

Background

FGM/C includes all procedures that involve partial or total removal of the external female genitalia and/or injury to the female genital organs, whether for cultural or non-therapeutic reasons.

More than 200 million girls and women alive today have undergone some form of FGM/C in 30 countries across Africa and the Middle East (WHO, 2017), and another 30 million girls are at risk in the next decade.

The rise in international migration has increased the number of girls and women living in the various diaspora populations, including in Europe and North America, who have undergone or may undergo the practice (UNICEF, 2016).

GOODNEWS

It has been reported that there is a decline in the global FGM/C prevalence as a result of the much attention given to it by researchers, organizations and governments; its prevalence has declined by nearly a quarter since around 2000. (UNICEF & UNFPA, 2018).

CHALLENGE

By the year 2030, more than a third of all births globally will be in the 30 countries (Africa and the Middle East) where female genital mutilation is practiced. There is need for an accelerated progress so as to protect the growing number of girls at risk of this harmful practice in these countries (UNICEF & UNFPA, 2018).

WHAT DO WE DO?

To address this challenge, a scoping review of research evidence on FGM/C in Africa is essential as it will help us to understand the trends of the practice, so that evidence-based policies and programs can be effectively designed, implemented and monitored to accelerate its abandonment.

WHAT IS A SCOPING REVIEW?

Scoping reviews use systematic and explicit processes in defining the area under study, searching for the studies within the area, assessing the studies retrieved and analyzing the findings qualitatively or quantitatively (Arksey & O'Malley, 2005).

