Original Article

Does Non-Governmental Organizations Sensitization have Positive Impact on Rural Community Awareness, Prevalence and Complications of Female Genital Mutilation/Cutting? Analyze of the Practice in Rural Setting in Mali

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Abstract

Objective: To describe epidemiologic aspects, complications and the opinions of people about law against FGM comparing eras with and without Non-Governmental organizations against female circumcision in Mali.

Methodology: It was prospective cross-sectional study covered the period from July 1st, 2016 to September 30th 2016, that had taken place in the District of Kayes and Ségou. Chi square has been used and p value <5% has been considered significant.

Results: The prevalence of female genital cutting was very high (88.1%). It is higher in eras where non-governmental organizations are not active (94.6%). The decision of cutting was mainly taken by the grandparents (29.3%) and the mother (18.1%). The two main reasons to perform this practice were custom/tradition (53.1%) and the religion (30.5%). Cutting has been done in the 98.0% and in health center 2.0% of cases. The mains complications were: infibulation/dysuria (46.9%) and vulva cysts (23.5%). The majority of respondents where Non-Governmental Organizations are active (60.7%) were against a law penalizing the practice.

Conclusion: The prevalence of female genital cutting is yet high in the villages studied. We have observed a positive impact of the sensitization in the areas where Non-Governmental organizations against FGM are active. Intensification of awareness campaigns would contribute to eliminate female genital cutting in Mali.

Keywords: Female Genital Mutilation, Non-Government Organization, complications, right of child.

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Introduction

It is estimated that 100 to 140 million, the number of girls and women who have been circumcised (WHO types I to III) in the world and almost 3 million of young girls and women at risk to be circumcised each year in Africa.[1]

Female genital mutilation/cutting (FGM/C) is deeply rooted tradition and religion in many countries. Despite advocacy done by our government to stop this practice, some regions in Mali continue to practice it. According to the Malian Demographic and Health Survey (DHS), 91% of women aged from 15 to 49 years have been circumcised. The Districts of Kayes and Ségou are mostly affected by this practice.[2] As in the past, FGM is actually mainly performed as a rite of passage from childhood to womanhood, once a girl undergoes female genital circumcision she is prepared for marriage. If a girl or woman has not undergone it, she is not prepared for life and is considered a disgrace in the community.[3]

Eradication of FGM is considered as pertinent to the achievement of some Sustainable Development Goals: Ensure healthy lives and promote well-being for all at all age (SGD 3); Ensure inclusive and equitable quality education and promote lifelong opportunities for all (SDG 4); Achieve gender equality and empower all women and girls (SDG 5).[4]

Malian government has ratified different international human rights conventions, which consider FGM as violence against girls and women. Also, regarding to all the complications through the world, this practice is considered as a violation of the human rights of girls and women and thereby helps to promote national and international advocacy toward its abandonment.[5] Because of its extent and its grave health consequences, FGM in Mali constitutes a real problem of public health. Many technical services, associations and NGOs work for many years for the abandonment of the practice of cutting in our country. In 1996, a National Action Committee for Abandonment of Harmful Practices of women and children health (NACAHP) has been created. In Jun 2002, to face to cutting problem Malian government has created the National Program of fighting against excision.[6] Despites efforts of our government to eradicate FGM, its practice is still undertaken in some communities in Mali. That is why, for many years, associations against FGM have undertaken actions of sensitization, education and information of some communities in Mali, especially in two Districts deeply affected in our country. Those eras have been a focus of many advocacy interventions by different organizations to eradicate FGM.[2]

This study was, therefore, conducted to appreciate the impact of NGOs actions on the prevalence, the complications and the opinions of people about law against FGM in rural regions deeply affected by this practice in Mali. The study should finally help to improve NGOs services by focusing actions against bottlenecks that will be identified. The benefit of study to society should be improving of population health through a best knowledge of consequences of FGM and the abandonment of this practice.

Methodology

It was a cross-sectional study conducted in the Districts of Kayes and Ségou from July 1st to September 30th, 2016. The survey was conducted in twelve blindly selected villages in each District. In each District we have chosen three villages where advocacy interventions have been done to eradicate FGM and three villages where no interventions are done.

Total female population (women and girls) in our study area was 1440. The target population for the study was parents/grandparents, girls, caregivers and women who performed circumcision. Girls aged from 0 to 18 years and women from 19 to 49 years who have been lived in the village for 2 years were included in the study. All the respondents corresponding to the inclusion criteria were included. The sample size required for the study was determined by using a 95% confident interval and a sample error of 5%.

