

Prevalence and Correlates of Female Genital Mutilation in the Kassena-Nankana District of Northern Ghana

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ABSTRACT

This paper studies the prevalence and correlates of female genital mutilation in the Kassena-Nankana district/Upper-East region, northern Ghana. Three surveys conducted in 1995 and 1996 are analyzed. FGM is highly prevalent in this part of Ghana: 77 percent of all women are affected. Contrary to other African populations where the practice is usually conducted on girls under age 10, Kassena-Nankana women undergo FGM when they reach puberty and are ready to get married. FGM is practised by all ethnic groups and religions. Multivariate analysis reveals lower risks among followers of monotheist religions (Christianity and Islam) while ethnicity is found to have no major effect. Schooling was found to be the most discriminating factor: not only does it delay FGM, but it also prevents it when pursued beyond the primary level. (*Afr J Reprod Health* 1998;2(2):13–24)

RÉSUMÉ

Prévalence et facteurs corrélatifs de la pratique de la Mutilation Génitale Féminine dans le district du Kassena-Nankana du nord du Ghana. Cet document étudie la prévalence et les facteurs corrélatifs de la pratique de la mutilation génitale féminine dans le district du Kassena-Nankana-région haute-est du nord du Ghana. Trois enquêtes menées en 1995 et 1996 avaient été analysées. La MGF est largement prévalante dans cette partie du Ghana: 77 pour-cent de toute la population féminine avait subi la pratique. Contrairement à d'autres populations parmi lesquelles la MGF est pratiquée sur des filles de moins de 10 ans, les femmes du Kassena-Nankana subissent la pratique au moment de leur puberté, lorsqu'elles sont en âge de se marier. La MGF est pratiquée par tous les groupes ethniques et religieux. Une analyse à variables multiples a révélé que les risques étaient moins élevés parmi les pratiquants d'une religion monothéiste (chrétienne et musulmane) tandis que le facteur ethnique semblait ne pas avoir d'incidence. L'éducation avait paru être le facteur le plus discriminatoire: non seulement ce facteur retarde le moment de la MGF, mais également, lorsque cette éducation est d'un niveau supérieur au niveau fondamental, elle aboutit à la prévention de la pratique. (*Rev Afr Santé Reprod* 1998;2(2):13–24)

KEY WORDS: *Female Genital Mutilation, female circumcision, Navrongo, Kassena-Nankana district, Ghana*

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there is no alternative to patient long-term educative work. The history of African populations is full of examples of ill-thought and counterproductive legal decisions which make their object even more difficult to address by turning it into a covert activity that people are no longer willing to talk freely about.

To address such a deep-rooted practice successfully, it is important to first understand why people maintain it despite its far reaching health consequences. The analysis of focus group discussions and essays by the school going youth, additional inquiry on men and women's attitudes about FGM and their suggestions on how to address it will provide a solid basis for the development of an intervention in the Kassena-Nankana District.

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