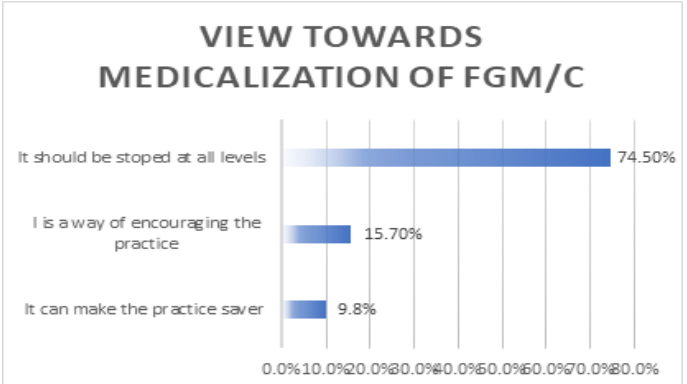
The assessment also focused on the MCH medical staff's attitude towards FGM/C practice. We designed specific questions to capture the attitude towards FGM/C including: the belief about future continuation, the feasibility of its elimination, perception about the role of men in the FGM/C debate, and the role of professional health workers in preventing FGM/C.

The significant majority of MCH medical staff, more than 80%, believed that FGM/C should not continue as it is practiced today. During interviews and focus group discussions, the emphasis was on the current practice, but the elimination was considered impractical.[9] [10] On the other hand, 19.6% claimed to support the practice. Those who supported the practice tend to be older and less educated.

The debate towards the "elimination" of FGM/C seemed not to resonate with MCH workers, as some believed that "circumcision" of young girls, or Sunni Type as they call it, not to be bad per se, but the traditional method which mutilates the human body. Regarding about men's participation in the debate surrounding the practice of FGM/C, large proportion, 72%, believe the importance of men involving in the debate. Female health workers consider men to be pro FGM/C and supportive of the practice.[11]

The "medicalization" of FGM/C practice, which is another issue surrounding the practice, has been reflected by the respondents. About 72% of respondents disagreed with the concept of "medicalization" and believe the whole practice to be abandoned and eliminated. More than 15% of the respondents viewed the concept of "medicalization" as a way of encouraging the continuity of the practice. However, around 10% considered medicalization safer than how traditional circumcisers perform the practice, which often lead to significant health complications.

The other principal determinant of the future fight against FGM/C is how Heath Care Professional (HCP) view their role in eliminating the practice. The vast majority of 78.4%, agreed with the assertion that Heath Care Professional (HCP); in general, has substantial role in the fight against FGM/C. This indicates how MCH medical staff are aware of their role in the fight against FGM/C.



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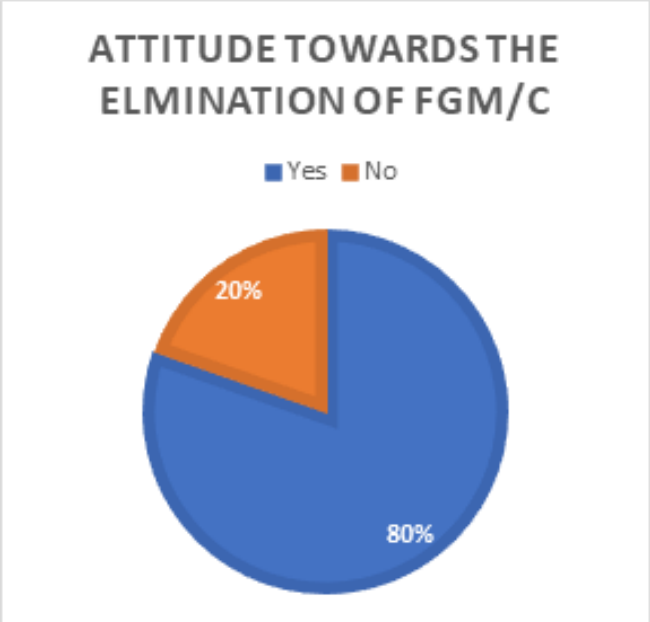

