Problems That Face Genitally Mutilated Immigrant Sudanese Women and Their Awareness of Available Health Services in London: A Case Study

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ABSTRACT

Female genital mutilation (FGM) or female circumcision (FC) is a hazardous practice that negatively affects the health and wellbeing of girls and women. Recently, immigrant women who are victims of the cultural practice of FGM/FC have been facing health complications because health providers in their host countries are largely ignorant of the practice and its implications for women's health.

This study is a preliminary investigation into immigrant genitally mutilated Sudanese women residing in London (UK). The study surveyed the problems that face genitally mutilated Sudanese women and their awareness of available health services in London.

The study revealed that nearly 50% of genitally mutilated Sudanese women faced complications during delivery in London hospitals. A good number had to deliver their babies by caesarean section although their previous confinements were normal. Also, more than 50% of them faced complications that arose from their mutilation other than those encountered during delivery. These were caused, to a great extent, by the ignorance of most British health providers of FGM/FC health complications. There is only one specialized clinic in London that deals with FGM/FC, and the overwhelming majority of genitally mutilated Sudanese women are unaware of its existence.

Since the majority of mutilated Sudanese women live in the Paddington area, the study recommended that a specialized clinic has to be established at St Mary's Hospital in Paddington since its health policy does not presently cater for FGM/FC complications. As great numbers of genitally mutilated women from different countries have immigrated to the UK, it was also recommended that FGM/FC health and other complications are to be included in the curricula of educational institutes at which health providers are trained. In addition, ad hoc training sessions on FGM/FC complications should be offered to all health providers at all levels in the United Kingdom.

INTRODUCTION

Female genital mutilation (FGM), which is also known as female circumcision (FC), is traditionally practiced in many third world countries. Amongst the twenty-eight African countries in which it is found, Sudan has one of the highest rates, about 89% (Toubia, N. 1998). Of the three types practiced in the Sudan, Clitoridectomy, Intermediate and Pharaonic circumcision, the latter is still the most prevalent (Abdel Magied, 1998).

The practice leads to social, psychological and physical hazards and complications. Immediate complications may include excessive bleeding (leading to shock and death), infection and septicaemia, urine retention and injury to adjacent tissue. Delayed complications may include keloid formation, dermoid or inclusion cysts, vulva abscesses, difficult menstruation, urinary tract

infections, calcus formation, fistula, and problems during pregnancy and birth (Shandal et al.1967: El Dareer. 1982; Rushwan 1994).

Recently, victim immigrant women who fled to Britain, other European countries and the USA have become dissatisfied with the ignorance of healthcare providers about how to manage the problems that arise from FGM/FC.

Accordingly, a pilot study was been conducted with the following objectives: -

- 1. To investigate mutilated immigrant Sudanese women's awareness of the health services provided in connection with FGM complications.
- 2. To investigate the problems they face in accessing health services.
- 3. To find out their needs for better health services in connection with FGM health complications.
- 4. To investigate the awareness of primary health care providers of health complications arising from FGM.
- 5. To investigate the health policy strategy of St Mary's hospital in connection with the provision of health services related to FGM complications.

METHODOLOGY

The study was conducted between September 1999 and June 2000. The target group was thirty genitally mutilated immigrant Sudanese women living in the vicinity of St Mary's Hospital in London.

DATA COLLECTION AND ANALYSIS

The primary data was collected by the following means:

- Respondents were identified by random sampling.
- Semi-structured interviews were conducted with the thirty respondents (in Arabic), recorded and transcribed. Four respondents were then interviewed in depth.
- In-depth interviews were conducted with Dr Harry Gordon, FRCS, FRCOG, Emeritus consultant to the African Clinic, Central Middlesex Hospital, London and Obstetrician and Gynaecologist, Northwick Park Hospital, London.
- In-depth interviews were conducted with two midwives from St Mary's Hospital.
- Feedback was sought from health providers, FGM social workers and the immigrant Sudanese women's community. Secondary data was obtained from books, articles, video films and reports.

FINDINGS

The data was analysed formally and the results were expressed in tables of frequencies. (See Appendix.)

- Tables (1-4) show demographic information about the respondents:

Table (1) shows that the age groups of the respondents were between 26 to 45 years: Seventeen (17) of the respondents could read and speak English with difficulty, as seen in tables 2 and 3. However, more than 50% of the respondents (16) had university-level education; 14 of them only finished their secondary school education (table 4).

- Tables (5-8) show complications arising from FGM/FC faced by Sudanese victims in London:

Table (5) shows that nearly 50% of the respondents (14) gave birth while in the UK. All fourteen respondents had complications during delivery, with seven undergoing caesarean sections (table 7); 16 of the respondents experienced FGM complications other than those encountered during delivery (table 8).

- Tables (9-12) show the level of awareness of genitally mutilated Sudanese women of relevant health services and their attendance at Primary Health Care Services in London:

Table 9: Of the sixteen respondents with FGM complications other than during delivery, thirteen attended primary health care clinics while three did not (table 9). While seven knew about the Well Women's clinic (table 10), the majority (23) of the respondents did not. Out of the seven respondents who were aware of Well Women's Clinic, six of them did not attend. This was either because they did not know where it was or because it was too difficult to get to (table 11). The only respondent who attended the Well Women's Clinic was satisfied with the services provided, e.g. an interpreter, accessibility to the appropriate health services and satisfactory healthcare provision.

