



Social issues in reproductive health

A community based study on the change of practice of
female genital mutilation in a Sudanese village

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Abstract

Objective: To investigate the practice of female genital mutilation (FGM), among young and old parents. *Methods:* One hundred and twenty young parents and grandparents in a rural area in central Sudan were randomly selected for interviews carried out according to structured questionnaires with open answer possibilities. *Results:* All female respondents had undergone FGM. Of the young respondents, 44% had decided not to let their daughters undergo FGM. Young fathers were more involved in the decision process than previously known, especially when decisions were taken not to perform FGM. Tradition and social pressure were the main motives for performing FGM. Sexuality was an important aspect, mentioned both as motives for and against FGM. Religious belief and education level significantly affected to what extent FGM was practiced. *Conclusion:* This is the first community based study of FGM indicating a significant shift in practice between generations, young parents starting to question the value of FGM. © 2001 International Federation of Gynecology and Obstetrics. All rights reserved.

Keywords: Female genital mutilation; Female circumcision; Practice; Motives; Men; Sudan

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1. Introduction

Female genital mutilation (FGM) in any of its forms is a painful fact of life for approximately 120 million girls and women around the world and another 2 million are at risk of FGM every year [1]. FGM is practiced mainly in north-east Africa, but also in some areas in western Africa, in southern parts of the Arabian peninsula, along the Persian Gulf, and among some migrants from these areas to Europe, North America and Australia [1].

Sudan is one such country where the practice of female genital mutilation is widespread. More than 90% of the women in northern Sudan have undergone FGM, most of whom by infibulation [2]. A large survey about FGM in northern Sudan in 1982 showed that the community was in favor of the continuation of the practice. Those who were against the practice tended to be young and/or well educated [3].

The aim of this study was to investigate the practice of FGM in a rural area in Sudan, and to determine what factors influence this practice among men and women of a young parental generation and a generation of grandparents.

2. Subjects and methods

The study was carried out in a village in the Gezira scheme along the Blue Nile, where the development project 'Sudan Village Concept Project' was underway. The survey was presented to the villagers as an activity of the development project.

There were approximately 3600 inhabitants in the Gezira village, all of them Muslims. Fifty percent were under 15 years of age. Approximately 70% of the villagers were women, the deficit of men being due to lack of work possibilities forcing them to migrate to other regions.

Four groups of villagers were interviewed: (1) married women 30 years of age and below; (2) married men 35 years of age and below, or older if their eldest daughter (or eldest son if they did not have a daughter) was less than 4 years old, or if they did not have any daughter, or if their

eldest son was less than 4 years old; (3) grandmothers; and (4) grandfathers (the latter two groups independent of age). The age limits for the different groups were established considering that people marry relatively late in this part of Sudan and that FGM is generally not performed before 5 years of age in this area.

In order to avoid selection bias, the respondents were randomly selected from up-dated election lists, except for the young men, where all men in the village fitting the criteria for group 2 were interviewed.

Everybody who was asked to be interviewed agreed except one elderly man. Three elderly women could not participate due to disease. Additional respondents were randomly chosen from the election lists to replace them. In total, 119 respondents were interviewed, 30 young women, 30 grandmothers, 29 young men and 30 grandfathers.

The interviews took place during the period 25 March to 8 May 1997, and were carried out according to pretested questionnaires. Confidentiality was guaranteed before the start of each interview. They were carried out at home by interviewers of the same sex, who were all known in the village from their work in the development project. The interviews were carried out in English and translated into Arabic.

Significance testing of differences between proportions was conducted using the Chi-square test where applicable, with a value corresponding to $P < 0.05$ for significance where not stated differently. Fisher's exact test was used when numbers were equal to or less than five.

3. Results

The age distribution is shown in Table 1. Most of the respondents in the older groups did not know their exact age. They tended to underestimate their age, which is probably reflected in the figures. In the younger groups, the median age of the oldest child was 3 years for the men (with the oldest child being 15) and 4 years for the women (with the oldest child being 13). Two young men and three young women had not yet had children.

Table 1
Age distribution of the respondents

	Median age	Range
Young women	26	20–30
Grandmothers	60	45–85
Young men	35	26–43
Grandfathers	65	50–82

There was a large difference between the young and older groups in terms of their level of education. Many grandparents were illiterate, but none of those in the younger groups; hence, comparisons related to education level did not include the older groups. The education levels for the different groups are listed in Table 2.

Almost all grandfathers were farmers, but only one-third of the young men. In the latter group there were many workers and some merchants. All the grandmothers were housewives and had no occupation outside the house, but this was true for only two-thirds of younger women. The rest worked as teachers, health staff or students.

