

OPINION POLL OF PARENTS ON FEMALE GENITAL MUTILATION IN A RURAL COMMUNITY, IBADAN, NIGERIA

OLUSEYE Olabisi M.¹, OKANLAWON F.A.²,

¹ MSc. (Nursing) Awaiting, Department of Nursing, College of Medicine, University of Ibadan, Oyo State, Nigeria.

² Senior Lecturer, Department of Nursing, University of Ibadan, Oyo State, Nigeria.

Email - olubim4real@yahoo.com, funmilayookanlawon@yahoo.com

Abstract: *Female Genital Mutilation “FGM” is defined as a procedure in which part or all of the external genitalia are cut off for reasons that do not have medical basis. The aim of this study was to assess the opinion of parents in a rural community in Ibadan Nigeria on Female Genital Mutilation. This study is a quantitative descriptive study. The houses were selected systematically and from which only one hundred and eighty four parents participated in the study. Data were analyzed using frequency and percentages. The study shows that 63% have once heard campaign against Female Genital Mutilation, nevertheless 69.6% of these parents indicated that they have circumcised all their female children and most of which were done at traditional birth home. One of the main findings of this study is that majority of the women submitted that they were circumcised at infancy. It is worth noting that 82.6% both male and female parents were of the opinion that Female Genital Mutilation is a worthwhile practice and also believed that a woman may not have any child if uncircumcised. The continuity of Female Genital Mutilation has been found to be based on personal opinion, hence the reason why Female Genital Mutilation is yet to be totally eradicated in most African communities especially in rural areas. Eradication will require collaborative efforts by all stakeholders.*

Key Words: *Circumcision, Traditional practice, Opinion, Experience of Parents, Female Genital Mutilation (FGM), Rural community.*

1. INTRODUCTION:

FGM also known as female circumcision is a procedure that involves either partial or total removal of the external female genitalia, or any other injury to the female genitalia [1]. FGM was discovered in Egypt; however the practice of FGM is still high in this country despite it has been legally banned in this country [2-3]. Presently FGM is a practice widely spread across the World with an estimation of 130 million girls and women been violated by FGM Worldwide [4]. Although it is said to be mostly practiced in African countries, however it can be found in some part of Asia, Middle East Countries and Western world where immigrants reside [5]. The most serious form of this practice is found in Egypt, Sudan, Mali, Ghana and Nigeria [6]. Some of the consequences of the practice are immediate while others are long lasting. The act is an unpleasant one, which leaves behind the memory of the concerned girl child an unforgettable physical and psychological pain. Many often live with the pain of unfulfilled sexual desire and difficult deliveries throughout their reproductive life. In some instances the victim may bleed severely which may even lead to death and while in some cases it is the invasion of infections that sent the girl to early grave [7-9].

Due to the adverse effects of FGM, several international declarations and local policies and legislations in concerned countries have been made to address the issue of FGM globally [2-3]. However despite this and the devastating accompanied mortality rate in most African countries the continuation in this part of the World is still an issue of concern to researchers, international health organizations and local bodies [5]. Three million girls and women are at risk of being mutilated each year in the Africa continent mostly in Sub-Saharan Africa, Egypt and Sudan, half of these are from Egypt and Ethiopia [10 -12].

The practice of FGM cuts across 29 African countries including Nigeria, and it is practiced by most religions of the world, and this includes Christianity, Islamic and Jewish [13]. Meanwhile it has been observed to be mostly practiced in Islamic communities such as Egypt, Ethiopia, Cote d'Ivoire, Kenya, Senegal, Benin, etc. however no religion doctrine really supports this practice [14]. The continuity of this practice has been attributed to cultural beliefs and an attainment of a social status [10]. Generally it is considered by many people in African communities as a compulsory rite for girls and many mothers reported it been done for them at infancy, hence they considered it has a tradition which must be continued [12]. The perception of FGM as a way of traditionally initiating a girl into womanhood by removing part of her genital is very contradictory to its purpose. Studies have reported that this act has reduces its victim ability in performing her sexual function as a woman effectively [15]. Many mothers in African communities are highly committed to the promotion of this culture. It is often considered as a way of upholding the custom of the

traditional family and satisfying the desire of the decision makers (men) who in most cases have no idea of the ordeal of this practice [16-17]. FGM is mostly carried out by traditional circumciser in many of these communities; however few percentages are perpetrated by the health workers [7, 13].