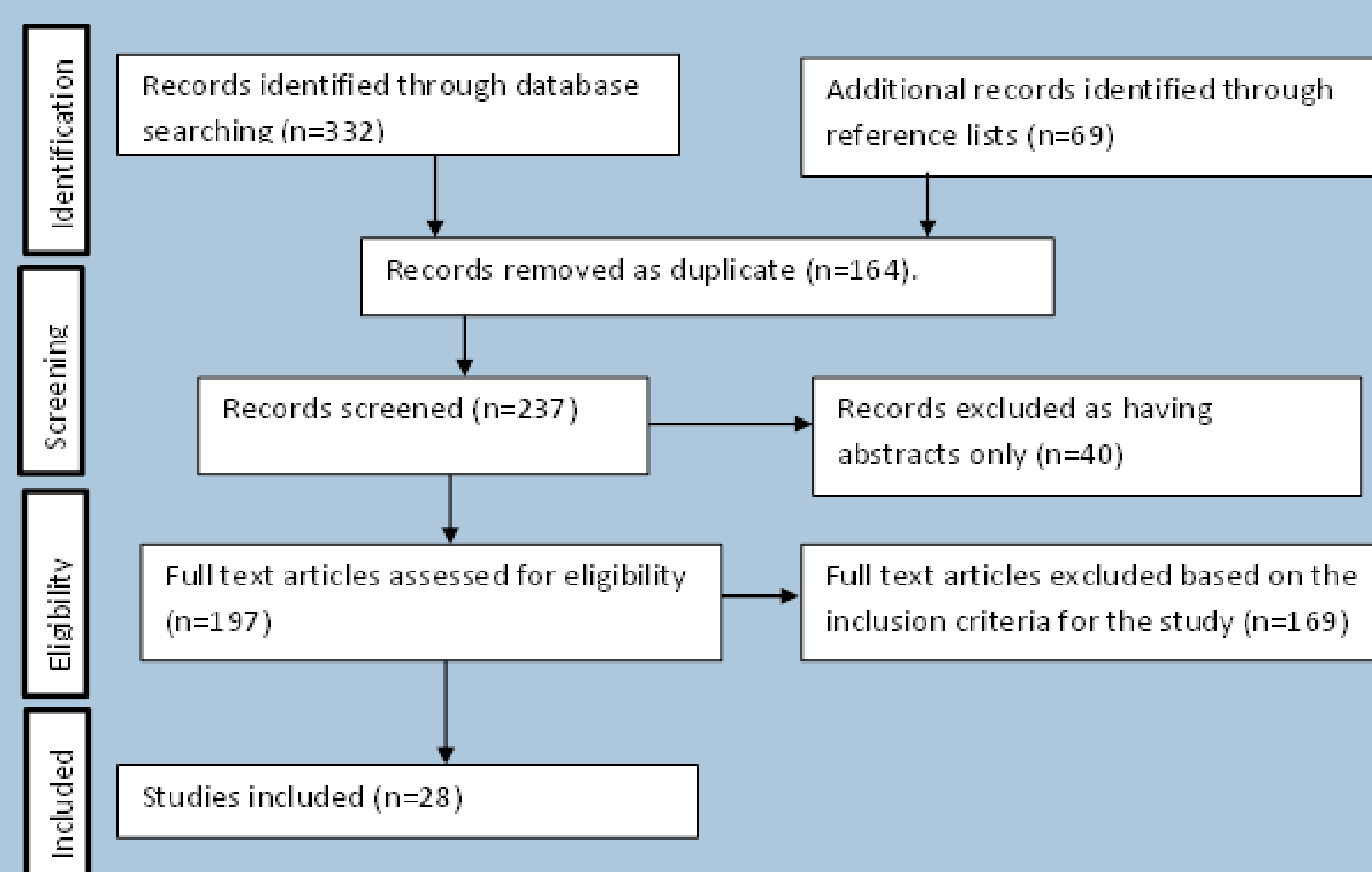


Figure 1. A PRISMA flow diagram of the review search process

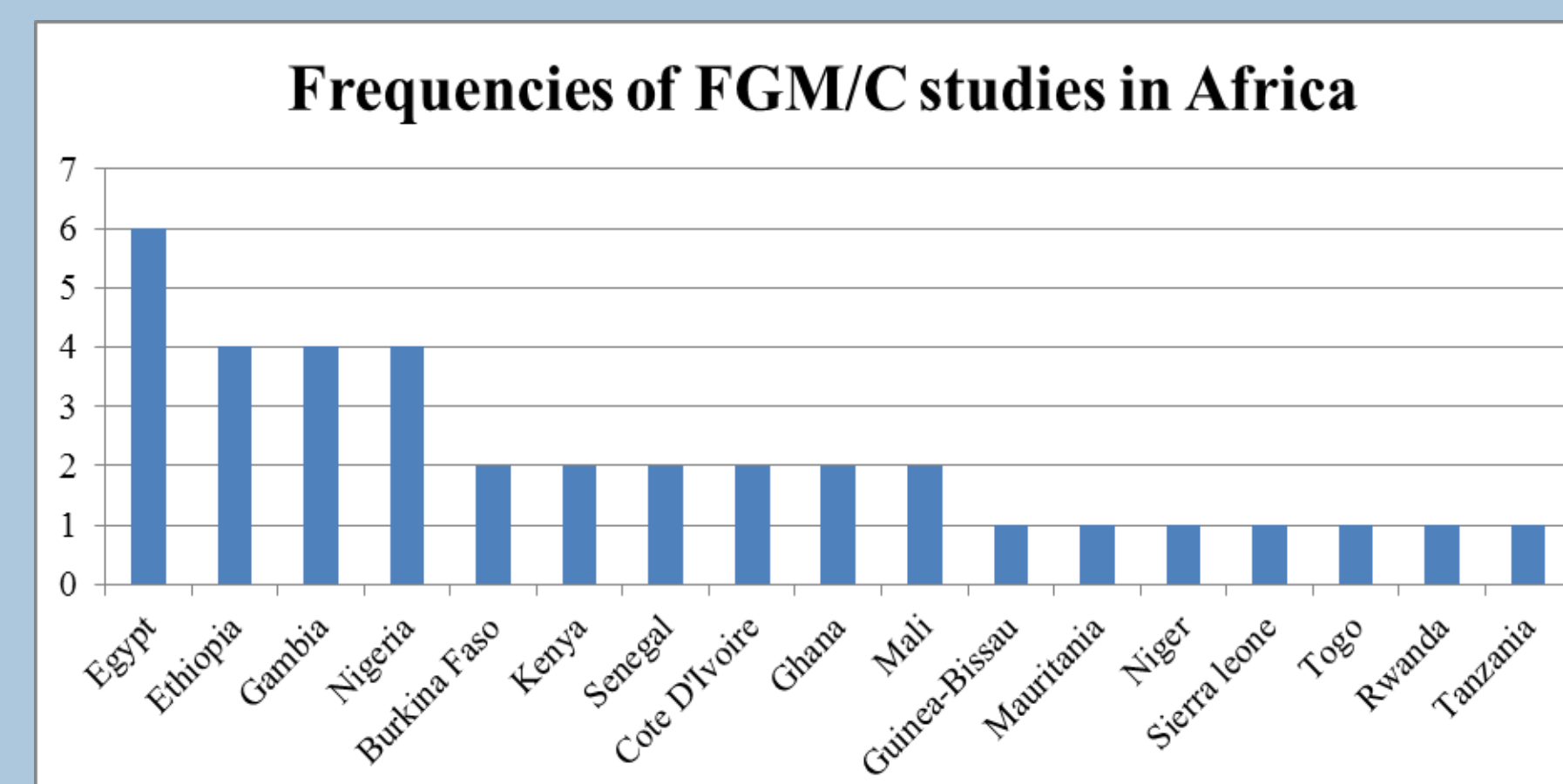
CONCLUSION

- This study provided evidence that only a limited number of FGM/C studies were done in countries with a high incidence,
- FGM/C is widely practiced in Africa, despite interventions such as anti-FGM/C laws and campaigns. It is deeply rooted in culture.
- There might have been a recent increase in early-age FGM/C

LIMITATIONS

Eligibility criteria for article selection which were that articles must be in peer reviewed journals, original research articles and published in English in an African country in the last decade.

RESEARCH QUESTION 1: WHAT ARE THE FGM/C PUBLICATION OUTPUT?



Focus of the studies

- prevalence of FGM/C (29%),
- attitudes/intention to continue the practice (29%),
- the health consequences associated with the practice (29%),
- effectiveness of anti-FGM/C laws (18.0%),
- motivations for FGM/C (18.0%),
- perpetrators of FGM/C (11.0%),
- testing the effectiveness of programs to end FGM/C (7.0%),
- the role of male and female sexuality about FGM/C (4.0%),
- perceptions of sexual consequences of FGM/C (4.0%),
- risk for intimate partner violence (4.0%).

RESEARCH QUESTION 2: WHAT ARE THE TRENDS AND KNOWLEDGE GAP IN FGM/C STUDIES?

Age at circumcision

