Female Genital Mutilation: Implication for Sexual and Reproductive Health

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Abstract

Female genital mutilation continues to be a threat to women's and girls' health and human rights globally. The paper discussed female genital mutilation with special emphasis to its sexual and reproductive health implications. This paper discussed female genital mutilation as the cutting off of part or the whole of a girl's clitoris and some other parts of her sex organs for cultural or any other non-therapeutic reasons. The paper started with a global overview of the prevalence and trend in the practice of female genital mutilation, then narrowed down to Africa and exhaustively discussed the Nigeria situation of female genital mutilation. After which the conceptual overview as well as classification of female genital mutilation which are Type I, Type II, Type III and Type IV female genital mutilation. Socio-cultural factors supporting female genital mutilation, such as: traditional value, cultural heritage, custom/tradition, ignorance, preserve promiscuity, hygiene, community identity, illiteracy, preserve virginity, family honour, ensure marriage, cosmetic, ensure fertility, and womanhood initiation was also identified. The paper identified prolonged labour, maternal mortality, severe pain, difficulties during childbirth, increased infant mortality, dangerously heavy bleeding after the birth of the baby and prolonged hospitalization following birth among other as the reproductive health implications of female genital mutilation, while the sexual health implications of female genital mutilation as identified by the paper include: reduced level of sexual desire, arousal, lubrication, orgasm, satisfaction, and increases pain in sexual function of women among others. The paper recommended among others that adequate awareness of the grave health implications of female genital mutilation should be created among the people that practice the act so as to educate them on the need to stop such practice.

Keywords: Female genital mutilation, Implications, Sexual health, Reproductive health

Introduction

Female genital mutilation (FGM) continues to be a threat to women's and girls' health and human rights globally. It is a culturally entrenched global practice that is not only considered an evident human rights violation but also has resultant health and social repercussions on girls and women. It has been implicated in serious health consequences, significant morbidity, health burden, and poor health indicators. Female genital mutilation/cutting is a widely used pervasive practice, it is estimated that more than 200 million girls and women at least in 30 countries have gone under the female genital mutilation/cutting (United Nations Children Emergency Fund [UNICEF], 2019), and more than three million girls are at the risk of genital mutilation/cutting in the African continent

alone (World Health Organisation [WHO], 2018). According to BigluFarnam, Abotalebi, Biglu, and Ghavami (2016), although international human rights organizations and laws attempt to ban all forms of FGM, there are many regions and countries that are continuing FGM as a culture or religious ceremony. It is done in African countries, in some Asian countries (e.g. Indonesia) and in the Middle East (e.g. Iraq, Syria, Kurdistan, Yemen). Up to this date, the researches indicated that it is being experienced in some developed countries too. Mahmoud (2015) argued that, despite the growing awareness of the practice, the prevalence of FGM ranges from 0.6% up to 98%.

Though female genital mutilation is practiced in more than 29 countries in Africa and a few scattered communities worldwide, its burden is seen in Somalia, Guinea, Djibouti, Nigeria, Egypt, Mali, Eritrea, Sudan, Central African Republic, and northern part of Ghana where it has been an old traditional and cultural practice of various ethnic groups (UNICEF, 2019). Furthermore, the highest prevalence rates are found in Somalia, Guinea, Djibouti and Egypt where FGM is virtually universal (UNICEF, 2019). Nigeria has the world's third highest FGM prevalence. It estimated that 25 percent or 19.9 million Nigerian girls and women 15 to 49 years old underwent FGM between 2004 and 2015 (UNICEF, 2016a). These absolute numbers are only third of Egypt's 27.2 million victims and Ethiopia's, 23.8 million (UNICEF 2016b). Study conducted by Okeke, Anyaehie, and Ezenyeaku (2013) revealed that, In Nigeria, FGM has the highest prevalence in the South-South (among adult women), followed by the South East and South West, but practiced on a smaller scale in the North, paradoxically tending to in a more extreme form. FGM is widely practiced in many Nigerian cultures and is considered important for women's socialisation, curbing their sexual appetites and preparing them for marriage (NPC Nigeria and ICF International 2014).

