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Original Research Article

Knowledge of and Attitudes to Female Genital Mutilation Among users of the Gynaecology and Obstetrics Service at the Reference Health Center of Commune I of Bamako, Mali

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Abstract: Female genital mutilation is harmful to girls and women in many ways. First and foremost, it is painful and traumatic, and the removal of normal, healthy genital tissue interferes with the body's natural functioning. They have a variety of immediate and long-term health consequences. The aim of this study was to investigate the knowledge and attitudes of female genital mutilation users (women) in the obstetrics and gynaecology department of the commune I reference health centre in the Bamako district. ***Methodology:*** This was a cross-sectional, prospective, descriptive study designed to investigate users' (women's) knowledge of and attitudes towards female genital mutilation. It took place from 1 November 2019 to 30 April 2020, a period of 6 months, in the gynaecology and obstetrics department of the reference health centre in Commune I of the Bamako district. We included all women admitted to the department for gynaecological or obstetric consultation after informed consent had been obtained. ***Result***: Out of a total of 188 female users, 176 of them were excised, a frequency of 93.6%. Female users reported having been excised as children in 93.9% of cases. Most users (59.6%) want to excise their daughters for traditional and religious reasons. Female genital mutilation (FGM), although practised by traditional excisers, is still being medicalised. The reason for FGM was unknown to 25.0% of the women surveyed. In 44.8% of cases, the users (women) had suffered a perineal tear during childbirth.

Keywords: Genital mutilation, users, perineal tear.

INTRODUCTION

Female genital mutilation (FGM) is referred to as a mutilating practice by the medical profession as a whole [1]. Excision is considered to be an injury to a woman's sexual and reproductive organs likely to cause immediate morbidity or mortality or to interfere later with a woman's sexual and reproductive functions [1].

According to UNICEF, more than 200 million women and girls worldwide have undergone genital mutilation, and 8,000 girls are at risk of being excised every day [2].

Female genital mutilation (FGM) is practised in at least 28 African countries, as well as in certain South-East Asian countries (Indonesia, Malaysia) and among certain immigrants from these countries and regions living in Europe, North America and Australia [3, 4].

Summary: Female genital mutilation is harmful to girls and women in many ways. First and foremost, it is painful and traumatic, and the removal of normal, healthy genital tissue interferes with the body's natural functioning. They have a range of immediate and long-term health consequences.

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The aim of this study was to investigate the knowledge and attitudes of female genital mutilation users (women) in the obstetrics and gynaecology department of the commune I referral health centre in the Bamako district.

Methodology: This was a cross-sectional, prospective and descriptive study aimed at studying the knowledge and attitudes of users (women) regarding female genital mutilation, which took place from 1 November 2019 to 30 April 2020, a period of 06 months in the gynaecology and obstetrics department of the commune I referral health centre in the Bamako district. We included all women admitted to the department for gynaecological or obstetric consultation after informed consent had been obtained.

Female genital mutilation (FGM) is a cultural practice in Malian society. Its prevalence remains high, at 85% and 89% respectively according to the Demographic and Health Survey of Mali (EDSM-V in 2012) and (EDSM-VI in 2018), with 54% of mutilations performed before the child's first year of life [5, 6].

Female genital mutilation (FGM) is practised for a variety of socio-cultural reasons, which vary from one region to another and from one ethnic group to another, but the main reason for the practice is that it is part of a community's history and cultural tradition [7].

The Malian government, while recognising the need to adopt a law prohibiting and punishing female genital mutilation, favours raising awareness and educating the population, as the application of these repressive measures cannot be guaranteed without the support of all sections of society [8].

In order to understand the problem, we initiated this study to evaluate the knowledge, attitudes and practices regarding female genital mutilation by users of the obstetrics gynaecology service of the referral health centre in the commune I district of Bamako.

MATERIALS AND METHODS

Our study took place in the obstetrics and gynaecology department of the commune I referral health centre in the district of Bamako. This is a second-level referral facility in Mali's health pyramid. This was a cross-sectional, prospective and descriptive study aimed at studying the knowledge and attitudes of users (women) with regard to female genital mutilation. It took place from 1 November 2019 to 30 April 2020, a period of 6 months. The study population consisted of users (women) admitted for consultation in the obstetrics and gynaecology department after obtaining informed consent and assurance of guaranteed confidentiality of data.

The data were analysed using SPSS version 25 software.

RESULTS

During the study period, we interviewed 188 users who came for gynaecological consultations, of whom 176 (93.6%) had undergone female genital mutilation (FGM).

Table I: Breakdown of users (women) by socio-demographic characteristics

Socio-demographic characteristics	Number (N=188)	Frequency (%)
Age		
≤ 19	28	14,9
20 – 29	100	53,1
30 – 35	33	17,6
> 35	27	14,4
Marital status		
Single	4	2,1
Married	183	97,3
Divorced	1	0,6
Level of education		
Primary	28	14,9
Secondary	76	40,4
Superior	21	11,2
Out of school	63	33,5

Table II: Distribution of users' knowledge of the ban on excision in Malian health facilities

Knowledge of the ban	Number	Frequency (%)
Yes	72	38,3
No	116	61,7
Total	188	100,0

Table III: Breakdown of users (women) surveyed according to whether or not they had been excised

Excised Users	Number	Frequency (%)
Yes	176	93,6
No	8	4,3
Don't know	4	2,1
Total	188	100

Table III: Breakdown of users (women) according to their knowledge of the time of excision