None of the studies focused on the ages of girls and women at the time of FGM/C; however, some authors reported such findings. More girls younger than 10 years, and in some instances neonates, are being circumcised in Nigeria, Cote d'Ivoire, Egypt and Tanzania. Galukande et al. (2015) that in Tanzania, when comparing the 2005 district health survey to that of 2010, the cutting of young girls under or equal to one year had increased from 18.4 to 31.7 % respectively.

Effectiveness of Interventions to end FGM/C

Interventions against FGM/C which were anti-FGM laws and campaigns were a double-edged sword because they had both positive and negative effects in the fight against FGM/C (Kandala & Komba, 2015). They led to an increase in knowledge about FGM/C and its consequences, brought about public denunciation of the practice, but still led to the continuation of FGM/C in secret (Galukande et al., 2015; Van Bavel, Coene, & Leye, 2017). This could result in women who had complications from FGM/C not presenting themselves or their affected children for health care for fear of apprehension by the law, thereby silently increasing morbidity and mortality.

RESEARCH QUESTION 3: WHAT IS THE GUIDE FOR FUTURE SCOPE OF FGM/C RESEARCH?

Therefore, there is a need for indigenous research into the experiences of the females who have been affected directly or indirectly by FGM/C in each community, especially in the countries with high prevalence of FGM/C.

The fact that there has been a recent increase in early-age FGM/C as revealed in this study calls for further research studies on this subject. This is because early-age FGM/C can cause an increase in morbidity and mortality, thus driving the practice further underground.