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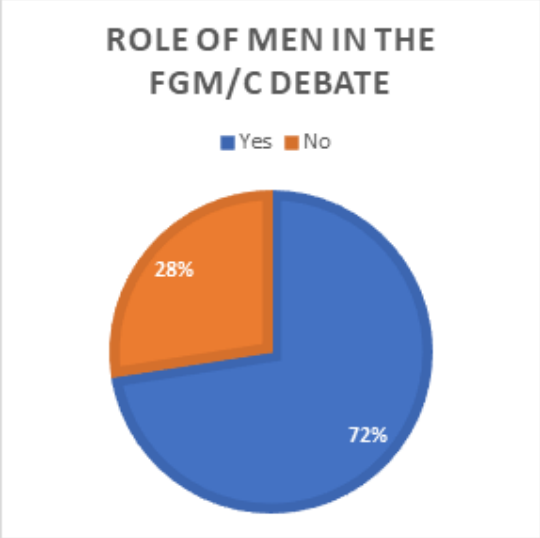

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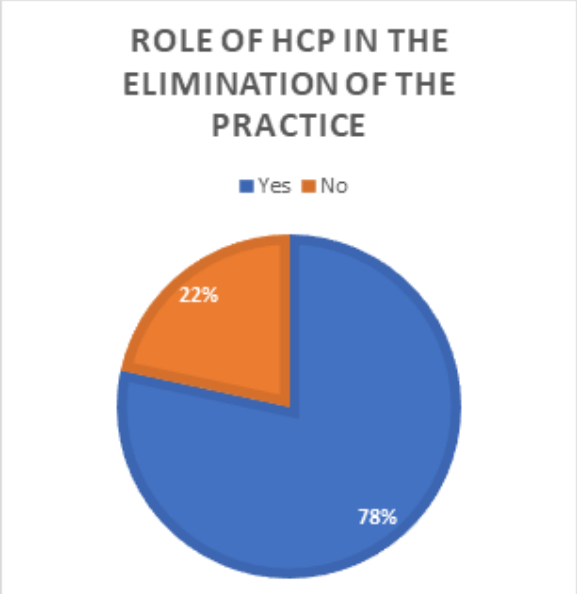

Figure 8

9 Interview with MCH workers, 02 September, 2020
10 Focus group discussion, 03 September, 2020
11 Focus group discussion, 03 September, 2020

THE PRACTICE OF FGM/C

Female Genital Mutilation/ cutting (FGM/C) was also assessed at personal level. To understand the extent to which MCH workers are involved in the practice, by asking the respondents if they have practiced FGM/C at household level, their intention to perform FGM/C on their daughters in the future and if they have ever performed the FGM/C themselves. Lastly, they were asked whom do they believe performs FGM/C most often.

Among all respondents, 47.1%, have attested that the practice is performed within their household. On a follow-up interview question, most of those interviewed claimed that the practice of core FGM/C is declining; however, in recent times, type 1 is what is practiced most often.

Regarding if they consider carrying out FGM/C on their daughters in the future, the vast majority, 80.4% of respondents disapproved of the practice and claimed to opt-out to performed FGM/C on their daughters. When asked if they have ever performed FGM/C procedure themselves, 19.3% of all respondents claimed to have performed the procedure at least once. Nevertheless, on a follow-up discussion, most of the participants claimed to have only performed type of 1 FGM/C and carried out the procedure outside of their workplace premises.[12]

The study also tried to investigate the major practitioners of FGM/C procedure in the country. To understand this, we asked MCH workers about whom they believe performs the procedure most often. The response to this question was undisputed; female tradition health workers. And the place of choice is frequently at one's home; however, young girls are sometimes taken to the countryside to undergo FGM/C procedure during school holidays.

