POLICY BRIEF NUMBER 35

HARAMAYA UNIVERSITY

January 2009

Knowledge of Reproductive health effect of Female Genital Mutilation at Kersa Demographic Surveillance and Health Research Center Kersa District, Eastern Hararge,

This policy brief describes the magnitude, the form and health effect of Female Genital Mutilation at Kersa District in 12 selected kebeles of Kersa demographic surveillance and health research center field site. The result is based on baseline health survey conducted in February 2008

Introduction

Female Genital Mutilation is any non-therapeutic surgical modification of female genitalia. It is an ancient traditional malpractice of large parts of Africa. It is harmful traditional practice which is still causing much suffering to women and children in most parts of Africa. In Ethiopia FGM practices is commonly seen in if any parts of the regions, particulary in Eastern part of the country

The study was conducted on 858 females of reproductive age group (15-49) selected from 12 Kebeles of the field research center using proportion to size.

Women of reproductive age were asked about knowledge on reproductive heath effect of FGM. Seventy four (69.2%) and 23 (24%) were responded that it soccured during delivery and sexual intercourse respectively. Twenty one (20.4%) have responded that it has psychological effect where as 15(14.7%) of women do not know effects of FGM on their reproductive health The least known impact by those women were during menstrual flow which accounts for 5(4.9%)

Table 1:Knowledge of Women on the effect FGM in Kesra District, Eastern Hararge, Eastern Ethiopia, Janyary 2008

Variables		Frequency	Percentage
During Sexual intercourse (n=96)	Yes	23	24
During menstrual flow (n=102)	Yes	5	4.9
During Delivery (n=107)	Yes	74	69.2
Psychological problems (n=103)	Yes	21	20.4
Don't know any problem associated (n=102)	Yes	15	14.7

Table 2 Reproductive health related reported among women who were Circumcised so far in Kesra District, Eastern Hararrge, Eastern Ethiopia, January 2008

Variables		Frequency	Percentage
Pain during sexual intercourse (n=757)	Yes	128	16.9
During First sexual intercourse (n=754)	Yes	242	31.9
Sexual dissatisfaction ((n=754)	Yes	128	17
During delivery (n=769)	Yes	327	42.5
Infection (n=757)	Yes	116	15.3
Other problems (n=692)	Yes	17	2.5

From 836 mothers interviewed concerning their role in stopping FGM practices, majority (76.8%) tried nothing towards stopping FGM practices in the society The rest, (23.8%) has tried their best in stopping FGM practices . The main reason for not trying to stop FGM was reported to be (41.7%), has no reason to stop, (29.6%) said it is norm and (23.8%) of respondents agree with FGM practice.

Table 3 Womens' attitude to stop FGM practice and reasons not to stop the practice in Kesra District, Eastern Hararge, Eastern Ethiopia, January 2008

Variables		Frequency	Percentage
Attempts made to stop FGM practices	Yes, I did	199	23.8
	No	636	76.1
	No answer	1	.1
	Total	836	100.0
Reasons not to stop FGM practices	I agree with the practice	124	23.8
	to stop is going against the	154	29.6
	norm	217	41.7
	Have no answer	26	5.0
	Other	521	100
	Total		

Conclusion

Some of the women know the reproductive health effects of FGM, some experience it. However, when it comes to stopping this practice only few have tried to go beyond, and majority have not taken any step. This may be attributed to the cultural system value and fear of being isolated from the society.

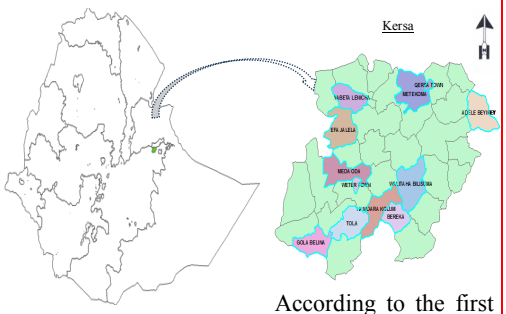
Recommendation

The women affairs office of the Woreda should work in close collaboration with women and health extension workers. Health education should be emphasized on the issue among the local healers, religious leaders and kebele leaders. The public should be encouraged to discuses on the issue openly in forums and public awareness should be created.

Kersa Demographic Surveillance and Health Research Center (KDS-HRC), Haramaya University:

The surveillance site was established in September 2007 in Kersa district, Eastern Hararge of Oromia region, East Ethiopia with aim of tracking demographic changes like death, birth, migration and marital status change. The surveillance activities further extended by adding surveys in Nutrition, Reproductive Health, Environmental Health, HIV/AIDS, Morbidity/ health seeking behavior and health care utilization during the month of January-March 2008.

The surveillance activity is instituted in 12 kebeles (the smallest administrative unit in Ethiopia with approximate population Size of 4-5 thousand). Two of the kebeles are semi urban and the remaining 10 are rural kebeles.



According to the first census there were 10,256 households and 53,482 people in the study site with an average household size of 5.2 and sex ratio of 104.5. In the study area the crude birth and death rates were 26.8 and 9.2 per 1000 population. Infant and under five mortality rates were 44.9 and 108.2 per 1000 live births respectively.

The activities of the surveillance are lead by a coordinator and a group of six staff members from the College of Health and Medical Sciences.

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