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Attitudes towards female genital mutilation among Sudanese men and women living in Saudi Arabia

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Summary

Objective: To assess the attitudes of Sudanese men and women who live in Jeddah, Saudi Arabia, towards female genital mutilation (FGM). *Materials and Methods:* A self-administered anonymous questionnaire was given to Sudanese men and women living in Jeddah, Saudi Arabia and attended the out-patients clinics of King Abdulaziz University Hospital to survey their attitudes towards FGM. *Results:* From March 2014 through February 2015, 580 Sudanese men and women were approached about participating in the study. Of these, 518 (89%) [252 (48.6%) men and 266 (51.4%) women] with a mean age of 39.76 years completed the questionnaire. The mean length of stay in Saudi Arabia was 16.55 ± 10.9 years and 179 (67.3%) women had FGM and 87 (32.7%) did not. Respondents were asked their opinion of FGM: 344 (66.4%) said they were against it, 132 (25.5%) said they were for it, 9 (1.7%) said they did not know, and 33 (6.4%) did not answer. When asked if FGM is a religious practice, 328 (63.3%) said no, 110 (21.2%) said yes, 63 (12.2%) said they did no know, and 17 (3.3%) did not answer. When asked if living in Saudi Arabia changed their views on FGM, 282 (54.4%) said yes, 202 (39%) said no, 19 (3.7%) did not know, and 15 (2.9%) did not answer. *Conclusions:* Community-led strategies to abandon FGM may help empower men and women to change their attitudes and critically examine their traditions.

Key words: Female genital mutilation; Attitudes; Sudanese; Saudi Arabia.

Introduction

The World Health Organization (WHO) has defined female genital mutilation (FGM) as "all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for cultural or any other nontherapeutic reasons". The WHO has classified FGM into four types: 1) type I (clitoridectomy) involves partial or total removal of the clitoris and/or the prepuce, 2) type II (excision) involves partial or total removal of the clitoris and the labia minora with or without excision of the labia majora, 3) type III (infibulation) involves narrowing of the vaginal orifice by cutting and repositioning the labia minora and/or the labia majora, with or without excision of the clitoris, and 4) type IV (miscellaneous) involves all other harmful procedures to the female genitalia for non-medical purposes, including pricking, piercing, incising, scraping, and cauterization [1]. Type I is subdivided into type Ia (removal of the prepuce only) and type Ib (removal of the prepuce and part or all of the clitoris). According to UNICEF, more than 125 million girls and women have been genitally mutilated in 29 countries in Africa and Middle East [2]. The overall prevalence is very high (more than 80%) in countries like Somalia (98%), Guinea (96%), Djibouti (93%), Egypt (91%), Eritrea (89%), Mali (89%), Sierra Leone (88%), and Sudan (88%). FMG is a form of violence against girls and women for the sake of customs, tradition, and religion. It has both short- and long-term complications [3]. Short-term complications include hemorrhage (5-62%), urinary retention (98-53%), and genital swelling (2-27%). Long-term complications include painful genital scarring, urinary problems like recurring urinary tract infections and obstruction, dyspareunia, and apareunia (78% of women) because the vagina has been narrowed and scar tissue is present, which can lead to tearing during intercourse, difficulties during menstruation, reduction in sexual functioning, psychological problems like post-traumatic stress disorder, anxiety, flashbacks, and increased domestic violence in Africa [4, 5]. Other complications include infections, infertility, and difficulties during pregnancy and childbirth [1]. Although FGM predates Islam, it has been erroneously linked to Islam. Evidence suggests that being a Muslim remains a significant predictor of perpetuation of the practice [6]. FGM is not performed in Saudi Arabia although it is the birthplace of Islam. The objective of this study was to discover whether living in Saudi Arabia changed the attitudes towards FGM of men and women from Sudan where the rate of FMG is 88%.

Materials and Methods

Ethical approval was obtained from the institutional review board of King Abdulaziz University Hospital, Jeddah, Saudi Arabia. Participants were recruited using consecutive convenient sampling techniques. Sudanese men and women living in Jeddah, Saudi Arabia, attending the out-patients clinics of King Abdulaziz University

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Table 1. — *Demographic and reproductive characteristics of study population**.

Variable	
Age (years)	39.76 ± l2.9
Men	252 (48.6)
Women	266 (51.4)
Relationship status	
Married	390 (75.3)
Single	106 (20.5)
Divorced	12 (2.3)
Widowed	10 (1.9)
Educational level	
≤ High school	209 (40.3)
≥ University	309 (59.7)
Income	
≤ 5,000 Saudi Riyals (SR) (1326 USD)	449 (86.7)
> 5,000 SR (1326 USD)	69 (13.3)
Stay in Saudi Arabia (years)	16.55 ± 10.9

*Data are mean ± SD or number (%).

Hospital, were given a self-administered anonymous questionnaire. A cover sheet attached to each survey indicated clearly the voluntary nature of the study and emphasized that the decision to participate would not affect healthcare. All participants signed the written informed consent. The survey included questions on demographics and FGM status and attitudes. Responses allowed on attitude items included yes, no, do not know, and did not answer.

Results

Between March 2014 and February 2015 a total of 580 Sudanese men and women were approached about participating in the study. Of these, 518 (89%) [252 (48.6%) men and 266 (51.4%) women] with a mean age of 39.76 years completed the questionnaire (Table 1). All respondents were Muslims. Of the 266 women participants, 179 (67.3%) had undergone FGM, of which 86 (48%) said their mother told them that they must have the procedure. Approximately one-third were told it was necessary by a non-parent family member, 28 (15.6%) did not know who mandated the procedure, and four (2.2%) said their father insisted on FGM. However, the majority (n=344; 66.4%) of both men and women were against FGM (Table 2), with a similar proportion (n=328; 63.3%) stating FGM is not a religious issue. The majority (n=282; 54.4%) said living in Saudi Arabia changed their views on FGM. The majority of men said they would marry a woman who did not undergo FGM (n=163; 64.7%), and would not divorce their wives if they underwent reconstructive surgery to correct FGM (n=200; 79.4%) (Table 3). Women were equivocal on reconstructive surgery, with 79 (29.7%) answering yes, 56 (21.1%) no, 82 (30.8%) did not know, and 49 (18.4%) did not answer.