Female genital mutilation is prevalence in Nigeria. In a recent comprehensive nation-wide survey conducted by Mberu (2017) in collaboration with Population Council, and Nigeria Population Commission revealed that the highest prevalence of FGM was found in the South West and South East geopolitical zones, among the Yoruba and Igbo ethnic groups, respectively. Similarly, for 2014 and 2017, where data are available, the three states with the highest prevalence rates were Ebonyi (83%), Osun (83%), and Oyo (84%), in 2014, and Ebonyi (74%), Ekiti (72.3%), and Osun (77%) in 2017. Although few women in the North have been circumcised, Type IV forms of FGM/C, which constitutes 30 per cent of national FGM/C prevalence, are more prevalent in the region, vis-à-vis the greater prevalence of Type I, II, and III in the South. For instance, 76 percent of women who underwent scraping of tissues surrounding the vaginal orifice (*angurya*cuts) (Type IV) were in three Northern

States: Jigawa, Kano, and Kaduna, with 48 percent of the cuts in Kano alone. Among women who underwent vaginal cutting (*gishiri*cuts), the state of highest prevalence is Kaduna (25%) (Mberu, 2017)

Though numerous studies have been conducted on female genital mutilation, the origin is still unclear (Ahmadi, 2015). There is no conclusive indication to show where female circumcision first originated, but it is clear that circumcised women have been found among the mummies of ancient Egyptians. At the middle of fifth century B.C. Herodotus (the Greek historian) during his travel discovered that the Egyptians were practicing male and female circumcision. A Greek papyrus dated 163 B.C. in the British museum refers to the operations performed on girls in Memphis at the age when they received dowries. Strabo, a Greek geographer, also reported the circumcision of girls as a custom of Egyptian women in 25 B.C. (Hosken, 1992; BigluFarnam, Abotalebi, Biglu, & Ghavami, 2016).

From the forgoing, it is evident that female genital mutilation is practice globally; however it is prevalence in Africa where it is considered a cultural, traditional or religious initiation. What is this female genital mutilation? What are the sexual health implications of female genital mutilation? what are the reproductive health implications of female genital mutilation? These are some of the salient questions that the paper seeks to answer.

Female Genital Mutilation: Conceptual Overview

Female Genital Mutilation commonly known as female circumcision involves the cutting off of part or the whole of a girl's clitoris and some other parts of her sex organs for cultural or any other non-therapeutic reasons. Female genital mutilation is an unhealthy traditional practice inflicted on girls and women worldwide. Female genital mutilation is all procedures which involve partial or total removal of the external female genitalia and/or injury to the female genital organs, whether for cultural or any other non-therapeutic reasons (World Health Organization [WHO], 2018). According to Biglu, Farnam, Abotalebi, Biglu, and Ghavami (2016), female genital mutilation is defined as the procedure of eliminating some or all parts of the external female genitalia that is usually carried out by local circumcisers. They usually use cutting tools like a blade or straight-razor.

Types of Female Genital Mutilation

There are difference types of female genital mutilation depending on the extent of the cutting. The WHO (2010) classifies FGM into four major types; these are Type I (Clitoridectomy), Type II (Excision), Type III (Infibulation), and Type IV.

Type I (Clitoridectomy): Is partial or total removal of the clitoris (the small, sensitive, erectile part of the female genitals) and, in very rare cases, only the prepuce, i.e. the fold of skin surrounding the clitoris is being removed.

Type II (Excision): This involves partial or total removal of the clitoris and labia minora, with or without excision of the labia majora (the labia are the "lips" surrounding the vagina).

Type III (Infibulation): This is the most severe form of FGM, It narrows the vaginal opening through a covering seal formed by cutting and repositioning the inner or outer labia, with or without removal of the clitoris. The wound edges are repositioned by stitching or holding the cut areas together for a period of time (for example, girls' legs are bound together), to create the covering seal; a small opening is left for urine and menstrual blood to escape (Ahmadi, 2013; Okeke et al., 2012).

Type IV: includes all other harmful procedures to female genitalia for non-medical purposes, including pricking, piercing or incising the clitoris or labia; stretching the clitoris or labia; cautery by burning the clitoris and surrounding tissue; scraping tissue surrounding the vaginal orifice or cutting the vagina; introducing corrosive substances or herbs into the vagina, to cause bleeding for tightening or narrowing it.

The traditional FGM is usually done with unsterile tools such as knives, straight-razor, blades, scissors, sharp glasses, sharpened rock and even human finger-nails. Since the circumcision procedures are done without anesthesia, and usually without appropriate knowledge and awareness of the human anatomy, usually girls are afraid and straggling to run away. Therefore the circumcision procedure should be very frightening; hence this action is associated with violence of human rights and is a clear brutal action against human-being.

