CHAPTER I

INTRODUCTION

1.1 Background and Significance of the problem

Female genital mutilation (FGM) is world wide problem – most of the girls and women who undergo genital mutilation live in 28 African countries although some live in Asia. Increasingly numbers are found as a result of migration in Europe, Australia, Canada and USA. It is estimated that there are at present over 120 – 130 million girls and women who underwent some forms of genital multination and that at least 2 million girls per year are at risk of mutilation (ELithabeth, 1994)

In Ethiopia, the practice of FGM/female circumcision (FC) is almost universal. It is prevalent among most social, ethnic, religious as well as age groups. FGM is considered a part of societal norms and values and is practiced in varying degrees throughout Ethiopia. FGM is practiced in almost all the regions an ethnic group but not by Begas of Welega and some part of Amhara region, Gojjam area, region 12, Gambella, Southern People Nation and Nationalities Region (SPNNR) such as Aezo, Dorze, Bonka, Shama, Gidole, and Konso districts.(World Health Organization [WHO], 1999)

The most severe type of FGM is **infibulation,** and practiced in Somali, Afar, Harari and some parts of Oromia region. The age at which girls are made to undergo FGM varies from region to region. In Amhara and in some parts of Afar, it is done during the first ten days of life. In Somali, Afar and Oromia, girls are subjected to

FGM between the age of seven to nine, or just before marriage between the ages of 15 to 17.(Missailidis & Gebre-Medhin, 2000)

The main reason given for support of the practice was to preserve the "true blood line" of a family - hence prominence is placed on girls'/women's' virginity and fidelity. Other reasons cited for the continuation of the practice included, economic gain the control of women by men the protection of the traditional male-only landholding patterns easier childbirth and aesthetics.(Bayoudh et al., 1995)

Non of the reasons named gives either individuality or together a sufficient explanation for the fact that the practice of FGM continue to exist, since many reasons disappear or have become out dated and significant numbers of respondents in studies can no longer came up with a valid reasons for carrying FGM, the reasons that remains is "because it has always been done"(United Nation [UN], 1995b)

FGM – practice is primarily found in area where there is much poverty, high child mortality, illiteracy, unsanitary condition, and where there is little in the way of health care facilities. Further more, the economic and social status of women characteristically. (ELithabeth, 1994)

1.2 Effects of FGM

FGM is associated with immediate, long term, pregnancy related, and psycho sexual complication. Immediate compression can cause death and include severe pain, shock, hemorrhage, tetanus or sepsis, urine retention, ulceration of genital region and injury to adjacent tissue.

Long term complication include formation of cyst, abscesses, and keloid scars, damage to the urethra resulting in incontinence, painful sexual intercourse, sexual

dysfunction, recurrent urinary tract infection, chronic pelvic inflammatory disease, & infertility – During child birth, survivors of female genital mutilation may require cesarean section or suffer obstructed labor leading to fetal death and/or vesico vaginal fistula & large perineal tears.

The psychological consequence of female genital mutilation may involves loss of trust and confidence in care –givers, feelings of incompleteness, an society, depression, chronic irritability & sexual problems, including increased opportunity for transmission of HIV infection to mutilated women who bleed during sexual intercourse.

1.3 Definition of operational terms

FGM - Definition

Female genital mutilation comprises all procedures that involve partial or total removal of the female external genitalia and/or injury to the female genital organs for cultural or any other non-therapeutic reasons.(Bibbings, 2006)

Types of FGM

Infibulations: The extreme form of FGM. It involves the removal of the entire Clitoris and both the labia (inner and outer lips of the vagina) the raw surfaces are then stitched together leaving only a small opening to allow passage of urine and menstrual blood.

Incision: the removal of the entire clitoris and part or all of the labia minora (Inner lips of the vagina) Crude stitches may be used to control bleeding or mud,

leaves and herbs may be applied directly on the affected area. Vaginal opening is left uncovered as a result of this cutting.

Clotoridectomy: involves cutting of the skin surrounding the clitoris with or without cutting part or the entire clitoris. When this procedure is done in infants and young girls, a portion of or all the clitoris and surrounding tissue may be removed.

Unclassified: includes pricking, piercing or incision of clitoris and/or labia. Stretching of clitoris and/or labia; cauterization by burning of clitoris and surrounding tissues, scraping of the vaginal orifice or cutting of the vagina, Introduction of corrosive substances into the vagina to cause bleeding or herbs into the vagina with the aim of tightening or narrowing the vagina any other Procedure which falls under the definition of FGM given above.