More men than women thought that there was religious support for FGM (56 and 33%, respectively, $P < 0.03$). Only 27% of the younger women found support for FGM in Islam, compared with 55% of young men. There is no significant difference between the young and older groups in this regard. Most of those who believed in support for FGM in Islam related it to clitoridectomy, the form they called sunna. Twenty-two percent of all believed that FGM is against the teachings of Islam (young women 20%, older women 17%, young men 28%, and older men 23%). Level of education did not affect to what degree young people believed in support for FGM in Islam.

All interviewed women had undergone FGM; all were infibulated except one young woman who had undergone clitoridectomy. All grandparents had let their first daughter undergo FGM. Thirty percent of young women and 53% of young men were sure that their daughter should undergo FGM, whereas 50% of young women and 38% of

Table 2
Level of education (highest level attended) in the different groups

	Young women		Grandmothers		Young men		Grandfathers	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Illiterate	–	–	20	67	–	–	5	17
Koran school	–	–	–	–	–	–	17	57
Primary school	2	7	10	33	7	24	4	13
Intermediate	10	33	–	–	4	14	3	10
Secondary	15	50	–	–	12	41	–	–
University	3	10	–	–	6	21	1	3
Total	30	100	30	100	29	100	30	100

Table 3
Preferred form of FGM by those who let or will let their daughter undergo FGM

	Young women		Grandmothers		Young men		Grandfathers	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Clitoridectomy	14	93	1	3	16	89	4	13
Intermediate	1	7	3	10	–	–	1	3
Infibulation	–	–	25	83	1	5,5	19	63
Unable to specify	–	–	1	3	1	5,5	6	20
Total	15	100	30	100	18	100	30	100

Table 4
The individuals behind the decision to perform FGM

	Young women <i>n</i> = 9	Grandmothers <i>n</i> = 30	Young men <i>n</i> = 18	Grandfathers <i>n</i> = 30
Mother	6	21	7	20
Father	–	1	4	2
Both parents	3	8	3	1
Other answers	–	–	4	7

young men had decided not to let their first daughter undergo FGM. At the time of the study, only two of the young men and four of the young women had let their eldest daughter undergo FGM. This had been carried out between 4 and 7 years. The grandparents' daughters underwent FGM at the median age of 7 years, ranging from 2 to 12 years.

There had been a shift from infibulation, preferred by previous generations, to clitoridectomy, which was the form predominantly preferred by the younger generation ($P < 0.001$) (Table 3). Out of the young respondents who had already let their daughters undergo FGM, four chose clitoridectomy, one intermediate and one infibulation.

The level of education played an important role in the young women's decisions. Significantly more of those with higher education (secondary school and university) did not want to let their daughters undergo FGM ($P < 0.03$). There was no such difference related to level of education among young men.

Religious interpretation of FGM was of vital importance when considering whether their daughter should undergo FGM or not. Significantly more of those who believed in religious support for FGM would let their daughter undergo the procedure than of those who did not believe in this support ($P < 0.01$).

The decision makers in cases of FGM are listed in Table 4. While the girl's mother was said to be the decision maker in most cases of FGM, the girl's father was more involved when there was a decision not to perform FGM. Out of the 11 young men who did not intend to let their daughter undergo FGM, eight said that they themselves were behind that decision. The other three said that both parents had made the decision. Of the 15 young women who intended not to let their daughters undergo FGM, eight said that this was a decision taken by both parents together, six answered that they themselves were behind that decision and one said that the child's father had refused.

The answers to the question about motives for

Table 5
Answers to the question: why do you think people perform female circumcision?^a

	Young women	Grandmothers	Young men	Grandfathers
Tradition	11	23	18	20
Ensure virginity/decrease sexual desire	7	3	19	6
For the future husband/satisfy husband/men prefer it	16	9	2	2
Socially important	7	6	1	3
Women tradition/grandmothers push	4	2	2	1
Increase fertility/Good for health/cleanliness	4	4	–	2
Religious reason	–	–	4	7
Other reason	2	3	–	1

^aAnswered by all subjects. Some individuals gave more than one answer.

Table 6
Motives mentioned for letting own daughter undergo FGM

	Young women <i>n</i> = 9	Grandmothers <i>n</i> = 30	Young men <i>n</i> = 18	Grandfathers <i>n</i> = 30
Tradition	1	12	5	21
Socially important	11	10	7	8
For the future husband	3	6	2	3
Less severe form to avoid sufferings of infibulation	2	1	5	1
Women tradition/grandmothers push	2	1	3	–
Ensure virginity/decrease sexual desire	1	–	2	1
Religious reason	–	–	2	2
Other reason (health, fashion, beauty)	1	1	–	2

performing FGM are listed in Table 5. Note that this was a general question about others' motives answered by all subjects, i.e. even those who did not agree with the practice, whereas in Table 6 the personal motives for letting their own daughter undergo FGM are listed. The motive for those who did not want their daughter to undergo FGM, was simply that they wanted her to avoid the suffering that FGM causes, sometimes specified as avoiding problems of delivery.