Socio-cultural and Economic and Demographic Supporting Female Genital Mutilation

The practice is deep-rooted in gender disparity, cultural uniqueness, and ideas about purity, modesty, esthetics, status and honor. Moreover, it acts as a trial to manage women's sexual life by reducing their sexual desire, thus promoting chastity and fidelity. This practice is encouraged by both women and men. There remains considerable support for FGM/C in areas where it is deeply rooted in local tradition (UNICEF, 2019; Abubakar, et al., 2014; Adeyinka, et al., 2019; Dare et al., 2014; Odoi, 2015; Orji & Babalola 2016). According to National Population Commission while reporting National Demographic Health Survey(2013), four out of five Nigerian women who were cut were cut by their fifth birthday, so it is impossible for girls to know why they are being circumcised. Social and cultural beliefs and norms are the leading factors for families to allow their children to be circumcised. These socio-cultural beliefs and norms posit FGM as a rite of passage into

womanhood, promoting hygiene and cleanliness, as part of religious beliefs, family honour, and controlling female sexuality, in various places.

As a rite of passage, FGM is believe to be an important symbol for the formation of a girl's ethnic identity in the society where she lives. It is an initiation that also reflects transition from girlhood to womanhood, ensuring virginity and curbing promiscuity, and protecting female modesty and chastity (Saraçoglu & Öztürk, 2014). FGM is justified for family honour, female hygiene, and aesthetic reasons. The practice is believe to control female sexuality and modify socio-sexual attitudes, increase husbands' sexual pleasure, enhance fertility, and increase women's matrimonial opportunities, serving as a physical sign of a woman's marriageability (Taba, 2017; Antonazzo, 2013). Other beliefs and justifications include preventing mother and child deaths during childbirth, as well as legal reasons (one cannot inherit property if not circumcised) (Worseley, 2018). The uncircumcised vulva is seen as dirty and ugly, with uncircumcised women are also believed to be infertile (Antonazzo, 2013; Orji & Babalola, 2016).

While the custom of female circumcision predates both Christianity and Islam, neither the Bible nor the Koran recommend women should be excised,religious requirements have been adduced, in some cases, for the practice. Muslim law (according to which, what is not forbidden is allowed) accepts the custom, "Circumcision is Sunnah for men and Makramah for women," *Makramah*means "honourable deed" (Daia 2010). There is agreement among Muslim leaders and scholars that infibulation is forbidden in Islam, but their interpretation and position on the circumcision and excision of girls remains ambiguous (Black & Debelle 2016). To help maintain cleanliness and health, uncircumcised females are considered "unclean," and if a clitoris touches a penis it is considered dangerous and ultimately fatal to the man. In some areas it is believe an infant will die if its head touches the clitoris. Taba (2017) documented the belief in FGM to preserve virginity and family honour and prevent immorality, with social control over a woman's sexual pleasure by clitoridectomy and over reproduction by infibulation.

Sexual Health Implications of Female Genital Mutilation

Female Genital Mutilation is a serious health problem for women due to its physical and psychological consequences. It reduces the level of sexual desire, arousal, lubrication, orgasm, satisfaction, and increases pain in sexual function of women. One of the major sexual health implications of female genital mutilation is increased pain during intercourse which leads to lack of sexual pleasure and satisfaction. Oyefara (2014) in his study discovered that, first sexual intercourse can only takeplace after gradual and painful dilation

of the opening left after mutilation. Neurom as may develop because of entrapped nerves within the scar leading to severe pain especially during intercourse. Female genital mutilation has also its psychological impact and abnormalities in the female sexual function (Mahmoud, 2015). Female sexual dysfunction was found in majority of FGM cases (Ismail, Abbas, Habib, Morsy, Saleh & Bahloul, 2017).

Other implications as identified among scholars include difficulty in sexual intercourse orgasmia and sexual dysfunction. According to Okeke, Anyaehie, and Ezenyeaku (2013) female genital mutilation often result to sexual difficulties with an orgasmia as well as sexual dysfunction. Similarly, the authors argued that, after the ritual (female genital mutilation) the girl child fears sex because of anticipated pain. The women, who have gone under FGM, may have to go under other surgical procedures in the future to be capable to engagein sexual intercourse and childbirth. Some of these women are imposed to undergo many repeated opening and closing procedures (Groeneveld, 2013). Some researchers emphasize that the sensitivity and integrity of the clitoris and minora labia are essential for experiencing sexual satisfaction, thus the removal of both means the removal of sexual satisfaction from the life of a girl or woman (Kizilhan, 2011). However, women's sexuality is a complex interaction of neuro-psycho-physiological and biochemical mechanisms which is influenced by multiple issues such as psychological, physiological and cultural conditions. This justifies reason why women who underwent the process of FGM cannot enjoy sex.