1.4 Objectives of the study

1.4.1 General objective

1. To describe the knowledge, attitude and practice of women on FGM
2. To determine the type of FGM practiced by the women

1.4.2 Specific objective

1. To determine prevalence of FGM and types commonly practiced by the women.
2. To determine their knowledge about FGM practice
3. To determine attitude of the women towards the FGM practice
4. To determine FGM – related complication experienced among women
5. To describe the decision maker on FGM practice

6. To describe women's opinion regarding the solution to tackle the problem

1.5 Research Question

What is the level of knowledge, attitude and belief on Female Genital Mutilation (FGM) in Somali Regional State of Ethiopia?

What are factors that influence the high prevalence of FGM in Somali Region?

Finally it is important to bear in mind that the Somali region is one of the most potential area of those practicing severe forms of FGM (Type III). So that, it is paramount importance to determine the knowledge, attitude and practice of women on female genital mutilation and its type in Jijiga town, Eastern Ethiopia of pastoralist community. As a result, perhaps, to establish potential area which need to be empowered or changed and reasonable strategies will be recommended to eradicate FGM practice from the region.

1.6 Conceptual framework for FGM

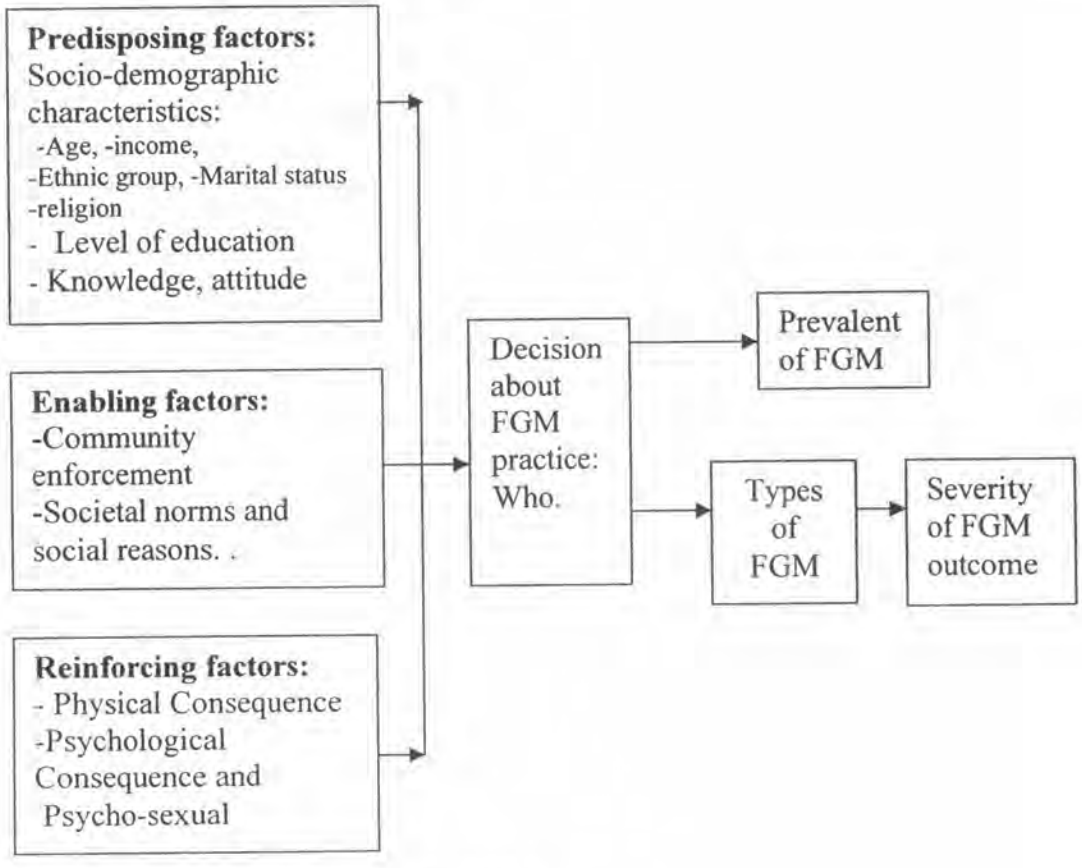

Figure 1: Conceptual framework for FGM