
ORIGINAL RESEARCH

Epidemiology, Regional Characteristics, Knowledge, and Attitude Toward Female Genital Mutilation/Cutting in Southern Iran

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ABSTRACT

Introduction. Female genital mutilation/cutting (FGM/C), also known as female circumcision, is an ancient traditional procedure that involves partial or total removal of the female external genitalia for nonmedical reasons. Although it is well described in African and some Arabic countries, data from Iran are scarce.

Aim. To describe the epidemiology, regional characteristics, knowledge, and attitude toward FGM/C in Southern Iran.

Methods. This cross-sectional study was conducted during a 36-month period from 2010 to 2013 in Hormozgan, a southern province of Iran near the Persian Gulf. We included 780 women in six major rural areas of the province who referred to healthcare centers for vaccination, midwifery, or family planning services. All participants underwent complete pelvic examination to determine the type of FGM. The questionnaire consisted of several sections such as demographic and baseline characteristics, and two self-report sections addressing the knowledge and attitude toward FGM/C and its complications. Baseline sociodemographic characteristics including age, educational level, marital status, religion, and nationality were the independent variables.

Results. Among the participants, 535 (68.5%) had undergone FGM/C. FGM/C was associated with higher age ($P = 0.002$), Afghan nationality ($P = 0.003$), Sunni Islam as religion ($P = 0.019$), illiteracy ($P < 0.001$), and family history of FGM/C in mother ($P < 0.001$), sister ($P < 0.001$), and grandmother ($P < 0.001$). Ancient traditions in the area (57.1%) were mentioned as the most important factor leading to FGM/C. Urinary tract infection was the most common reported complication (60.4%).

Conclusion. FGM/C is a common practice in rural areas of Southern Iran. It is associated with increased age, illiteracy, Sunni Islam religion, Afghan nationality, and positive family history. Lack of knowledge toward FGM/C is the main cause of its high prevalence and continuation in the area. **Dehghankhalili M, Fallahi S, Mahmudi F, Ghaffarpasand F, Shahrzad ME, Taghavi M, and Fereydooni Asl M. Epidemiology, regional characteristics, knowledge, and attitude toward female genital mutilation/cutting in Southern Iran. J Sex Med 2015;12:1577–1583.**

Key Words: Female Genital Mutilation/Cutting; Female Circumcision; Knowledge and Attitude; Determinants; Iran

Introduction

Female genital mutilation/cutting (FGM/C), also known as female circumcision, is an ancient traditional procedure that involves partial or total removal of female external genitalia for nonmedical reasons [1,2]. According to the World Health Organization (WHO), there are four main types of FGM/C: type I (clitoridectomy), type II (excision), type III (infibulation or pharaonic circumcision), and type IV, which are used to describe all other harmful procedures to the female genitalia in the absence of medical necessity [3]. The nomenclature for the practice varies across regions, ideological perspectives, and research frames. We use the expression preferred by United Nation's International Children's Emergency Fund and United Nation's Population Fund, the two central policymakers in the global effort to end the practice, "female genital mutilation/cutting" (FGM/C) [1]. Since the early 1970s, Western efforts to end FGM/C have relied primarily on two frames that have influenced the discourse of FGM/C and, in turn, the ideological contestation over the practice [4,5]. FGM/C has not only been associated with violation of human rights, but has also been shown to be associated with impaired physical and mental health [6,7]. Several physical and mental complications have been associated with FGM/C including pain, bleeding, localized infection and abscess formation, pelvic inflammatory disease (PID), sepsis, tetanus, urinary problems such as urinary tract infection (UTI), hepatitis and human immunodeficiency virus (HIV) infection, and reproductive problems. Psychiatric complications include post-traumatic stress disorder (PTSD), flashbacks to the event, and affective disorders [8–10].

FGM/C is a worldwide practice being mainly reported in African and Middle Eastern countries. It has been estimated that about 100 and 140 women and girls have experienced FGM/C [11]. FGM/C is currently practiced in more than 28 countries among different ethnic and religious groups. It is estimated that about 1.5 million girls undergo FGM/C annually [12]. Although the epidemiology has been evaluated in several countries, the predictive factors and social determinants remain unknown and undetermined. Such data would be helpful for understanding the variation in the frequency of FGM/C as well as trends for its performance despite the legislations. In addition, reports from Iran are scarce, and only few studies have addressed the issue, previously [13,14]. Accordingly, we performed the current study in

order to estimate the prevalence of FGM/C and the knowledge and attitude of women toward it in Southern Iran. We also aimed to identify the correlates of these beliefs to identify high-risk subpopulations.

Materials and Methods

Study Population

This cross-sectional study was carried out in a 36-month period from September 2010 to September 2013 in Hormozgan, which is a Southern region near the Persian Gulf in Iran. Hormozgan province has an area of 70,697 km² (27,296 sq mi), with Bandar Abbas being its capital. The province has 14 islands located in the Persian Gulf and 1,000 km (620 mi) of coastline. The estimated population of the province, according to the latest census in 2011, is 1,578,183 people, and an estimated 789,712 people live in rural areas. Overall, 384,589 women live in the rural areas of the province. The current study included all the women living in six major rural areas of Hormozgan including Minab, Dehbaz, Bandar-e-Lenge, Qeshm, Bandar-e-Khamir, and Bastak. The total population size and the population of women in these six areas are 179,445 and 86,669, respectively.

We included all the women who referred to healthcare centers of these six areas, within the study period. These women referred to the healthcare centers to receive vaccination, midwifery, or family planning services. The women were selected consecutively and were included in the survey. The study protocol was approved by the Institutional Review Board (IRB) and the Medical Ethics Committee of Hormozgan University of Medical Sciences. All the participants provided their informed written consents before entering the study.

Study Protocol

All the participants were interviewed by a trained medical student visiting the healthcare centers for the research project as well as providing healthcare services. All the participants underwent complete pelvic examination in the lithotomy position by the female trained medical student and a midwife. The presence and type of FGM was identified according to the WHO classification and was registered into the data collection forms. The data collection form consisted of several parts including demographic information, knowledge, attitude, and beliefs toward FGM/C. The age at which the

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