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The Education Status of a Woman has an Impact on Fgm/C Practice

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Introduction

Female genital mutilation (FGM) is defined as any procedure that involves "partial or entire removal of the external female genitalia, or any harm to the female genital organs for non-medical reasons," according to the World Health Organization [1].

FGM is a deeply ingrained tradition in Africa, Asia, and the Middle East that is practiced by specific ethnic groups. FGM is defined as "any procedures that involve partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons," according to the World Health Organization (WHO). [2] FGM affects an estimated 130 million women and girls globally, according to the United Nations Children's Fund (UNICEF). The majority of these women live in 29 African countries [3].

Yemen, Iraqi Kurdistan, Indonesia, and Malaysia are countries with high incidence in some specific places outside of Africa. FGM is becoming more widely recognized in the UK among migrants from FGM-affected countries. According to estimates based on the most recent census data, about 137 000 women and girls in England and Wales underwent FGM in 2011 and came from countries where the practice is still practiced [4].

This estimate comprised 103 000 women between the ages of 15 and 49, 24 000 women aged 50 and over, and 10,000 girls under the age of 15. In addition, an estimated 60 000 girls under the age of 15 are born each year to mothers who have undergone FGM. There is no advantage to girls or women's health, and medical risks include extreme bleeding, cysts, infections, problems peeing, and difficulties during childbirth. Because it is rarely done in a medical context, the procedure is particularly risky. More than 200 million girls and women have been harmed in 30 countries, with UNICEF estimating that 30 million more would be harmed in the next ten years if current trends continue. The practice is concentrated in Africa, the Middle East, and Asia, with Somalia, Guinea, Djibouti, and Egypt having a 90 percent prevalence rate.

Prevalence and Trends of FGM/C in Somaliland/Somalia

According to SLHDS (2020), the prevalence of female circumcision among women aged 15 to 49 in Somaliland is 98 percent, down from 99 percent reported in MICS 2011. The Pharaonic type was experienced by 61 percent of circumcised women, 7% by the Intermediate type, and 29% by the Sunni type [5].

SHDS (2020), on the other hand, shows the percentage of women aged 15 to 49 who have had female circumcision based on their background factors. Female circumcision has been performed on 99 percent of Somali women. Pharaonic is the most prevalent variety, with 64 percent of women having it done. According to the statistics, 12 percent of women have gone through the Intermediate type, while 22 percent have gone through the Sunni kind. Only 2% of women were aware of the sort of female circumcision they had received earlier in life [6].

The link between FGM and education

According to the SLHDS (2020), the percentage of women who feel female circumcision is a religious obligation reduces as their educational level rises; 60% of women with no education believe it is, while 25% of women with a higher education say it is not. A similar tendency may be seen in the wealth quintile, with women in the highest wealth quintile believing female circumcision is not a religious need. FGM/C is supported by nearly twice as many women from low-income families (72%) as it is by women from high-income households (38%) [5].

According to the SLHDS (2020), the higher a woman's educational level, the less likely she is to desire the FGM/C practice to continue. 14 percent of women with a higher education want the practice to continue, compared to 57 percent of women with no education. The type of circumcision a woman has is proportional to her educational degree.

Higher-educated women are more likely to have undergone the Sunni kind of conversion. Sunni was reported by 54 percent of those with a secondary education, while Pharaonic was recorded by 70 percent of those with no education. Female circumcision is most common in Sanaag, where it is 100 percent, and least common in Marodijeh, where it is 96 percent. Sunni circumcision is most common in Awdal, with 42 percent of women reporting it, whereas Pharaonic circumcision is most common in Sool, with 70 percent of women reporting it [5].

For decades, Somalia has practiced female circumcision, also known as Female Genital Mutilation/Cutting (FGM/C). The practice is deemed detrimental since it may endanger the health and well-being of women and girls who are exposed to it. The Convention on the Rights of the Child considers FGM/C to be a violation (General Assembly, United Nations, 1990).

Those with no education and those with greater education have opposing views on the termination of female circumcision, according to SHDS (2020). Seventy-eight percent of women without a high school diploma think female circumcision should continue, while 52 percent of women with a college diploma think it should be abolished.

In terms of education, there is a significant difference in women's perspectives—74 percent of those with little education say it is a religious obligation, compared to 44 percent of those with higher levels of education. Women's attitudes concerning female circumcision are influenced by their socioeconomic status: 77 percent of women from

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the lowest wealth quintile or poorest households feel it is a religious obligation, compared to 59 percent of women from the highest wealth quintile or wealthiest households. In SHDS (2020), 70% of women without a high school diploma had the worst type of female circumcision.

The less severe form of female circumcision was used by just over half of the women with the highest level of education (52 percent). Because the respondents' guardians, such as their parents or grandparents, decided on the type of female circumcision to be performed at the time of the respondents' female circumcision, more research is needed to understand this association [6]. According to their ages and other background variables, the percentage distribution of women aged 15 to 49 by their religious beliefs towards female circumcision. FGM/C is considered a religious obligation by 72 percent of women. Women's beliefs vary slightly by age, with 76 percent of those in the 15-19 age group believing it is a religious obligation, compared to 73 percent of those in the 45-49 age groups [6]. According to research conducted in Sierra Leone, the majority of women with formal education (65.5%) and 15.6 percent of those without formal education believe that FGM/C should be abolished. Similarly, 35% of those aged 15–19 believe that FGM/C should be prohibited. Women with a higher education level were more likely to believe FGM/C should be stopped [AOR4.02; CI 3.00–5] [7].

Conclusion

There is a direct link between educational attainment and FGM/C. To be clear, the higher a woman's educational position, the less likely she is to be subjected to this behaviour. The majority of educated women say the practice should be abolished. All of the reviewed publications show that women's attitudes toward FGM should be stopped, and they are all similar among women in various circumstances. Women who lack access to education believe that FGM should continue.

Another essential point to note is that there is a link between wealth and women's attitudes regarding female genital mutilation. Women with the greatest incomes advocate ending the practice of so-called FGM/C, which is a harmful cultural practice (Table 1).

Table 1: WHO classification of FGM.

Type 1: Clitoridectomy	partial or total removal of the clitoris (a small sensitive and erectile part of the female genitals) and in rare cases only the prepuce (the fold of skin surrounding the clitoris)
Type 2: Excision	partial or total removal or the clitoris and labia minora with or without removal or the labia majora (the labia are “the lips” that surround the vagina)
Type 3: Infibulation	Narrowing of the vaginal opening through the creation of a covering seal. The seal is formed by cutting and repositioning the labia minora or majora with or without removal of the clitoris
Type 4: Other	All other harmful procedures to the genital for non-medical reasons e.g. pricking, piercing, incision, scraping and cauterising the genital area

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