FGM is divided into four major types, type IV is the most complicated which involves all of the other harmful procedures to the female genitalia for non-medical purposes, such as pricking of the clitoris with needles, piercing of the genitalia, and so on [15, 18]. Despite an increased awareness and campaigns program against FGM in Nigeria, on the average the prevalence of FGM in Nigeria is about 19 percent [11]. However the practice of FGM has been documented to be higher in the Southeastern part of Nigeria [6]. Nevertheless this practice cuts across all ethnics, religious and socio economic groups [19]. It is important to know that 29 percent of this practice is perpetrated by health workers in Nigeria [13]. Continuous awareness and health education program has been implemented to enlighten women especially in health care delivery centers on this practice. Despite this, it is still highly celebrated by many women especially in rural communities. Several studies have been carried out on this subject among Nigerian women but little or no study has been carried out among husbands and their wives. Hence the researchers seek to find out the opinion of parents as regards female genital mutilation in a rural community in Ibadan, Nigeria.

2. MATERIALS AND METHODS:

This is a cross sectional descriptive study designed to assess the opinion of parents on FGM in Amosun community Ibadan. The study was carried out in Amosun community in Egbeda local government area Ibadan, Oyo State, Nigeria. The houses are widely dispersed hence for adequate communication the major three streets that cut across the area were used to divide the community into three Zones. Each zone has a leader with an overall head locally called the “Baale”. The community lacks basic facilities such as health care, school and market. The women of the community are majorly petty traders while most of the men work in the city outside the community. The study population consisted of parents’ i.e fathers and mothers in this community. The houses in the community were systematically selected. Parents that were living together, who were ready and willing to participate were included in the study. Divorcees or widows/widowers were excluded. This was done in order to be able to access the influence of Fathers on mothers’ opinion on FGM. One hundred and eighty – four (184) parents participated in the study. The instrument used for data collection was questionnaire. A thirty four item questionnaire was developed as a tool for eliciting information. It consisted of four main sections, Socio demographic data, Knowledge, Opinion and Experience. All willing parents in each selected house who lived together were given questionnaire in the evening time which was usually their leisure time on a weekend, same were retrieved back immediately after ensuring completion of the questionnaire. The purpose and benefits of the research were explained to the participants. Verbal consent was obtained from the participants to take part in the study. Privacy and confidentiality were ensured throughout the study. Research posed no form of harm to the study participants. Data were analyzed using frequency and percentages.

3. RESULTS:

Socio demographic data: One hundred and eighty – four (184), 84 males and 100 females participated in the study. The mean age was 37 years. Many of the respondents (53.3%) had secondary school education only 18.5% had tertiary education. Out of the seventeen parents that had tertiary education, 29.4% of the male parents and 58.8% of the female parents were teachers. Majority of the men that had less than tertiary education were drivers (39.1%) while 32.6% of women in this category were petty traders.

Awareness of FGM: One hundred and sixty-eight parents had knowledge of FGM. Sixty seven percent have heard about campaign against it and 58.7% were aware of associated health implications. Considering the lists of health implications stated, it is important to note that only 3.3% and 6.5% of the respondents respectively indicated that FGM can reduce sexual satisfaction and can lead to death (Table 1 shows the details of other results on awareness on FGM).

Table 1: Awareness of FGM

| Variables | Responses | Frequency | Percentage |
|---|-----------|-----------|------------|
| Do you know what FGM is? | Yes | 168 | 91.3 |
| | No | 16 | 8.7 |
| Have you once heard campaign against FGM? | Yes | 124 | 67.0 |
| | No | 60 | 33.0 |
| Do you know what FGM is? | Yes | 168 | 91.3 |
| | No | 16 | 8.7 |

| | | | |
|--|---------------------------------|-----|------|
| Define FGM in your own words? | Partial removal of clitoris | 90 | 48.9 |
| | Total removal of clitoris | 60 | 32.6 |
| | Partial removal of labia majora | 34 | 18.5 |
| Are you aware of any of FGM health implications? | Yes | 108 | 58.7 |
| | No | 76 | 41.3 |

