

Factors related to the persistence of female genital cutting in Sierra Leone

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Extended abstract

Background

Strong evidence of serious health consequences of female genital cutting (FGC) has prompted decades of national and global efforts to halt this practice worldwide. Yet, despite noticeable successes, FGC is still very prevalent across 25 countries in Africa and in few others in Asia and the Middle East. Based on latest estimates, of 140 million of girls and women who have undergone the practice, two-thirds are living in Africa (WHO, 2008). It is also in this part of the world that girls are facing the highest risk of enduring the procedure (Yoder, Abderrahim, & Zhuzhuni, 2004). The persistence of FGC in many African nations, particularly in Sierra Leone where 94% of women have been subjected to this procedure, warrants some attention. Using data from the 2008 Sierra Leone Demographic and Health Survey (SLDHS), this study aims to examine factors associated with the preservation of FGC in this country. This research is unique as it provides new evidence on a complex issue using the first ever Demographic and Health Survey conducted in Sierra Leone.

Data and Methods

Data used in this study come from the 2008 Sierra Leone Demographic and Health Survey (SLDHS), a nationally representative sample of 7,374 women aged between 15 and 49 years and 3,280 men aged between 15 and 59 years (Statistics Sierra Leone and ICF Macro, 2009). All female respondents were asked whether they had heard of female circumcision, if so whether they had been circumcised. Further, selected questions related to FGC including perceived benefits of FGC, beliefs about FGC and perceptions on whether FGC should be continued or stopped were also collected in the Women's questionnaire. Due to missing data on the dependent variable, this analysis is based on a restricted sample of 6670 women.

The dependent variable is measured as a binary variable with a given value of 1 if the respondent favors the continuation of FGC and a given value of 0 otherwise. Independent variables including demographic and economic characteristics, beliefs about FGC and perceived benefits of FGC are also measured as dichotomous variables.

The methodology of this research included descriptive statistics and logistic regression analyses. Given the complex survey design of the 2008 SLDHS, all estimates were weighted and adjusted for the complex sample design of the survey using SVY procedures in Stata version 12.0.

Preliminary Findings

As shown in Table 1, not being circumcised, single status, urban residence, high educational levels, and Christian faith are negatively associated with the continuation of FGC. Alternatively, perceived benefits of FGC including better hygiene, social acceptance and marriageability positively impact the maintenance of the practice.

Table 1. Odds ratios (and 95% confidence interval) assessing the association between maintenance of FGC and selected characteristics with adjustment for survey design, 2008 SLDHS (n~6670)

	Odds Ratio (95 %CI)
Sociodemographic variables	
Women have undergone FGC (1= yes)	0.636 (0.463 – 0.873)**
Current age (ref = less than 20)	
20-29	1.076 (0.811 – 1.430)
30-39	0.919 (0.657 – 1.285)
More than 39	0.878 (0.603 – 1.280)
Marital Status (ref = single)	
Married	0.716 (0.536 – 0.956)*
Separated/widowed	0.612 (0.411 – 0.913)*
Education level (ref = no education)	
Primary	1.488 (1.146 – 1.932)**
Secondary or higher	2.419 (1.834 – 3.191)***
Household wealth index (ref = poorest)	
Poor	1.451 (0.971 – 2.170)
Middle	1.548 (1.065 – 2.251)*
Rich	1.845 (1.269 – 2.682)***
Richest	2.046 (1.257 – 3.332)**
Place of residence (ref = rural)	
Urban	1.172 (0.880 – 1.560)
Religion (ref = muslim)	
Christian	1.804 (1.424 – 2.286)***
Ethnicity (ref = Mende)	
Temne	1.304 (0.944 – 1.803)
Other	1.281 (0.960 – 1.708)
Region (ref = eastern)	
Northern	2.648 (1.836 – 3.821)***
Southern	1.464 (0.965 – 2.221)
Western	1.454 (0.991 – 2.133)
Beliefs about FGC	
FGC required by religion (1 = yes)	0.244 (0.186 – 0.320)***
Perceived benefits of FGC	
Better hygiene (1= yes)	0.507 (0.343 – 0.751)***
Social acceptance (1 = yes)	0.632 (0.475 – 0.840)**
Better marriage prospects (1=yes)	0.413 (0.266 – 0.643)***
Preserve virginity (1=yes)	0.752 (0.448 – 1.262)
More sexual pleasure for the man (1 =yes)	1.257 (0.391 – 4.039)
Religious approval (1= yes)	0.536 (0.222 – 1.293)
No benefits (1= yes)	5.633(4.107 – 7.727)***

p<0.001 ***, p<0.01**, p<0.05*