2018

Exploring the Nigerian health system's response to female genital mutilation/cutting

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Although Nigeria has shown a steady long-term decline in female genital mutilation/cutting (FGM/C) prevalence, the practice remains widespread. The health system offers a good platform to facilitate FGM/C abandonment and provide care to survivors. However, it is unclear if and how the health system in Nigeria implements existing FGM/C-related policies, guidelines, and laws.

BACKGROUND
Female genital mutilation/cutting is a culturally entrenched practice and form of abuse that violates the rights of women. It leads to negative health (physical, psychological, sexual), and social consequences, as well as poor health outcomes for mothers and children. Although Nigeria has shown a steady long-term decline in FGM/C prevalence with a 58 percent decrease between the oldest cohort of women (36%) and the youngest (15%), the practice remains widespread. According to the 2013 Nigeria Demographic and Health Survey (NDHS), overall FGM/C prevalence in Nigeria was 25 percent among women ages 15 to 49 years, which means that approximately 9.8 million girls and women in this age group have been cut. These figures mask significant differences across Nigeria’s sub-regions and ethnic groups with prevalence ranging from as low as 0.1 percent in Katsina state to 77 percent in Osun state.

The health system offers a good platform to facilitate FGM/C abandonment and provide care to survivors. However, it is unclear if and how the health system in Nigeria implements existing FGM/C-related policies, guidelines, and laws. Little is known about the capacity of different cadres of health workers to implement FGM/C prevention and management activities or the existence of protocols, guidelines, policies, and training courses to guide such activities. The quality of care that women and girls receive when they present to a health facility with FGM/C related complications also remains unclear.

STUDY OBJECTIVES
The Population Council’s Evidence to End FGM/C research programme, in collaboration with the Federal Ministry of Health, will conduct a diagnostic assessment in order to:
1. Examine how the health care sector supports the prevention of FGM/C
2. Determine the role of the health care sector in the management of FGM/C-related complications and the quality of care offered to clients
3. Identify possible solutions for strengthening the health care system’s capacity to manage and prevent FGM/C

This study will use quantitative and qualitative methods to collect data in Imo state which was chosen due to its high prevalence of FGM/C (68%) and medicalisation (61%). The state was also a study site in a prior study on medicalisation conducted by the research programme and is one of the intervention states for the UNFPA - UNICEF Joint Programme on FGM/C. A similar study will be undertaken in Kenya and will allow for a comparison of health system responses across two different FGM/C contexts to build a regional evidence base to inform health systems interventions.

HOW WE WILL COLLECT THE DATA
Structured consultative multi-stakeholder dialogues
Information and perspectives on the current state of the health sector’s response to FGM/C
at both the national and state level will be gathered from
a diverse group of 15 stakeholders involved in the FGM/C
response and the health sector (e.g., health system
administrators, health professional regulatory bodies and
associations, FGM/C programme implementers, anti-FGM/C
champions, and FGM/C focal persons at the State Ministry
of Health and Women Affairs/Social Development). One
dialogue each will be held with national and state level
stakeholders respectively. Findings from this activity will
also be utilised to determine the feasibility of study data
collection activities and to revise them accordingly.

Key informant interviews of national/state level health
system and FGM/C policy actors
Approximately ten different actors at both the national and
state levels will be interviewed about their knowledge and
views about the health system’s policy process related to
FGM/C prevention and management.

Desk appraisal of FGM/C related law and policy
documents
A content analysis of FGM/C-related laws, policies,
guidelines, and protocol documents will be conducted
to determine whether their content sufficiently speaks to
FGM/C prevention and management in the health system,
and outlines concrete steps for health system involvement
in this area. The analysis will also examine the extent to
which they facilitate or inhibit the health system’s response
to FGM/C at state level.

Focus group discussions and in-depth interviews with
service providers
Focus group discussions (FGDs) and in-depth interviews
(IDIs) will be used to obtain service providers’ (doctors,
nurses, midwives, and community health workers) views
about the implementation of FGM/C prevention and
management services in the health system, and their
feasibility and acceptability among service providers.
Structured interviews will also be used to assess their
knowledge, attitudes, and practices regarding FGM/C
as well as their knowledge of existing FGM/C standards
and guidelines. A total of nine FGDs and nine IDIs will be
conducted.

Multi-disciplinary clinical grand round
A clinical grand round (a meeting in which health
professionals discuss the clinical presentation, findings, and
management of a patient’s disease/health condition) will be
held at the Imo State University Teaching Hospital, a tertiary
health facility. This meeting will obtain information about the
current management of FGM/C complications among health
workers. It will include the presentation and discussion of
several clinical cases related to FGM/C complications with
different cadres of health workers and allied professionals
like social workers and psychologists. Providers from the
Federal Medical Centre, Owerri, will also be invited to
attend.

In-depth interviews with clients
To verify the availability and content of FGM/C services and
determine client satisfaction with services received, IDIs
will be conducted among clients (i.e., women who have
experienced complications of FGM/C). Researchers will
also assess the perspectives and experiences of survivors’
mothers/fathers (in cases where clients are girls) and
their male partners. Approximately 18 interviews will be
conducted.

Health facility assessments and service data
abstraction
A systematic inventory/audit will be conducted at select
tertiary (2), secondary (6), primary (42), and private (10)
health facilities to ascertain their readiness to provide FGM/
C-related services. The audit will assess the presence of
necessary infrastructure, equipment, supplies, and human
resources, as well as referral, provider supervision, and data
management mechanisms. At ten of the selected health
facilities, existing hospital registers, client record cards,
and notes (at relevant service points) will be identified and
reviewed and relevant service data abstracted.

ANTICIPATED PRODUCTS
Knowledge products such as study reports, policy briefs,
peer-reviewed journal articles, and conference abstracts
will be developed and disseminated widely. Study findings
will also be shared with key actors at the national and state
level. Findings are intended to inform programmes and
policies to strengthen the preparedness of Nigerian health
system actors (including health workers, health system
administrators, health professional regulatory bodies, and
health professional associations) to provide quality care
to girls and women who have undergone FGM/C and to
prevent new cutting of girls and women in health facilities
and communities. Evidence generated could also be used
by policymakers and programme implementers to design
interventions preventing medicalisation.

REFERENCES
1. WHO. 2016. Female genital mutilation Factsheet 241. www.who.int/
mediacentre/factsheets/fs241/en
2. Shell-Duncan, B, R Naik, C Feldman-Jacobs. 2016. A state-of-the-art
synthesis on female genital mutilation/cutting: What do we know now?
Evidence to End FGM/C Programme Report. New York: Population
Council
and Rockville, Maryland, USA: NPC and ICF International.