Table 1.1: Knowledge of FGM consequences

| Variables | Responses | Frequency | Percentage |
|--|-----------|-----------|------------|
| FGM can cause difficult labour | Yes | 138 | 75.0 |
| | No | 46 | 25.0 |
| FGM can cause bleeding | Yes | 76 | 41.3 |
| | No | 108 | 58.7 |
| FGM can cause infection | Yes | 116 | 63.0 |
| | No | 68 | 37.0 |
| FGM can cause painful sexual intercourse | Yes | 100 | 54.3 |
| | No | 84 | 45.6 |
| FGM can reduce sexual satisfaction | Yes | 6 | 3.3 |
| | No | 178 | 96.7 |
| FGM can lead to AIDS | Yes | 122 | 66.3 |
| | No | 62 | 33.7 |
| FGM can lead to death | Yes | 12 | 6.5 |
| | No | 172 | 93.5 |

Experience on FGM: It is interesting to know that 69.6% of the respondents indicated that they have circumcised all their female children, while only 15.2% parents responded that they did not circumcise any of their female children and some of the reasons given include against tradition, it can lead to death, due to campaign against it. Majority of the respondents indicated that the circumcision was done at traditional birth home 93.8%. One of the main findings of this study is that out of the one hundred female parents that participated in the study, ninety – four (94%) of them submitted that they were circumcised and was done at infancy. However it is worth noting that the remaining 6% that were not circumcised indicated they enjoy sex with their husbands meanwhile four women out the six indicated they can control their sex urge. Out of the women that were circumcised only 55.3% responded that do enjoy sex with their husbands, 10.6% indicated No, while 34.1% responded that they don't know. Furthermore 17.1% of the circumcised women submitted that they have once suffered a problem because of being circumcised. Seventy six male parents (90.5%) submitted that their wives were circumcised and all of them indicated that they enjoy sex with their wives. Only 7.9% indicated that their wives have once suffered a problem because of being circumcised. The problem these men stated their wives have suffered was difficulty in child birth and this was also reported by the women(62.5%) (Table 2 shows the details of other results on experience of parents on FGM).

Table 2: Experience on FGM of all respondents

| Variables | Responses | Frequency | Percentage |
|--|---------------------------|-----------|------------|
| How many of your female children have you circumcised? | All | 128 | 69.6 |
| | None | 28 | 15.2 |
| | Some | 12 | 6.5 |
| | I don't know | 16 | 8.7 |
| If all, why? | Tradition | 120 | 93.8 |
| | Prevent promiscuity | 4 | 3.1 |
| | Ignorance of side effects | 4 | 3.1 |
| If none, why? | Civilization | 10 | 35.7 |
| | Against tradition | 8 | 28.6 |
| | Can lead to death | 6 | 21.4 |
| | Don't feel like | 4 | 14.3 |
| If some why? | Campaign against it | 8 | 66.7 |
| | Bad experience | 4 | 33.3 |
| Where were they circumcised? | Hospital | 10 | 7.1 |
| | Health center | 14 | 10.0 |
| | Traditional birth home | 116 | 82.9 |

Table 2:1: Experience on FGM among female parents

| Variables | Responses | Frequency | Percentage |
|---|------------------------------|-----------|------------|
| Were you circumcised? | Yes | 94 | 94.0 |
| | No | 6 | 6.0 |
| If yes at what age? | Infancy | 94 | 100.0 |
| | Teenager | - | - |
| | Prior marriage | - | - |
| If you were circumcised do you enjoy sex intercourse with your husband? | Yes | 52 | 55.3 |
| | No | 10 | 10.6 |
| | I don't know | 32 | 34.1 |
| If not circumcised do you enjoy sex intercourse with your husband? | Yes | 6 | 100.0 |
| | No | - | - |
| If not circumcised can you control your sexual urge? | Yes | 4 | 66.7 |
| | No | 2 | 33.3 |
| Have you suffered any problem because of being circumcised? | Yes | 16 | 17.1 |
| | No | 78 | 82.9 |
| If yes, state the nature of the problem? | Difficulty in child delivery | 10 | 62.5 |
| | Painful sexual intercourse | 6 | 37.5 |

Table 2.2: Experience on FGM male parents

| Variables | Response | Frequency | Percentage |
|--|---------------------------|-----------|------------|
| Is your wife circumcised | Yes | 76 | 90.5 |
| | No | 8 | 9.5 |
| If your wife is circumcised do you enjoy sex with her? | Yes | 76 | 100 |
| | No | - | - |
| Has your wife suffered any problem because of being circumcised? | Yes | 6 | 7.9 |
| | No | 70 | 92.1 |
| If yes, state the nature of the problem? | Difficulty in child birth | 6 | 100.0 |

Opinion of parents on FGM: One hundred and fifty-two respondents (82.6%) perceived FGM as a worthwhile practice, 72.8% indicated that it is a culture which must be done, also 82.6% believed that a woman may not have child if uncircumcised (Table3 shows the details of other results on opinion of parents on FGM).