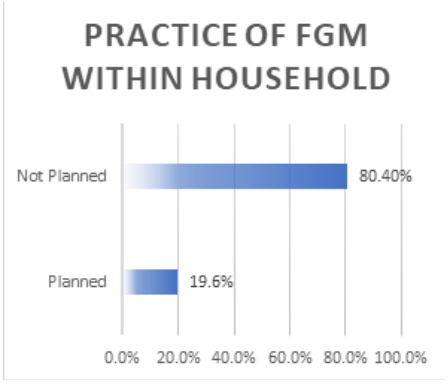

Figure 9

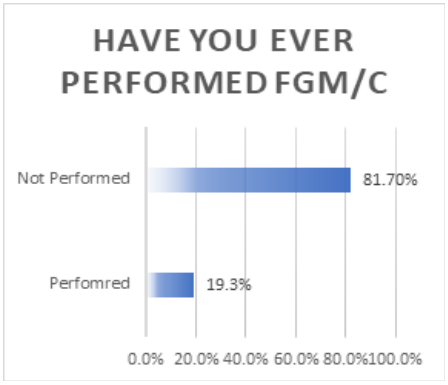

Figure 10

DISCUSSION OF RESULT

Female genital mutilation/cutting (FGM/C) is one of the worst types of violence against young girls and women and is widely practiced in Somaliland. The practice of FGM/ stems from an amalgamation of religious believe, local tradition and imported culture. The study focuses on the Knowledge, Attitude and Practice (KAP) of FGM/C among medical staff at Mother and Child Health Centers (MCHs) in Hargeisa.

The MCH health worker's level of knowledge on Female Genital Mutilation/Cutting (FGM/C), its health and social consequences can be demonstrated on how they can properly differentiate the types of FGM/C, level of knowledge about the practice and their awareness of its consequences.

As a result, the majority of MCH medical staff claimed to have sufficient knowledge about the types of FGM/C practices in the country. However, more than third claimed to have difficulties in correctly identifying the types of FGM/C. This limited capacity can be seen as a concerning state as MCH staff are at the forefront of the fight against FGM/C. On the other hand, the vast majority of respondents demonstrated explicit knowledge of the consequences and complications of the practice during circumcision and health problems later in women's life.

The result also indicated a negative relationship between exposure to FGM/C related health complication and the intention to perform FGM/C on future daughters. Therefore, this study suggests the need to include exposure to training and capacity building programs and interventions, in the

12 Focus group discussion, 03 September, 2020

fight against FGM/C.

The finding also showed how MCH staff can benefit from training and re-education related to the technical knowledge of FGM/C in order to develop effective strategies to ensure the prevention and proper management of its consequences. However, educating the health workers alone will not necessarily lead to the reduction or elimination of the practice as there are religious and cultural angles surrounding the practice of FGM/C. An effective strategy of capacity building should be carefully designed and include members of the community.

As far as the attitude towards Female Genital Mutilation/ Cutting (FGM/C) is concerned, the result showed a negative attitude towards FGM/C among MCH medical staff. The vast majority of the respondents believed the elimination of the practices. They also supported men's role in decision-making when it comes to the circumcision of young girls. Nevertheless, from a gender perspective, social change towards the practice of FGM/C can be realized when the role played by both men and women is taken into consideration. Therefore, there is a need to properly study and scrutinize, men's KAP towards the practice of FGM/C in order to include men in the fight against FGM/C

About 80% of all respondents have also stressed the critical role that medical staff in general and those close to the mother and child in particular, can play in the elimination of FGM/C. This clear understanding by Medical staff in the fight against FGM/C is something that should be cherished and taken as an important ingredient and essential element for social change.

The practice of FGM/C among MCH medical staff is assessed by asking respondents if FGM/C is practiced within their household. Since the decision regarding the practice might be beyond their will, we have also asked if they are planning to perform FGM/C on their daughter in the future to capture their personal preference. The data shows that half of the respondents have witnessed their immediate family perform FGM/C on young girls. However, more than 80%, claimed that they would never perform FGM/C on their daughters. One of the most critical question in the study asked the respondents, if they have ever carried out FGM/C themselves, the majority, that is more than 80%, claimed to have not performed the procedure.

The overall result shows the majority of respondents had adequate knowledge of FGM/C as the vast majority of respondents claimed to have been able identify types of FGM/C clearly, and have a good understanding about the health consequences of the practice. The result also indicated the general negative attitude towards FGM/C by MCH medical staff. This has been attested by their high-level willingness to fight against FGM/C and its elimination. Lastly, the study results clearly indicates a low level of participation in the practice of FGM/C by MCH medical staff. In the light of the study finding there should be a strong and coordinated effort to approach in the fight against FGM/C at all levels of the health care system; with an emphasis on mothers, along with the male population, health care providers and religious leaders. The development of a holistic capacity building and supportive educational programs to increase awareness about the practice of FGM/C will be paramount. These efforts should target in training programs implemented at multiple levels, such as schools, universities, and especially among health care providers, elders and religious leaders. This groups are uniquely positioned to support the eradication of FGM/C. This kind of training and capacity building should focus on the awareness creation and creating a bridge between the community and health care professionals.

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