Period of excision	Number	Frequency (%)
Childhood	169	96
Adult	4	2,3
Don't know	3	1,7
Total	176	100

Table IV: Breakdown of users according to the status of their daughters in terms of excision

Girl excised	Number	Frequency (%)
Yes	101	53,7
No	87	46,3
Total	188	100,0

Table V: Qualification of the agent of the excision of the girls according to the users (women)

Qualification	Number	Frequency (%)
Health agent	5	5,0
A traditional excisor	96	95,0
Total	101	100,0

Table VI: Breakdown by reason for excision of girls

Reason for excision	Number	Frequency (%)
Ignored	47	25,0
Respect for tradition	37	19,7
Reducing a woman's sexual desire	36	19,1
Respect for religion	25	13,3
A woman's fidelity	25	13,3
making women clean	13	6,9
Facilitates childbirth	4	2,1
Not pretty, needs to be removed	1	0,5
Total	188	100,0

Table VII: Breakdown by responsible for deciding on the excision of girls

Decision-Maker	Number	Frequency (%)
Father	53	52,5
Mother	19	18,8
The grandmother	17	16,8
The grandfather	10	9,9
Traditional excisor	2	2,0
Total	101	100,0

Table VIII: Breakdown of complications of female excision according to users

Response	Number	Frequency (%)
Yes	3	3,0
No	98	97,0
Total	101	100,0

Haemorrhage was the only complication reported by users

Table IX: Breakdown by inconvenience associated with female genital mutilation (FGM) cited by users

Inconvénients	Number	Frequency (%)
Frigidity	4	2,1
Infection	11	5,8
Sterility	5	2,6
Deaths	1	0,5
Difficulty in childbirth	3	1,6
Haemorrhage	14	**7,7**
Don't know	150	79,7
Total	188	100,0

Table X: Breakdown of users according to the difficulties that an unexcised woman might encounter in life

Difficulties encountered	Number	Frequency (%)
Infidelity	27	14,4
Difficulty in childbirth	21	11,1
Social exclusion	9	4,8
Dyspareunia	3	1,6
Don't know	128	68,1
Total	188	100,0

Table XI: Breakdown by answer to the question ‘’Is female excision compulsory?’’ According to users

Compulsory excision	Number	Frequency (%)
No	76	40,4
Yes	112	59,6
Total	188	100,0

DISCUSSION

In our study, of the 188 women surveyed, 176 had undergone excision, a prevalence rate of 93.6%. This prevalence is higher than those found in Mali's demographic and health surveys (MDHS V - 2012 and MDHS VI- 2018) on excision, which are 84.5% and 89% respectively [6 ; 5].

The age group most affected in our study was 20-29 year olds, or 53%, with an average age of 27 for users. Our results were similar to those found by Kanté I. [9] and the Mali Demographic and Health Survey (MDHS VI) [6], which were 51.1% in the 14-19 age group and 82.4% in the 15-19 age group respectively. We noted 33.5% of users not attending school. This result is lower than that of TRAORE.F [10] who found that 54.3% of mothers did not attend school. This difference could be explained by the methodology used for each study, more specifically the survey location.

Despite the signature of the letter of 16 January 1999 from the Ministry of Health banning excision in medical settings in Mali, six (6) out of ten (10) women surveyed were unaware of this ban.

Female users reported having been excised as children in 96% of cases. This result was similar to that found by TRAORE A. [11], who found that 89% of girls were excised before their first birthday.

However, according to the report of the Demographic and Health Survey of Mali (MDHS VI) [6], for around three quarters of excised women (76%), excision took place before the age of 5, including in early childhood.Parmi les patientes enquêtées 53,7% des femmes avaient des filles excisées.

This result is lower than that of the Mali Demographic and Health Survey (MDHS VI) [6], which found that 73% of girls had been excised when their mothers were interviewed. This difference could be explained by the selection criterion used by MDHS VI, which was the 0-14 age group for girls.

Excision was carried out by a traditional excisor in 95% of cases, compared with 5% by health professionals. Our results are comparable to those of hospital studies conducted by Kanté I. [9] who found 3.8% of excision by health workers and Sidibé A. [12] with 6.2% respectively in 2001 and 2004.

Although the involvement of healthcare workers in the practice of female genital mutilation (FGM) is low, it is still a reality in Mali.

Female genital mutilation is still practised in Mali because the majority of the population believes that this is what society demands and that it cannot be circumvented. According to the patients surveyed, the reasons for this practice (19.7%) were linked to respect for tradition, to reduce sexual desire (19.1%), and in (13.3%) related to respect for religion and for women's fidelity, (6.9%) related to women's hygiene. However, 25.0% of the patients surveyed did not know the reason for the excision.

Traoré A. [11], found 32.4% for religion and 8.6% for the woman's fidelity The decision to excise was made by the father in 52.5% of cases, by the mother in 18.8% and by the grandmother in 16.8%. These results are similar to those of Diakité F. L. [13], who found similar results, respectively 40% and 39.3%.

The majority (59.6%) of women disagreed with this ban. This result is comparable to those found by ATJI F. [14] and Mali Demographic and Health Survey (MDHS VI) [6], which respectively found that 77.2% of women were in favour of continuing excision and 76% of women said that excision should continue. These results show the need for action to change attitudes towards the practice of excision.

CONCLUSION

Female genital mutilation remains a public health problem. Education, raising public awareness of the dangers of this practice and fully subsidising the cost of dealing with its after-effects could yield desirable results in the fight against this practice.

Conflict of Interest: None

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