Table 3: Opinion of parents on FGM

| Variables | Response | Frequency | Percentage |
|---|--------------|-----------|------------|
| It is a culture which must be done | True | 134 | 72.8 |
| | False | 50 | 27.2 |
| | I don't know | - | - |
| It is worthwhile | True | 152 | 82.6 |
| | False | 32 | 17.4 |
| | I don't know | - | - |
| A woman may not have child if uncircumcised | True | 152 | 82.6 |
| | False | 6 | 3.3 |
| | I don't know | 26 | 14.1 |
| FGM prevents promiscuity | True | 110 | 59.8 |
| | False | 58 | 31.5 |
| | I don't know | 16 | 8.7 |
| It enhances female cleanliness | True | 90 | 48.9 |
| | False | 60 | 32.6 |
| | I don't know | 34 | 18.5 |

4. DISCUSSION:

Although there have been campaigns over the years against the practice of FGM across Nations of the World, however this practice are still prevalent in some part of the world basically for cultural reasons. This study is unique because it reveals the opinions of both the fathers and mothers as regards this practice. A good percentage of the respondents are aware of the practice of FGM and had good knowledge of its consequences. This is consistent with study carried out among women attending antenatal and postnatal care in Southeast Nigeria which reveal that 91.3% were aware of FGM and only 58.7% were aware of the side effects associated with FGM [20]. Meanwhile there are some few studies that contradict this study finding. Case studies carried out in Somalia showed that there was low awareness and poor knowledge of FGM due to traditional beliefs [11]. Likewise a study carried out among Iraqi Kurdish women in Erbil city, shows that only 30% of the participants were aware about the health consequences of female genital mutilation [21]. Also some women in Kenya hospital reveal that lack of awareness of health complications of FGM was mainly responsible for it trend in Kenya [22]. Some of the complications the parents of this present study generally identified that they are aware of are: difficult labour, HIV/AIDS, painful sexual intercourse and infection. This agrees with a study conducted in Somalia in which majority of study participants knew that FGM can result into complications such as bleeding, difficulties in urination, child birth complications, infection and the possibility of HIV transmission [5]. Most of the respondents of this study indicated that they have circumcised all their female children, some of the reasons given by those that did not circumcise their children are; against their tradition, it can lead to death, due to campaign against it. This finding contradicts study carried out Ezenyeaku et al among women attending the antenatal clinics south in the eastern part of Nigeria, which shows that only 14.3% of the study respondents circumcised their own daughters or showed willingness to circumcise their daughters indicating considerable reduction in uptake of the practice among the people [6]. It is important to note that the parents of Amosun community who had their children circumcised submitted that the circumcision was done at health centers, hospitals and traditional birth home, however traditional birth home takes the highest percentage (82.9%). Although there seems to be some biases to this particular question however the fact still remains that the key perpetrators of this practice still remains the traditional birth attendants. Study among Iraqi Kurdish women reports that FGM was mostly performed by traditional birth attendants [21]. Out of the 100 Female parents in Amosun community that participated in the study, ninety- four percent of these parents submitted that they were circumcised at infancy. Fifty two women (55.3%) out of this circumcised women responded that they do enjoy sex with their husband. This response seems strange because it is assumed to be a taboo for women in most African cultures to express their mind as regards sexual dissatisfaction. Sexual dissatisfaction is one major side effects of FGM which most women would prefer enduring than disclosing it and this has psychological effects on the victim and in some instances many women die during the course of the sexual intercourse in the bit of the men trying to satisfy themselves while struggling to penetrate [11]. Generally Sexual dissatisfaction is said to be a common side effects of FGM [6]. However it is worth noting that the remaining 6% that were not circumcised indicated they enjoy sex with their husbands and 66.7% of this same group of women indicated that they can control their sex urge. Another finding worth highlighting is that only 17.1% of the circumcised women submitted that they have once suffered a problem because of being circumcised. While out of the 90.5% male parents that submitted that their wives had FGM done, only 7.9% of the men responded that their wives have once suffered a problem because of being circumcised. The problem these men stated their wives have suffered was difficulty in child birth and this was also reported by the women. This finding is consistent with findings in some studies which report that difficult deliveries throughout reproductive life is one of the complications circumcised women have experienced [7-9]. In addition all the male respondents who have their wives circumcised submitted that they enjoy sex with their wives