Data have been collected and analyzed by using Microsoft Office (Word and Excel) and SPSS 12.0 version. Chi square and Fishers Exact test have been used according to their using conditions; p value < 0.05 has been considered significant. The sample of the study has been calculated from this formula:

$$N=Z^2\ PQ/i^2$$

N= is population size;
Z= is confidence interval = 1.96;
P= is prevalence of circumcision = 0.90
Q= 1-P ; 0
i = is precision 0, 05.
N=144 for each area.

Limitation of the study was related to its short duration and the diversity of investigators. Because of the respect of confidentiality and to safe guard of human right, the written informed consent of parents has been obtained for adolescents and women before their enrollment in the study. This consent has been translated from French to local tongue and explained before signing by people.

Results

The prevalence of FGM was 88.1% (1268/1440). In the area where NGOs intervene, the prevalence of FGM was 82.8 (n=659) against 94.6% (n=644) where no NGO intervene.

In the areas covered by NGOs, 378 cases (57.8%) of circumcision have been realized in the house of the cutting ladies vs 269 cases (41.1%) in parents' and 7 cases (1.1%) in a health center whereas cutting in villages not covered by NGOs, circumcision rates were respectively 45.5% (331 cases on 728) (cutting ladies' house), 38.2% (parents' house) and 2.6% (health center) (P = 0,008).

In areas not covered by NGOs, 55.7% (n=301) of parents who have been investigated (n=540) thought that children have no right about decision of their circumcision against 29.4% of cases (n=381) in areas covered by NGOs (p = 0.009). In both areas 69.3% of persons who have been investigated (n=984) thought that children had no right about decision of their circumcision (n=682) (p=0.002).

In the areas with NGOs, 60.7% (n=475) of investigated people (n=782) thought that a law against FGM is not necessary versus 86.3% (n=452) in areas without NGOs (n=524) (p = 0.000)

Discussion

Our global prevalence of FGC was very high; but it is higher than the rate reported in Malian DHS in 2013 (69.2%).[2] It is however similar than rate from the last DHS where around 89 % of women from 15

Table I: Age of circumcised respondents according to the presence or not of NGOs against FGM

	Areas with NGOs				Areas without NGOs			
	Circumcised		No circumcised		Circumcised		No circumcised	
	N	(%)	N	(%)	N	(%)	N	(%)
0- 4 yrs	158	14.3	211	49.8	324	32.5	97	48.5
5- 9 yrs	220	19.9	121	28.5	224	22.5	59	29.5
10-15 yrs	276	25.0	52	12.3	80	8.1	28	14.0
16-49 yrs	450	40.8	40	9.4	368	36.9	16	8.0
Total	1104	100.0	424	100.0	996	100.0	200	100.0

Table II: Complications of FGM according to the presence or not of NGOs against FGM

	Areas with NGOs		**Areas without NGOs**		**Total**	
	N	**%**	**N**	**%**	**N**	**%**
Dysuria	24	51.1	14	41.2	38	46.9
Cysts of vulva	11	23.4	8	23.5	19	23.5
Infection of vulva	5	10.6	4	11.8	9	11.1
Keloids	3	6.4	2	5.9	5	6.2
Bleeding	3	6.4	5	14.7	8	9.9
Narrowing of introitus	1	2.1	1	2.9	2	2.5
Total	47	100.0	34	100.0	81	100.0

Table III: Authors of decision to circumcise girls, reasons for FGM and qualification of persons who had practiced circumcision according to areas with or without NGO against FGM

Variables	Areas with NGOs		Areas without NGOs		Total	
	N	(%)	N	(%)	N	%
Authors of decision to circumcise girls						
Grandparent	510	55.4	184	21.8	517	29.3
Other member of family	270	29.4	221	26.2	381	21.6
Mother	81	8.8	396	46.9	319	18.1
Father	59	6.4	43	5.1	51	2.3
Total	**920**	**52.2**	**844**	**47.2**	**1764**	**100.0**
Reasons of FGM mentioned by person investigated						
Custom and tradition	461	50.1	442	52.4	903	53.1
Religion	249	27.1	233	27.6	482	30.5
Preservation of virginity	94	10.2	76	9.0	170	6.5
Faith	82	8.9	67	7.9	149	6.8
Hygiene	34	3.7	26	3.1	60	2.9
Total	**920**	**52.2**	**844**	**47.8**	**1764**	**100.0**
Qualification of person who has practiced circumcision						
Traditional cutting ladies	648	99.1	611	97.3	1259	98.2
Nurse/midwife	6	0.9	17	2.7	23	1.8
Total	**654**	**100.0**	**628**	**100.0**	**1282**	**100.0**