After these results were processed, a fruitful seminar was held on July 1, 2000, with participants including health providers for FGM complications. In the presentation and discussion carried out by the Sudanese participants, they emphasized the importance of establishing a Well Women's Clinic at St. Mary's Hospital in Paddington. This location was chosen because the majority of immigrant Sudanese women live within that vicinity.

In-depth Interviews with Four Immigrant Sudanese Women

These interviews revealed that two of the respondents were not given a choice about the mode of delivery and had to deliver their babies by caesarean section even though their prior deliveries in Sudan were normal. The other two had perpetual and recurrent abscesses despite their regular visits to primary health care units or centres.

In-depth Interviews with Two Midwives from St Mary's Hospital

One of the midwives interviewed attended to deliveries and the other was in the management section. The former said that a posterior episiotomy is routinely administered to victims of FGM/FC and an anterior episiotomy is used if the opening is not wide enough for the head of the newborn. She said that caesarean sections are only resorted to when complications other than FGM are encountered.

The second midwife stated that healthcare workers expect genitally mutilated victims to inform them on their first visit to the Antenatal Care Unit. Moreover they expect patients to ask for relevant services on their first visit to the clinic.

In-depth Interviews with Four General Practitioners (GPs) Within the Vicinity of St. Mary's Hospital

As FGM is not part of the curricula of the medical schools of British Universities, the four GPs were only acquainted with the practice from their personal readings or the mass media. Three of them admitted that they were not aware of the clinical complications of FGM. If they happened to come across any patient with FGM complications they would refer the case either to the Antenatal Clinic or to Emergency.

In-depth Interviews with Dr Harry Gordon, the Founder of Well Women's Clinic at Central Middlesex Hospital

The Well Women's Clinic was founded in 1993. Since then, Dr. Gordon has been attending to complications resulting from FGM and carrying out reversal operations on immigrant Somali women. At the time of the interview Dr. Gordon mentioned that no Sudanese women had attended his clinic.

DISCUSSION AND RECOMMENDATIONS

Although 16 of the respondents had normal deliveries while in Sudan, the two who went to St. Mary's Hospital in London gave birth by caesarean section. Sixteen out of the thirty respondents suffered from FGM complications other than those encountered during delivery. This indicates a serious failure of the health facilities to deliver services that are needed by genitally mutilated immigrants.

Very few respondents knew about the Well Women's Clinic in London. Better information

about the presence of such a health service is, therefore, needed. At the workshop, the community members expressed their desire for the establishment of another Well Women's Clinic close to them at St. Mary's Hospital.

Our in-depth interviews with four GPs within the vicinity of St Mary's Hospital showed that they were not acquainted with FGM health complications and can, at best, refer patients to antenatal or emergency clinics. Moreover, a discrepancy was found in the in-depth interviews with four respondents in which two indicated having had no choice but to have a caesarean section. This contradicts what was said in the in-depth interview conducted with one of the midwives from St. Mary's Hospital who claimed that a caesarean section would not take place unless there is no alternative for it.

The following recommendations were made:

- 1. Sudanese women need more access to information about the Well Women's Clinic. Most of the respondents in our study were university or secondary school graduates, but they had difficulty in reading and speaking English. Accordingly, healthcare services must understand that the provision of appropriate interpreters, preferably from the community, is of vital importance.
- 2. Since large numbers of immigrants to the UK come from African countries e.g. (Sudan, Somalia, Kenya, Egypt, Ethiopia, etc.) with FGM practice as part of their tradition, it is necessary to include FGM and its health complications as part of the curricula of British institutions which train healthcare providers.
- 3. Since the majority of the Sudanese community in London is found within the vicinity of St. Mary's Hospital, we recommend that the hospital's advertised protocol (1972) include awareness of FGM complications.
- 4. British health authorities should support the establishment of Well Women's Clinic at St. Mary's Hospital.
- 5. Health providers in hospitals and clinics frequented by FGM victims should have ad hoc training on the management of FGM health complications.

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APPENDIX

Table I: Frequencies of age groups of respondents

Age group	Frequency
26-35	15
36-45	15
Total	30

Table 2: English reading skills of respondents

Response	Frequency
With ease	13
With difficulty	17
Total	30

Table 3: English speaking skills of respondents

Response	Frequency
With ease	13
With difficulty	17
Total	30

Table 4: Academic qualifications of the respondents

Response	Frequency
Secondary school level	14
University level	16
Total	30

Table 5: Respondent's birth deliveries in UK

Response	Frequency
Delivery in UK	14
No delivery	16
Total	30

Table 6: Complications during delivery

Response	Frequency
Had complications	14
No complications	0
Total	14

Table 7: Respondents who were sectioned on giving birth

Response	Frequency
Sectioned on giving birth	7
Not sectioned on giving birth	7
Total	14

Table 8: Encountering of complications other than during delivery by respondents

Response	Frequency
General complications	16
No complications	14
Total	30

Table 9: Attendance of respondents with FGM complications at Primary Health Care Services

Response	Frequency
Attended	13
Did not attend	3
Total	16

Table 10: Awareness of respondents of the presence of the Well Women's Clinic

Response	Frequency
Aware	7
Not aware	23
Total	30

Table 11: Attending the Well Women's Clinic

Response	Frequency
Attended	1
Did not attend	6
Total	7

Table 12: Reasons for not attending the Well Women's Clinic

Response	Frequency
Do not know the place	3
The place is too far	3
Total	6