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PART 5
FEMALE CIRCUMCISION IN SOMALIA AND THE SWDO/AIDOS PROJECT

Chapter 14

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# MEDICAL AND SOCIAL ASPECTS OF FEMALE CIRCUMCISION IN SOMALIA

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Circumcision, the external genital mutilation of young girls, is widely practised in Somalia, and the most severe of the four types of circumcision, infibulation, is most common.

The four types are classified according to their anatomical bases.

Type I, Sunna, is the least severe form. Only the prepuce of the clitoris is removed, and sometimes no tissue is removed at all, in which case the prepuce is merely nicked to make it bleed.

In Type II, the whole clitoris is removed and the wound is medicated with egg and some adhesive material.

Types III and IV, excision and infibulation, consist of removing the whole clitoris, the labia minora (type III) and the inner part of labia majora (type IV). The wound is stitched together leaving at the lowest end a small opening for the urine and, later on, the menstrual blood.

There is a modified type which removes the skin which covers the clitoris, then injuring the labia minora, stitching the wound together, leaving the whole clitoris under the suturing and a small hole at the end.

Why does this kind of practice exist?

There are many reasons why circumcision is practised, and to our inquirer different answers were given. Some people said it is a tradition, which is a very strong reason. Some referred to religion, while others said that it is cleanliness of that part of the body, and still others said that is the only method to depress the sexuality of the girls, keep the dignity of the family and preserve the virginity of the girls.

There were some people who believed that girls will not marry if they are not infibulated or circumcised.

Complications from the procedure are of two kinds, early and remote, or late.

Early complications include the following:

1. Haemorrhage from the wound, immediately after the operation or

2-3 days afterwards, when a blood vessel was not well stitched. The stitches must be opened in order to see were the blood is coming from, the vessel closed and the wound stitched back.

In 1983 a small girl died of haemorrhage at Benadir Hospital after infibulation. Another two deaths were reported from the district of Afgoye in 1984. Twenty-nine cases of bleeding after circumcision were admitted to Benadir Hospital in 1984 and 1985. Some needed blood transfusion. Many others were treated as outpatients.

2. Urinary retention results when, as is usual, the young girl is in shock from the operation. She retains the urine because she is afraid of the pain and the burning sensation during urination. In other cases a blood clot may close the small opening, blocking the flow of the urine. The bladder enlarges and loses its reflex. When all other methods fail to make the child urinate, defibulation and cauterization must be done followed by reifibulation with the opening left a little bit wider.

3. Tetanus used to be the most common complication, because antitetanic serum was not used and the instruments used for the operation were unsterile. However, this kind of complication has disappeared, especially in towns, thanks to such prophylactic methods as giving antitetanic serum before the operation and an antibiotic after.

4. Infection of the wound used to be common but now this complication too is very rare.

Remote or late complications are classified as either gynaecological or obstetrical.

Gynaecological complications include:

1. Chronic urinary tract infection. Most Somali girls complain of it.

2. Dysmenorrhoea. Most girls complain of lower abdominal pain during their period, which can be caused by the infibulation because of the very small opening that reduces the easy flow of vaginal secretion and menstrual blood.

3. Pelvic infection and external genital infection can also occur because of poor drainage of menstrual blood and vaginal discharge.

4. Disparounia (pain during sexual intercourse) is common for the newly married girls because of the small opening. The painful penetration is exacerbated by the girl's psychological fear of the bridegroom. Sometimes this condition lasts a long time, especially in women who do not give birth vaginally. This fact creates a problem for couples.

5. Infibulation cyst is a very common complication of female circumcision. This cyst is a neoformation on the place were the clitoris was