4. Discussion

The majority of the randomly selected individuals were willing to participate in the study; only one out of 120 refused to participate. Many respondents spoke openly about sensitive subjects, such as sexuality. All this is unusual in earlier studies, where there have been problems with people unwilling to take part in the interviews or unwilling to answer particular questions [2,4]. The open attitude of the respondents might be a result of the way the study was performed. Everybody working with the study lived in the village during that time and took part in everyday village life. In addition they were closely connected to the development project with activities in the area.

4.1. Practice

While those in the grandparents' generation all performed severe FGM on their daughters, as many as half of younger women and more than

one-third of younger men had decided not to let their daughter undergo FGM. To our knowledge this high proportion deciding not to perform FGM on their daughter has not previously been reported from Sudan.

It is important to note the shift from infibulation to clitoridectomy that has taken place. According to many villagers this change began approximately 10 years ago, which predates the development project's activities in the area. Several other studies performed in Sudan have noticed this change [2,4,5].

In spite of the fact that women to a large extent, still think that they alone decide about FGM, FGM can no longer be considered to be only a woman's matter. Young men see themselves as actively involved in the decision process of FGM to a larger extent than older men do. In previous studies fathers have been described as playing a passive role in the decision of their daughters' FGM [3,4]. Now, however, it seems as if at least the young men try to become more involved in this. A Sudanese study [4] identified the fathers to be the main source of objection against the practice when FGM was not performed. Our results support this finding by showing that the fathers were involved in most decisions not to perform FGM. It is important to consider this and to actively involve men in future campaigns against FGM.

4.2. Religious influence

It is known that there is no authenticated Is-

lamic support for FGM. On the contrary, because FGM inflicts harm, it should not be performed according to Islamic rules. In practice the religious dimension of FGM is very complicated, because of the cultural, social and language aspects. All these aspects are tightly linked together in Sudan and cannot be considered one-by-one. The terms traditionally used to describe various forms of FGM in Sudan, circumcision, tahour and sunna, also carry religious meanings. Thus, it is not strange that many relate the practice to Islam. Those who believe in support for the practice in religion also tend to perform it to a higher degree. The important roles of religious belief and the religious meaning of the terms traditionally used to describe FGM show the importance of involving religious leaders in campaigns against FGM.

In other surveys from Sudan, religion has been found to be one of the main motives for performing FGM [2,6]. In this study, however, tradition and social importance, rather than religion, turn out to be the main motives for performing FGM. In spite of the complex religious context of FGM, less than half of the respondents believed in support for FGM in Islam and many believed FGM to be against the teachings of Islam. Even among the older groups who had all let their daughters undergo FGM, one out of five believed that the practice was against their religion. This indicates that the social and traditional impact of FGM is even stronger than that of religious rules.

Many were uncertain whether or not to let their daughters undergo FGM, and the social importance was said to be a determining factor in the decision process. Most in this group did not want to, but thought it would be socially impossible not to do it. What they did not know was that there were girls in the village who had not undergone FGM and also had passed the normal age for the procedure and, thus, probably would not have to face it.

4.3. Sexuality and marriageability

Marriageability is often mentioned as one of the main reasons for performing FGM [1,7–9]. In

this study, however, the motives were tradition, social importance and avoiding complications rather than ‘for the future husband’. More women than men answered that people should allow FGM be done for the future husband. Our previous research indicates that there might be a misunderstanding between the sexes concerning the value of performing FGM related to marriageability. In the same area a majority of young men would have preferred to marry a woman without FGM [10]. Thus, an efficient way to counteract FGM might be to simply facilitate communication of already existing attitudes and motives. This would also counteract the social pressure to perform FGM.

4.4. Education

The women’s movement is restricted and they are thus not subjected to influences from others to the same extent as men are. On the other hand, the fact that younger women have higher education and work outside the household probably affects their attitudes. The importance of occupation and the exposure and social interaction this brings has been stressed before by Sudanese researchers [4].

Several authors have written about the decisive role of the level of education for the practice of FGM [4,11–14]. According to the WHO [8] illiteracy is one of the determining factors for the continuation of FGM. Illiteracy combined with poverty among women aggravates the problem [15]. Also in this study, there were significantly more young women with higher education who did not want to let their daughters undergo FGM than those with lower education. This supports previous studies indicating that the level of education for women should play a decisive role in future projects to eradicate FGM.

5. Conclusion

Until recently, the social consequences of not letting daughters undergo FGM have been perceived as enormous. This is the first community based study of FGM indicating a significant shift

in practice between generations, young parents starting to question the value of FGM. Possible strategies to counteract the practice have been identified. The role of men in this aspect needs more attention.

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