

CHAPTER V

DISCUSSION, CONCLUSION AND RECOMMENDATION

5.1 DISCUSSION

The prevalence of FGM among women aged 15-49 years age in the study area was found to be 94.5%, where infibulations (pharonic) is the commonest type of FGM practiced (83.4%), while sunni and clitorodectomy were reported by small proportion of study subject (13.6%) and (3.0%) respectively. The sample size was decreased from 138 to 134, because of the mismanagement of the questionnaire and incompleteness of the questions.

This report is almost in agreement with what Ethiopian Demographic and Health survey (DHS) and the report from 22 African countries Ghana, Somalia, and Ethiopia of their induction of age of FGM. other studies (Bayoudh et al, 1995) reported from the region in the year 2001. (Magoha&Magoha, 2000) This report also is similar to what had been documented by another study.

While in Ethiopia the prevalence of FGM is 90% and infibulation is practiced in Muslim regions bordering Somalia, but there is still some difference in the types of FGM practiced with in the country and region as well, when it come the percentage of infibulations, excision is the commonest type of FGM performed in other part of the country. (U.S. Department of State, 2001)

This disparity could be due to difference of socio-cultural characteristics with in the region and findings reported from this study and most studies are based on what

respondents think subjectively, which clearly can lead to wrong conclusion, as to this may need detailed clinical examination to confirm which part of genitalia is exactly damaged. Circumcision is primarily determined by population of individual region. For example in Somalia one study reported that a girl who has not been infibulated is ridiculed and often driven out of her community and she has a little chance of marriage(2) and infibulation accords a girl the right to marriage and protection and status this union provides. (ELithabeth, 1994) Despite, the high prevalence of FGM in the study area, now a days, there is a change of attitude towards the practice of FGM. This is Perhaps due to increased awareness and knowledge of the community about ill health effect of this practice. Hence, intention of shifting from severe to mild form of FGM is observed in the study.

This study showed that the majority of study subjects have "Good knowledge" about FGM and as to the attitude of the women toward the FGM the study revealed that 56.7% of the respondents had responded in suitable manner toward FGM (i.e shows - negative attitude toward the FGM practice). 53-55.1% of women were rejecting the maintenance of the practice and 43.9% want to maintain the practice in less severe or severe form.

A study done by the Egyptian care society showed that 80% of respondents believed that they should continue FGM. (EFCS, 1996) This significant difference in the attitude of women indicates that behavioral change had been taking place as a result of increased awareness toward FGM practice in the community. In the face of the reported negative attitude towards FGM, 73.9% of the study population still favors the continuation of this harmful traditional practice, in its mild form. Although their

decision to do away with infibulation should not be undermined, FGM in general should be discouraged and subsequently eliminated as it is harmful.

This study found that 47.8% of circumcision were done by the decision of mother and 45% were decided together by father and mother and the majority of traditional practioneres are village women other than TBA and TBA (90%). This study finding is similar with what other study had reported. (Smith, 1995)

The most common FGM related complication experienced by the women include severe pain during genital mutilation (87.6%), excessive bleeding (75.4%), double episiotomy during child birth (71%), painful menstruation (69.7%), painful sexual intercourse (66.9%) and infection (50.8%). Similar study in Somalia, (Bayouth, 1995) showed, infection (60%), double episiotomy during child birth(10%) and hemorrhage (20%) to be the main complication.

Other studies had also documented that FGM is associated with immediate, long term, pregnancy related and psychosexual complication (15,16). The difference in the magnitude and types of complication as related to the study conducted in Somalia might be that in Somalia operation/FGM were conducted in health institution under anesthesia and using antibiotic to prevent infection. (Bayouth et.al., 1995)

While in this study the practice was home based. More over, now a days as a result of increased dissemination of ill Health effect of the FGM practice women may over emphasis or in correctly relate independent happening to the FGM practice and also socio - economic difference of the two population are some possible factor for disparity to occur. Among factors (complications) studied, painful sexual intercourse was significantly associated with FGM practice ($p < 0.01$).

Regarding the source of information the study revealed that mass media is common source (22.1%), health personnel(16.8) and 14.8% of respondents had chance of getting information from different source(i.e religious, seminar, and friend/neighbors). According to the joint project, it is planned to disseminate information and increase awareness about health consequence of FGM in target group through radio, mass campaign, posters, information leaflets etc. (Chelala, 1998)

Tradition is the most common reason reported by the respondents why they practiced FGM (99.3%), to decrease high sexual drive of the women(55.2%), to be admitted in to women group (55.2%) and religious requirement 47% were additional reasons reported. This study report is similar with what others studies were documented. (ELithabeth, 1994; Smith,1995) The study tried to identify possible means of prevention which suggested /or recommend by respondent women. Accordingly 34.8% of respondent suggested to continue health education, through: religious, NGO, Community elders, mass media, health personnel, seminar and teaching community at large to increase awareness and subsequently, enhancing behavioral change over time.

5.2 Conclusion

From this study it's generally concluded that FGM is practiced by majority of interviewed women in the study area with different form and majority used infibulations (pharonic) type, which most complication are associated. Despite prevailing prevalence of FGM, it is easy to realize that there is hope in the future at least to decrease high risk of developing complication related with infibulation merely

by changing to mildest form of FGM (Sunni), which commonly people connect with religious duty, in this Muslim dominated Somali ethnic group.

The study clearly showed that study subjects have good knowledge and negative attitude towards FGM practice. Here Alarming paradox is that the majority of respondents have intention or planned to expose their daughter to FGM practice despite good knowledge they have and negative attitude they favor to FGM, which seems hide-bound attitude. Most of the complication related with FGM is related with extreme form of FGM (infibulation or pharonic). Both mother and father are important persons who made decision on their daughter to have circumcision and practitioners are village women and TBA. This study tried to identify which means of intervention is favored by respondents to decrease or to prevent FGM practice, thus they suggested some possible means they assumed to be effective, if implemented in the intervention process. Accordingly they suggested health education through - religious, NGO, community elders, mass media, health personnel, seminar and teaching community at large to increase awareness and subsequently enhancing behavioral change over time

5.3 Recommendations

1. Continued effort should be made to increase awareness of the community regarding health consequence of FGM practice and empowering the existing negative altitude and discouraging positive attitude towards FGM practice, hence substantiating concrete information and incorporating the suggestion given by the respondents which possibly enhance the activities of FGM prevention. Since solution or change must come from within.

2. Village women and TBA should be discourage for their traditional practice and creating IEC through seminar supported by audio visual film and preparing group discussion among them, thus perhaps create free media of understanding the reality and make them able to see clear picture encircling the FGM practice, subsequently bring behavioral change among the practitioner is invaluable in the activity against FGM practice.

3. The intention of changing severe form of FGM (infibulation) to mildest form (Sunni) should be encourage because it can decrease high risk related with (infibulation). Sunni type is less hazardous than infibulation, more over it connected with Religious duty that should be performed and religious leader may play role in this aspect, so consider them in any activity against FGM.

4. Further investigation and research should be made by involving every segment of the society, for better understandings of complex net work encircle FGM practice.