Discussion

Sudan is considered among countries with a very high prevalence of FGM, with 88% of girls aged 15 to 49 reported by UNICEF to have undergone the procedure based on a 1989-1990 Demographic and Health Survey (DHS) of women in northern Sudan [2, 7]. In the present sample, the prevalence of FGM among Sudanese women living in Saudi Arabia was 67%. Over half (60%) of the study participants were university educated, and had lived in Saudi

Table 2. — *Attitudes toward FGM**.

	Yes	No	Do not know	Did not answer
Do you support the practice of FGM?	132 (25.5)	344 (66.4)	9 (1.7)	33 (6.4)
Are women with FGM more attractive than women without FGM?	259 (50)	119 (22.9)	105 (20.3)	35 (6.8)
Are women with FGM more protected from adultery than women without FGM?	139 (26.8)	320 (61.8)	39 (7.5)	20 (3.9)
Is FGM a cultural or social issue?	287 (55.4)	167 (32.2)	30 (5.8)	34 (6.6)
Is FGM a religious issue?	110 (21.2)	328 (63.3)	63 (12.2)	17 (3.3)
Is FGM a crime?	325 (62.7)	141 (27.2)	35 (6.8)	17 (3.3)
Is FGM important for				
− the marriage of your daughters?	130 (25.1)	318 (61.4)	12 (2.3)	58 (11.2)
− future husbands' satisfaction?	146 (28.2)	276 (53.3)	44 (8.5)	52 (10)
Has living in Saudi Arabia changed your views on FGM?	282 (54.4)	202 (39)	19 (3.7)	15 (2.9)

* Data are numbers (%).

Table 3. — *Men's stand on FGM**.

	Yes	No	Do not know	Did not answer
Will you marry a woman who does not have FGM?	163 (64.7)	66 (26.2)	14 (5.6)	9 (3.5)
What is your opinion on reconstructive surgery for FGM?	74 (29.3)	103 (40.9)	62 (24.6)	13 (5.2)
Will you divorce your wife if she undergoes reconstructive surgery for FGM?	22 (8.7)	200 (79.4)	11 (4.4)	19 (7.5)

* Data are numbers (%).

Arabia, where FGM is not practiced, for an average of 17 years. The overall FGM prevalence in the DHS survey among eldest daughters of women in northern Sudan who had at least one living daughter was 58%; however, it was over twice as high (63%) when mothers had no education compared with those whose mothers had a secondary education (31%) [7]. Data from surveys in 1989 through 2010 compiled in a UNICEF report showed that girls and women in Sudan with no education were almost four times as likely to support continuing FGM, compared to those who have at least secondary education [2]. The continuation of FGM is due to several complex cultural, social, sexual, and religious reasons linked to traditional beliefs and values [8]. In some communities, women who have not undergone FGM may be considered to be unsuitable for marriage [9]. Recent years have been marked by a change in approach to the information, education, and communication campaigns directed at the practice of FGM [10]. These global and national efforts to end FGM have resulted in a downward trend in some countries, although in others there still is little or no apparent change [11]. Studies have shown that the practice is still performed among Muslim populations [6, 12, 13]. The most severe type of FGM (type III or infibulation) is probably the most frequently used type in some countries, including Djibouti, Somalia, and Sudan [14]. Type III is not practiced by Saudis and is considered forbidden by Islam [15]. The attitudes of the Sudanese living in Saudi Arabia towards FGM, according to this survey, have changed, with 66.4% of those not supporting the practice and 54.4% responding that living in Saudi Arabia has changed their views on FGM. This is progress; however, more needs to be done. Some approaches to trying to curb the use of FGM include: providing information about the risks of the procedure, trying to get the women, called excisers, who perform the procedure to stop doing so, getting healthcare professionals to not perform the procedure and to properly treat women who have complications from it, suggesting different practices to celebrate a female child coming of age, getting the community involved to empower women and girls to resist FGM, making public statements regarding changing culture to eliminate FGM, and outlawing the practice [16]. It is also important to have a well-designed plan and a way to evaluate the outcomes. Therefore, it is of great interest to define processes or situations that can lead to a reduction in the incidence of this phenomenon in cultures where it is practiced.

With respect to the reconstructive surgery for FGM, the majority of men (n=200; 79.4%) said that they will not divorce their wives if they do it. Nevertheless, 22 (8.7%) men said that they will divorce their wives if they do it. This is a very important issue for counseling of the couple by health professionals, especially in the western cultures where the Islamic rules of divorce are not well known. A growing body of evidence suggests that reconstructive surgery can be beneficial to women and girls who had FGM. A large retrospective study of 2,938 women with FGM who underwent reconstructive surgery in France published in 2012, suggested that it resulted in reduced pain and restored clitoral pleasure. It concluded that reconstructive surgery "needs to be made more readily available in developed countries by training surgeons [17]. However, only 866 women (29%) attended the one-year follow-up visit. Most of the published studies are not prospective and suffer from lack of proper follow-up and failure to use standardized assessment methods of female sexual function. Therefore the lack of published adequate clinical trials to assess the efficacy of reconstructive surgery makes it difficult to adopt it as evidence-based practice.

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