ISSN: 2573-9565

Review Article

Journal of Clinical Review & Case Reports

Female Genital Mutilation in Sudan: Different Perspectives

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Submitted: 26 Oct 2019; **Accepted**: 31 Oct 2019; **Published**: 05 Nov 2019

Abstract

Female genital mutilation (FGM) or female circumcision comprises all procedures that include partial or total removal of the external female genitalia, or other damage to the female genital organs for non-medical reasons. FGM is still widely practiced in Sudan; it is a cultural rather than religious practice. It has many complications especially for those who developed with disorders of sexual development. It has immediate complications like bleeding and long-term consequences (health and psychological). Thus, more efforts should be exerted to help in eradication of FGM; these could be through workshops, social media, and information media. Moreover, psychological assessment and treatment could be offered to those victims with female genital mutilation.

Review

World Health Organization define female genital mutilation) genital cutting, or female circumcision) as "all procedures that involve partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons [1].

WHO classified female genital mutilation into four types [2]:

- **Type I:** Clitoridectomy, based on removal of part or all of the clitoris and/or its prepuce.
- **Type II:** Excision, the clitoris and labia minora are partially or totally cut, with or without removal of the labia majora.
- **Type III:** Infibulation, also known as pharaonic (the most severe form). This type based on narrowing the vaginal orifice with creation of a covering seal by cutting and appositioning the labia minora and/or labia majora, with or without removal of the clitoris. The appositioning of the wound edges consists of stitching or holding the cut areas together for a certain period of time (e.g girls' legs bound together), to create the covering seal. A small opening is left for urine and menstrual blood to pass. An infibulation must be opened either through penetrative sexual intercourse or through surgery.
- **Type IV:** This type consists of all other procedures to the genitalia of women for non-medical purposes, such as pricking, piercing, incising, scraping and cauterization.

Female genital mutilation is considered as gender-based violence (violence against women) which is defined as any performance results in sexual, psychological, or physical harm to women including threats of such acts of coercion, or arbitrary lack of liberty, whether occurring in public or private life (United Nations General Assembly, 1981) [3].

Usually, traditional practitioners with no formal medical training, such as midwives, nurses, or other medical personnel, carry out female genital mutilation. This practice is usually carried out without anesthesia, using crude tools such as razor blades, scissors, or knives [4].

Female genital mutilation has many complications; it could be immediate or late complications, with lifelong physical and psychological impacts. In 2013, a Sudanese study carried out on 2000 women revealed that pain and bleeding were the most common immediate complications, in which some of them needed blood transfusion. Other complications were septicemia, acute urine retention, major wound sepsis, and urethral injury. The most severe late complications were low vesico-vaginal fistula, urinary bladder diverticulum, tight urethral stricture, urinary tract infection, secondary vesical stones, urinary bladder squamous cell carcinoma which may be due to recurrent infection, stasis and irritation leading to squamous metaplasia, or it may accompanying Bilharziasis [5].

Other drastic problem may occur in cases of circumcised male child with disorder of sexual development (DSD) who reared as a female. DSD are defined as inborn disorders in which development of gonadal, chromosomal, or anatomical sex is atypical [6]. In these cases the baby may be born with an ambiguous genitalia making diagnosis challenging. Hence, if the child wrongly assigned as a female, an extremely terrible unavoidable future event may occurs. A study carried out by Samia et al (2006) in Sudanese patients with DSD discussed different such cases; some of them were males grown up as females and subjected, mistakenly, to a partially or complete amputation of penis during circumcision [7]. Other circumcised DSD case who was misdiagnosed as a female was subjected to

surgical removal of testes resulted in tragedy that the patient tried to get suicide.

Regardless of these different catastrophes, but some people in Sudan, especially in rural areas still believe in female circumcision; It is considered as a symbol for female fertility; and many Sudanese women who have undergone infibulation are usually re-infibulated after giving birth [8].

Also in these societies, female genital mutilation may reflect female decency and dignity, it is thought to ensure virginity before marriage, since, and uncircumcised female is considered as hypersexual, beside, it is an undesirable characteristic in the context of marriage [7, 9]. Others think that female genital mutilation is required for hygiene and aesthetic purposes concerning female external genitalia.

Female genital mutilation is a cultural rather than religious practice. Although Sudan was the first African country that criminalizes Type III of female genital mutilation, and moreover, since 2002, midwives and doctors are forbidden from performing all forms of female circumcision, but unfortunately the prevalence of Sudanese women (aged 15–49 years old) is 86.6%; having the highest prevalence in the north-west; North Kordofan (representing 97.7%) [10, 11].

Concerning management of female circumcision, many programs were held. The National Strategy to fight Female Genital Mutilation, 2008–2018, was acted as a corporation between government and civil-society organizations to confer different aspects of female circumcision: religious, health, cultural and social.

Some programs supporting Sudan government to eradicate female circumcision was established five years ago by WHO, UNICEF, and UNFPA, funded by United Kingdom and Northern Ireland's Department for International Development (DFID) [12].

Religious leaders and policymakers should be enrolled in eradication of this practice. Female genital mutilation should be banned by law, and any one performed circumcision should face stiff penalties. Obstetricians, gynaecologists and midwives should receive obligatory training on management of female genital mutilation.

Conclusion

Last but not least, more efforts should be exerted to help in eradication of female circumcision; young girls must be educated about the risks of female circumcision. Many programs should be carried out, especially among not well-educated communities, to clarify the awful consequences of this practice in Sudan; these could be through workshops, social media, and information media. Moreover, psychological assessment and treatment could be offered to those victims with female genital mutilation.

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