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The Magnitude of Female Genital Mutilation and its immediate consequences at Kersa Demographic Surveillance and Health Research Center, Kersa District, Eastern Hararge, Eastern Ethiopia

This policy brief describes the magnitude, the form and health effect of Female Genital Mutilation in 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-the rapeutic 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 and Ethiopia GFM practices is commonly seen in if any parts of the regions particularly in Eastern part of the country.

A 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.

A total of 288 mothers responded for circumcising their daughters. Out of the respondents, 87 (30.2%)

them said that one of their daughter was circumcised, sixty one (21.2%), 23(8.0 %) and (31 (10.8%) of them were indicated that two, three and more than three daughters were circumcised respectively.

From the total of 847 mothers who 792(93.5%) of them were circumcised. From those who have been circumcised, 327(42.5%) of women reported that they faced reproductive health problem during delivery and 242(31 %) have reported that they faced a problem during first sexual intercourse.

Table 1: Complications noted after FGM in Kesra District, Eastern Hararge, Eastern Ethiopia ,January 2008

Variable	Frequency	Percentage
Females who have seen with excessive bleeding after FGM (N=?)	144	?
Females seen with signs of Sepsis after FGM (N=841)	100	8.41

Mothers were also interviewed concerning their feeling and emotion, towards a serious situation and outcome of FGM practices. Sixty seven (62.6%) of mothers were indicate that they were frightened while observing females who were bleeding and exposed to infection and 19 (17.8%) of them considered this situation was normal, seventeen (15.9%) of mothers became sympathetic after the

occasion. Mothers were also asked to respond to the actions that they took when they saw such situations. Majority of mothers (80.2%) did nothing, after observation of the situation.

The feeling of women during serious infection following circumcision and, solutions attempted reproductive health problems so far, in Kesra district, East Hararge , Oromia region Ethiopia, January 2008

Variables		Frequency	Percentage
Feeling of mothers after seeing serious infection following circumcision	I was frightened	67	62.6
	I thought it was normal	19	17.8
	I was in sympathy	17	15.9
	No response	4	3.7
	Total	107	100.0
Attempted solutions during reproductive health problems so far after FGM.	I went for medical support	42	7.4
	consulted traditional healer	42	7.4
	other /specify	28	5.0
	Did nothing	453	80.2
	Total	565	100.0

Conclusion

Female genital cutting/mutilation is a common practice in the eastern part of the country. From this study some mothers has circumcised their daughters and majority of them were circumcised. Even though, they don't want to see their daughters suffering, because it is a norm, investigators believe this practice exists widely in the society.

Recommendation

FGM is a common practice that would endanger the reproductive health of women. Hence, Proper health education in averting this practice should be done. The target for this education should be mothers / families.

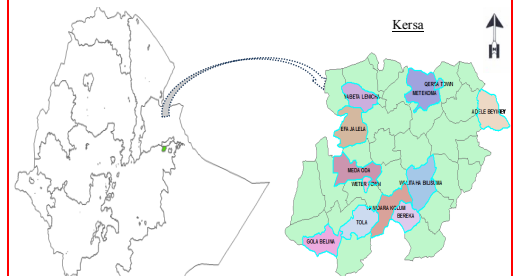
Kersa Demographic Surveillance and Health

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.