cut. It can be small or as big as a grapefruit.
At Benadir Hospital in the surgical department twenty-eight cases of infibulation cyst were admitted in 1984. Those were the big cysts. Small cysts are operated on by gynaecologists and surgeons on an out-patient basis.
Obstetrical complications include:
1. Pro-longed labour at the second stage, when the cervical opening is fully dilated and the head has to come out. If the patient is not assisted by a trained midwife or trained TBA, then the period is prolonged and the foetus may be harmed.
Fifty primipare cases were observed at Benadir Hospital in the maternity department: the average time for the expulsion period was 5.4 hours in the infibulated (type IV) and type III cases, while in types I and II the average period was 1.3 hours. Only two cases of non-circumcised were observed, and their average periods lasted one hour.
The condition of the newborn was mainly asphitic in types III and IV.
2. Multiple episiotomy. Usual one side and anterior scar is cut in order to enlarge the vulval os to make the head of the foetus come out easily. The incidence of infection is high because of the multiple wounds.
3. Perineal laceration. A degree of perineal tear is common and woman make no complaint about it; II and III degrees are admitted to the hospital for repair.
4. Cystocele rectocele. This is a prolapse of the anterior and posterior part of the vagina which is a result of prolonged labour when the head of the foetus is retained in the vagina. So prolapses of the vaginal wall can easily happen.
5) Vescicovaginal and rectovaginal fistula. This condition may occur because of the prolonged labour and the retention of the head of the foetus in the vagina.
A pilot survey of new cases of circumcision in different districts of Mogadisho results as follows.

In cases of type IV, 154 suffered from urine retention, 103 from wound infection, 98 from combined haemorrhage and urine retention, 48 from haemorrhage and 21 cases from combined urine retention and haemorrhage with infection.
In cases of type III, 102 suffered from urine retention, 37 from infection, 40 from haemorrhage, 62 from combined hemorrhage and urine retention and 11 from combination of hemorrhage and urine retention with wound infection.
Considering the immediate complications of circumcision in types II

and I, there were 5 and 2 haemorrhage cases respectively (see table 5). There were about 686 complications for more than 493 girls.

**TABLE 1**
**A pilot survey of complications in over 223 women**

| Type of circumcision | Yes | No | Did not remember |
|---|---|---|---|
| | 0 | 25 | |
| I | 4 | 14 | 0 |
| II | 18 | 7 | 1 |
| III | 117 | 32 | 0 |
| IV | 139 | 78 | 5 |
| Total | | | 6 |

**TABLE 2**
**Case studies, the second stage of labour, condition of the foetus, episiotomy done or not, type of circumcision**

| Type and no. of cases | | second stage hours | Episiotomy yes | no | Fetal condition asphitic | died |
|---|---|---|---|---|---|---|
| IV | 33 | 5.4 | 33 | 0 | 21 | 5 |
| III | 10 | 5.4 | 10 | 0 | 6 | 2 |
| II | 5 | 1.3 | 4 | 1 | 0 | 0 |
| I | 2 | 1.0 | 1 | 1 | 0 | 0 |
| Total | 50 | | 48 | 2 | 27 | 7 |

*N.b. Multiple episiotomy is always performed for the prevention of lacerations. The rest of the children were born under normal conditions.*

**TABLE 3**
**New cases admitted to the surgical department of Benadir Hospital for complications following circumcision in 1984**

| Type of complication | No. cases |
|---|---|
| Infibulation cyst | 28 |
| Post coital laceration | 4 |
| Perineal tear II' | 13 |
| Perineal tear III' | 28 |
| Cystocele | 7 |
| Rectocele | 3 |
| Fistula Vescico - V. | 28 |
| Fistula Rec./Vaginal | 3 |

**TABLE 4**
**Classification of circumcision type by social classes of women**

| Type | University | Nurse | Employer | Housewife | Student | Total |
|---|---|---|---|---|---|---|
| I | 21 | 5 | 8 | 5 | 24 | 63 |
| II | 30 | 9 | 26 | 4 | 19 | 59 |
| III | 13 | 11 | 11 | 13 | 27 | 81 |
| IV | 20 | 4 | 6 | 46 | 26 | 106 |
| Total | | 5 | 12 | 71 | 48 | 176 |

**TABLE 5**
**Immediate complications of circumcision (number of cases observed)**

| Type | Haemorrhage | Urine retention | Wound infection | Tetanus | Combined[1] | Combined[2] |
|---|---|---|---|---|---|---|
| IV | 48 | 154 | 103 | 2 | 98 | 21 |
| III | 40 | 102 | 37 | 0 | 62 | 11 |
| II | 5 | 0 | 0 | 0 | 0 | 0 |
| I | 2 | 0 | 0 | 0 | 0 | 0 |
| Total | 95 | 256 | 140 | 2 | 160 | 32 |

*1 Urine retention and haemorrhage*

*2 Urine retention, wound infection and haemorrhage*