EVALUATION OF REINFORCING FACTORS AMONG STUDENT NURSES THAT CONTINUING FEMALE GENITAL CUTTING

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ABSTRACT
Objective: To evaluate the reinforcing factors that supporting female genital cutting among student nurses. Setting: The study was conducted at the Faculty of Nursing, Benha University. Design: A descriptive study was followed. Subject: male and female student nurses whom attending the first academic year 2012. Size: 221 student nurses (64 male and 157 female). Tool: An Arabic interviewing questionnaire was developed and used to assess the general characteristics, student nurses' knowledge about concept, complication, consequences, and factors that affecting the reinforcing of FGC among Egyptian male and female nurse students. Results: The present study results revealed that, 52.55% and 0.03% of male and female students respectively had incorrect knowledge regarding concept, complications and consequences of FGC, the difference is statistically highly significant (p<1.110). In addition, the majority of them especial male students (68.2%) considering the (Suna) are supporting FGC. As regard the relation between males' social necessity and their residence area, it shows insignificant statistical difference p>1.15. However, it shows highly significant statistical difference p<1.110 between females' social necessity and their residence area. Conclusion: The present study finding concluded that, the majority among male and female student nurses had incorrect concept about the consequences and complications of FGC. The main factors that reinforcing, supporting, and persisting of FGC among the majority of the student nurses were religion & Suna, social pressure, customs and traditions. Recommendation: Collaboration among all heads of faculty departments to serve several workshops directed to the student nurses in Benha Faculty of nursing to correct their concept and knowledge regarding female genital cutting to minimize their reinforcement factors that lead to persistence of FGC. Outreach program must be conducted in MCH regarding complication and consequences of FGC among future parents to avoid reinforcement and persistence of FGC. Dissemination of the present study findings to the dean of faculty of nursing, the head of different departments at faculty of nursing, directory of university and ministry of health hospitals to implement raising awareness program among nurses as well as women whom attending the hospitals to avoid this harmful practices.

KEYWORDS: FGC, Reinforcing Factors, Knowledge, Concept

INTRODUCTION:
Female genital cutting is the cutting, or partial or total remove of the external female genitalia for cultural, religious, or other non-medical reasons. It is usually performed on girls between the ages of four and 11 years old. It is also called female circumcision (†). Moreover, major types were reported by the world health organization (WHO) as type I: circumcision is the excision (removal) of the prepuce (clitoral hood) with or without removal of part of the clitoris (i.e. Sunna).
circumcision). Type II: excision or litoridectomy is the excision of the clitoris together with part or all of the labia minora (the inner vaginal lips). Type III: infibulations is the excision of part or all of the external genitalia (clitoris, labia minora and labia majora) and stitching or narrowing of the vaginal opening, leaving a very small opening, about the size of a matchstick, to allow for the flow of urine and menstrual blood (1).

The world health organization reports that, worldwide between 100 to 140 million women have experienced female cutting. Despite great condemnation in the western world, over thirty countries worldwide practice FGM, most in Northern Africa. WHO estimated that a million girls are at risk in Africa alone (2). Additionally, FGC reinforces the inequality suffered by girls and women and is a violation of university-recognized human rights including the rights to bodily integrity and to the highest attainable standard of physical and mental health. Moreover, health consequences are varying. Immediate negative physical consequences can include death, hemorrhage, shock pain, infection, urine retention, and injury to adjacent tissue (3). Meanwhile health care provider must advocate for women and families who reinforce persistence of female genital cutting. The decision to perform FGC is left to