

Severity of Female Circumcision in Sudan: Evidences from DSH data.

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Extended Abstract:

Female circumcision is widely practiced in majority of African Countries. It is estimated that around the world there are between 100 and 132 million girls and women have been subjected to female circumcision. Each year, a further 2 million girls are estimated to be at risk of the practice. It has been observed in all regions of Sudan practice of female circumcision is prevalent. Female Circumcision involving partial or total removal of external genitalia, in three forms, called: Sunna, Intermediate, and Pharaonic. Sunna circumcision encompasses incisions where parts or all of the prepuce, clitoris and labia minora may be removed. Pharaonic circumcision, which consists of removing the clitoris, labia minora and labia major and sewing the two sides of the wound together. Pharaonic circumcision involves closing of the vagina by various means so that only small opening is left for passage of urine and menstrual blood. The third type lies between Sunna and Pharaonic circumcision in procedure where in the opening left may be slightly larger. The traditional birth attendant does most of the circumcision procedure at home. The immediate complications include sever pain, shock, haemorrhage, tetanus or septic, urine retention etc. In some cases haemorrhage and infection complications may lead to death. Legislation was passed in 1946 banning practice of circumcision, especially Pharaonic type. After long discussions and seminars in the past and World Health organization seminar in 1979, an explicit policy to abolish the practice of circumcision has been recommended. In ICPD, Cairo (1994) it was well documented to eradicate female circumcision and brought out "Ethical" issues about the circumcision. WHO has advised that circumcision (female genitalia cutting), in any forms, should not be practiced by any health professional in any setting (Best; 2001). Still in the recent DEMOGRAPHIC HEALTH SURVEY (DHS), SUDAN (1989/90) reveals that 89 percent ever married women had circumcision and 96 percent reported in the 1977-78 Sudan Fertility survey, reason can be broadly classified as: 1) Psychosexual viz: maintain chastity and virginity before marriage, fidelity during marriage and increasing male sexual pleasure, 2) Social viz: social integration and the maintainer of social cohesion, 3) Hygiene viz: to promote hygiene and provide aesthetic appeal to the genitalia 4) Myths viz: enhancement of fertility and promotion of child survival and 5) religious reasons.

Main objective of this investigation is to examine the background characteristics of circumcised and non-circumcised women for their reasons preferring the procedure, reasons for attitudes, suggestions for eradication and husband's attitudes towards the practice of circumcision. To achieve the above objective data would be derived from SUDAN DEMOGRAPHIC HEALTH SURVEY 1989/90. It has been hypothesized that: a) Male prefer circumcised women for marital life, means that males should not marry for second time if they had married a circumcised women, b) circumcision increases child survival, means that children ever born and surviving should be more among circumcised than non-circumcised women, c) circumcised women would have more reproductive health problem (gynecological morbidity) than non circumcised women.

Out of 5860 ever-married women in Sudan 89.2 percent circumcised (DHS). Balk (2000) analyzed the effect of female circumcision on fertility and divorce from the DHS Sudan data. Larsen, U (2002) explores the association between type of female circumcision and infertility and fertility with modified sample data and concludes that though women with Pharaonic or intermediate circumcision may be associated with higher primary infertility while there was no evidence suggesting that either secondary infertility or fertility was associated with a women's circumcision status. Mazharul Islam and Mosleh Uddin (2001) studied

female circumcision in Sudan from the data collected from base line survey on reproductive health and the results reveals that majority of women circumcised and there is a small but significant shift from Pharaonic to Sunna circumcision. Social custom is the most commonly cited reason for favoring continuation of female circumcision.

Above studies have discussed about the impact of fertility, infertility by using DHS data and the factors influencing female circumcision by using independent baseline data of 1000 sample women. Further a work done by Carr D(1977) on Female circumcision in Egypt, Eritrea, Mali and Sudan, comparing situation among these selected countries is available.

In this present study to achieve above stated objective, DHS data of Sudan has been analyzed. Background variable such as current age of women, education, literacy, religion, place of living, place of child hood residence, marital status, total children ever born, children living, household size, husband's occupation, education, number of daughter circumcised, opinion about continuation of circumcision, why circumcision to continue, why to continue, why opposed, reasons for abolish by Non circumciser and Circumciser women has been collected. Further above information has been collected by three types of circumciser.

Chi-square test to establish the association between Non-circumcisions with circumcision women has been done. By using Logit regression (binary) influence of background variables on circumcised, has been examined. Further different types of circumcised procedures with the background variables would be discussed.

Results revealed that around 89 percent women circumcised in Sudan. Among the circumcised women, 82 percent were had Pharaonic type, large number of rural women etc. The process of circumcision starts as young as 4 and ends at 11 or 12 years of girls, analysis with current age will have no bearing on interpretation. Therefore the attitude towards female circumcised data has been examined and results revealed that higher levels of education indicate lower level of support for circumcision. Though urban residents showed less likely to support circumcision than rural. 27 percent Women with Pharaonic expressed their "all daughters" had Pharaonic type circumcision and 21 percent elder daughter. Remaining daughters are not old enough to under go the procedure. Only 1.3 percent of daughters did not under go circumcision even though their mothers had Pharaonic procedure of circumcision. 65 percent women circumcised with Pharaonic expressed that it is a "Tradition" and others expressed as "for better marriage prospects" and very few expressed as "for increased fertility". Husbands of women with Pharaonic, 55 percent favors continuation and only 10 percent favors discontinuation. Question about type of circumcision favored by husband, the results revealed that husband with wife undergone Pharaonic favored Pharaonic circumcision. By considering demographic variables and reproductive variable as dependent and Pharaonic type circumcision women as independent variable, two logit regression regressions have been done. Lower level of education had shown higher risk (odds).