Some of the views of parents on FGM were that it helps in preventing promiscuity, it enhances cleanliness and approximately eighty percent of the parents agreed that it is worthwhile and that it is a culture which must be done. This finding is consistent with findings of studies carried out in Southeastern part of Nigeria, Somalia and among Iraqi Kurdish women which identifies the following views as basis for continuity of FGM; to prevent promiscuity, cultural tradition, dictate of religion and maintaining the dignity of girls [5-6,21].

5. CONCLUSION:

People across the World still have different opinions on FGM which are rooted in cultural beliefs. This is one major factor responsible for the continuity of this practice in African communities. Discouraging FGM practice will require

collaborative efforts by all stakeholders and nurses providing the public with culturally sensitive education on the adverse effects of FGM. In order to curb this practice the decision should come from the communities as a whole and not from the individuals. This decision entails educating the parents and the local leaders, religious leaders, group leaders on FGM and issues related to it such as sexually transmitted infections, polygamy, child marriage, reproductive health to mention but a few. Also there is need for more enlightenment program, for the public on this matter through mass media, information technology, campaign at various settings where people live, work and worship. The campaign and health education program should be packaged to address the common misconceptions of the parents. Emphasis should be laid on the fact that there is no relationship between not been circumcised and infertility, difficulty in delivery and promiscuity. These activities require collaboration between health agencies both governmental and nongovernmental at all the three tiers of government with necessary stakeholders. More importantly is the need for nurses to be more proactive by giving adequate health education to mothers on this issue at various women clinics such as antenatal, post natal, immunization and family planning. Despite several laws constituted against this practice, FGM still remains a tradition in many African communities. Few countries that prohibited FGM still experience the practice in secrecy [15]. There is need for government law enforcement agents to enforce these laws against this practice. Hopefully, when all these collective actions are implemented FGM will become a past history just like the slave trade.

ACKNOWLEDGEMENT:

We would like to appreciate the entire leaders and community of Amosun, Isebo Ibadan for their support.

REFERENCES:

1. World Health Organization 2014. Female genital mutilation. www.who.int/mediacentre/factsheets/fs241/en/World Health Organization.
2. M. Martinelli, and J.E. Ollé-Goig, Female genital mutilation in Djibouti. *African health sciences, Afr Health Sci.*, 12(4), 2012, 412–415, www.ncbi.nlm.nih.gov/...National Center for Biotechnology Information
3. Dalal K, Lawoko S, Jansson B. Women's attitudes towards discontinuation of female genital mutilation in Egypt. *J Inj Violence Res [Internet]*. 2010 Jan. 2(1): 41–47. Available from doi: 10.5249/jivr.v2i1.33.
4. K. Brown, D. Beecham, and H. Barrett, The Applicability of Behaviour Change in Intervention Programmes Targeted at Ending Female Genital Mutilation in the EU: Integrating Social Cognitive and Community Level Approaches, *Obstet Gynecol Int*, 2013, 1-12, www.hindawi.com/journals/ogi/2013/324362/
5. A.A Gele, B.P. Bo, and J. Sundby, Attitudes toward Female Circumcision among Men and Women in Two Districts in Somalia: Is It Time to Rethink Our Eradication Strategy in Somalia? *Obstet Gynecol Int*, 2013, doi: 10.1155/2013/312734.
6. C.C. Ezenyeaku, T.C. Okeke, C.O. Chigbu, and L.C. Ikeako, Survey of Women's Opinions on Female Genital Mutilation (FGM) in Southeast Nigeria: Study of Patients Attending Antenatal Clinic, *Ann Med Health Sci Res.*, 1(1), 2011, 15–20, www.ncbi.nlm.nih.gov/...National Center for Biotechnology Information
7. G.A. Al-Khulaidi, K. Nakamura, K. Seino, M. Kizuki. Decline of Supportive Attitudes among Husbands toward Female Genital Mutilation and Its Association to Those Practices in Yemen. *PLOS One*, .8(12), 2013, e83140, doi: 10.1371/journal.pone.0083140
8. A. Kaplan, S. Hechavarría, M. Martín, and I. Bonhoure, Health consequences of Female Genital Mutilation/Cutting in the Gambia, *Evidence into Action, Reprod Health*, 8: 26, doi: 10.1186/1742-4755-8-26.
9. R.C. Berg, V. Underland, J. Odgaard-Jensen, A. Fretheim, and G.E. Vist, Effects of female genital cutting on physical health outcomes: a systematic review and meta-analysis, *BMJ Open*, 4(11), 2014, doi: 10.1136/bmjopen-2014-006316.
10. O. Bjälkander, D.S. Grant, V. Berggren, H. Bathija, and L. Almroth, Female Genital Mutilation in Sierra Leone: Forms, Reliability of Reported Status, and Accuracy of Related Demographic and Health Survey Questions, *ObstetGynecol Int.*, 2013, doi: 10.1155/2013/680926.
11. United Nations Children's Fund 2008. Changing a harmful social convention: female genital mutilation/cutting. Innocenti Research Centre, www.unicef-irc.org/publications/pdf/fgm_eng.pdf
12. A.G. Mariam, A. Hailemariam, T. Belachew, K.W. Michael, and D. Lindstrom, Support for the Continuation of Female Genital Mutilation among Adolescents in Jimma Zone, Southwest Ethiopia, *Ethiop J Health Sci.*, 19(2), 2014, doi: 10.4314/ejhs.v19i2.69419.
13. United Nations Population Fund 2015. FGM frequently asked questions, www.unfpa.org/.../female-genital-mutilat...United Nations Population Fund.

14. S.M. Abolfotouh, A.Z. Ebrahim, and M.A. Abolfotouh, Awareness and predictors of female genital mutilation/cutting among young health advocates, *Int J Women's Health*, 7, 2015, 259–269, doi: 10.2147/IJWH.S78664.
15. P. Puri, J. Kumar, V. Ramesh, Circumcision, *Indian J Sex Transm Dis.*, 31(2), 2010, 69–74, doi: 10.4103/0253-7184.74967
16. C. Siobhan, The horror of female genital mutilation: An estimated 66,000 girls have been illegally mutilated in the UK, but no one has yet been prosecuted for this practice, Aljazeera Media Network. 2012 May 30, <http://www.aljazeera.com/indepth/opinion/profile/siobhan-courtney.html>
17. S. Modrek, and J.X. Liu, Exploration of pathways related to the decline in female circumcision in Egypt, *BMC Public Health*, 13: 921,2013, doi: 10.1186/1471-2458-13-921.
18. A.A. Gele, B.P. Bo, and J.Sundby, Have we made progress in Somalia after 30 years of interventions? Attitudes toward female circumcision among people in the Hargeisa district, *BMC Research Notes*, 6: 122, 2013, www.biomedcentral.com/1756-0500/6/122?fmt_view...
19. O.A. Okwudili, and O.R. Chukwudi, Urinary and Genital Tract Obstruction as a Complication of Female Genital Mutilation: Case Report and Literature Review, *J Surg Tech Case Rep.*, 4(1), 2012, 64–66, doi: 10.4103/2006-8808.100360
20. P.C. Ibekwe, R.C. Onoh, A.K. Onyebuchi, P.O. Ezeonu, and R.O. Ibekwe, Female genital mutilation in Southeast Nigeria: A survey on the current knowledge and practice, *J Public Health Epidemiol*, 4(5), 2012, 117-122, <http://www.academicjournals.org/JPHE> .
21. B.A. Yasin, N.G. Al-Tawil, N.P. Shabila, and T.S. Al-Hadithi, Female genital mutilation among Iraqi Kurdish women: a cross-sectional study from Erbil city, *BMC Public Health*, 13: 809, 2013, doi: 10.1186/1471-2458-13-809
22. Livermore L, Monteiro R, Rymer J. Attitudes and awareness of female genital mutilation: a questionnaire-based study in a Kenyan hospital. *J Obstet Gynaecol.*, 27(8), 2007, 816-818.