to 49 years were circumcised and 73 % of girls from 0-14 years were cutted.[6] However, this frequency was lower where NGOs performed. In Sharkia Governorate (Kenya) and in the Upper Egypt the rates of circumcision were respectively 85.5% and 89%.[5,7] Reported prevalence rates vary dramatically across and within countries. Highest reported prevalence rates are in Somalia (98%), Guinea (97%), Djibouti (93%), Sierra Leone (90%) and Mali (89%).[8]

Most of the studies reveal that FGC is mainly a cultural practice with diverse socio-cultural value.[3,5,7,9] Reasons for FGC mentioned in the table III confirm the socio-cultural motivation of this practice in our country. Similar results have been observed in Egypt where the most common motive was the religious cause (46.6%).[5] In Kisii, western Kenya, over 50% of respondents age 25 years and above felt that FGC is rite of passage.[3] In her study, Okemwa showed that the value of FGC as a rite of passage is significantly held across the major religious affiliations.[3] Those causes are often associated with other motives like family pressure (32%), decreasing daughters sexual desire (9.7%).[10] According to the opinions of respondents in the Malian DHS in 2018, most of population think that cutting is related to religion and must continue to be practiced. [6] This can explain why in the current study NGOs didn't influence the motive of FGC (table III) of which socio-cultural roots are very deep.

Because of actions of sensitization of NGOs, frequency of children under 5 years who have been circumcised was twice lower comparing to areas where NGOs didn't intervene. Globally, in Mali the rate of cutting among girls before 5 years stays high.[6] In Tanzania, prevalence rate of female genital mutilation among girls was estimated at 12% although it could be higher in more remote rural villages.[11] Data from literature confirm that procedure is usually done between the ages of 4 and 8 years, but sometimes in the first week of life or at prepuberty.[12]

Although in Mali, the father seems to be the first responsible of the family, he has been less implicated in the decision to practice FGC. The absence of the impact of sensitization among grandparents can explain our high rate of circumcision decided by this social category.

The overwhelming majority of the cutting in our study have been done in a house. This tendency is found among the Kissii in KENYA where most of the operations (77%) were done at home with only 17% performed in hospital.[3]

FGC has been associated with various health risks[3,5,11,13] (table II). Troubles of fertility, human immunodeficiency virus infection and psychological complications are some complications that are often associated to this practice.[14] It is widely considered as an act of gender-based violence as well as a human rights violation.[15] As WHO states, the practice has no health benefits, and it harms girls and women in many ways.[16] Over the last few decades, FGC has gained increased attention in policy and research due to its impact on women's health, including severe violation of human rights.[11] There was a positive impact of the presence of NGOs about the right of children to decide about their health.

In our country there is a law that condemns this socio-cultural practice. The appreciation of people about this law was influenced by the presence of NGOs. However, globally, people who have been investigated were not in favor of a law against FGM. Our results suggest that Malian government must mutualize actions of NGOs that should be directed towards bottlenecks noted in the current study. NGOs and professional associations must identify opinions leaders (religious, traditional speakers, customary chiefs) who will re-enforce actions against FGC in their own community. All those actions added to financial compensation of women who practice cutting should contribute to reduce rates of circumcision.

Prevention interventions against FGC should aim to create and sustain behavioral and attitudinal change within affected communities. The most frequent themes would be awareness-raising and professionals' role.[17] This includes continued promotion of community understanding and objection to FGM/C as a practice that is contrary to human rights, including the right to physical as well as reproductive and sexual health for women. [18]

Conclusion

The prevalence of FGC is high in our country, especially in the districts of Kayes and Segou. Decision to practice cutting is in the majority taken by the grandparents. Most of female cutting is done in the house and the common complications have been noted in the study. Sensitization of population by NGOs has some positive impacts to eradicate FGM. This study shows many bottlenecks in the fighting against FGM in our country.

A wide and sustainable information of population would help to change the behavior of population about this practice in our country. The results of this study will be presented to NGOs who work to eliminate FGM in Mali, members of Malian Gynecology and obstetricians' society, Malian association of midwives, UNFPA department and Malian health department. All of them should intensify actions of sensitization of population.

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