Reproductive Health Implications of Female Genital Mutilation

Childbirth for infibulated women presents the greatest challenge, as maternal mortality rates are significantly higher because of complications that arise during labor. During delivery, infibulated women (i.e., genitals have been closed tightly) are cut in the perineum area so that the baby can be delivered safely (Chibber, El-Saleh & El-Harm, 2011). Another recent study by WHO (2018) has shown that women who have had FGM are significantly more likely to experience difficulties during childbirth and that their babies are more likely to die as a result of the practice. Serious complications during childbirth include the need to have caesarian section, dangerously heavy bleeding after the birth of the baby and prolonged hospitalization following birth. Study carried out by Klein, Helzner, Shayowitz, Kohlhoff, and Smith-Norowitz, (2018) showed that the degree of complications increased according to the extent and severity of FGM. Studies have shown maternal prolonged maternal hospitalization, low birth weight, prolonged labour, obstructed labour, and increased frequency of cesarean sections as outcome variables in order to determine the consequences

of FGM. According to Anzaku, Angbalaga, Achetu, Pedro, Idibiah, and James (2018) female genital mutilation is associated with reproductive tract infection, pelvic inflammatory diseases among others.

Studies have shown maternal prolonged maternal hospitalization, low birth weight, prolonged labor, obstructed labor, and increased frequency of cesarean sections as outcome variables in order to determine the consequences of FGM (Chibber, El-Saleh, and El-Harm, 2011). In a cohort study of 4800 consecutive pregnant women in their first trimester from Kuwait University Hospital, it was reported that the prevalence of FGM was 38% (1842), with significant results found between Extended Maternal Hospital Stay, Prolonged Labour, increased frequency of C-sections, Hep C infections, Obstructed Labor, and Infant Resuscitation. Additionally, positive associations between FGM and psychiatric sequelae that included flashbacks, psychiatric disorders, anxiety disorders, and PTSD were reported (Chibber, El-Saleh & El-Harm, 2011). These outcomes coincide with the existing literature that depicts the relationship between FGM and a host of negative health effects including obstetrical, gynecological, and fetal sequelae.

Female Genital Mutilation (FGM) plays a significant impact in the progression of Pelvic inflammatory disease (PID) for the woman who has been infibulated there are added risks of infection band resulting infertility. It has been reported by Patrick et al. (2017), that chronic pelvic disease was three times more prevalent in the infibulated women. According to Anzaku, Angbalaga, Achetu, Pedro, Idibiah, and James (2018), FGM does irreparable harm to the female reproductive organ and health as a whole which can result to death through severe bleeding, pain and trauma as well as overwhelming infections. According to Okeke, Anyaehie, and Ezenyeaku (2012), prolonged labour, delayed 2nd stage and obstructed labor leading to fistulae formation, and increased perinatal morbidity and mortality have been associated with Female Genital Mutilation.

Conclusion

From the forgoing discussion, it is evident that female genital mutilation is a hazardous cultural, traditional or religious practice which is widely experienced globally, most especially in Africa. Though female genital mutilation has existed for long, the origin is still inconclusive; however, many researchers accepted that the practice pre-dated both Quran and bible. Some factors that influence the practice of female genital mutilation as identified in most researches are cultural, religious belief, manage women's sexual life by reducing their sexual desire, thus promoting chastity and fidelityand increased sexual pleasure by the husband among others. Based onavailable literature, the paper concluded that female genital

mutilation has no known health advantage, however it has short-term and long-term sexual and reproductive health consequences and implication which most often than not leads to several sexual pain, dysfunction and dissatisfaction, prolonged child labour, severe bleeding, pain and Pelvic inflammatory disease (PID) among others.

Recommendations

In view of the above reviewed implications of FGM, the following recommendations were made:

1. Adequate awareness of the grave health implications should be created among the people that practice female genital mutilation so as to educate them on the need to stop such practice.
2. Under Nigeria's federal system, acts of the National Assembly such as the VAPP 2015 need to be ratified by each of the 36 state's House of Assembly to apply in those respective states.
3. Health educators should initiate activities promoting human rights and enforcement of legal protections for victims and potential victims of Female Genital Mutilation.
4. Total elimination of Female Genital Mutilation will demand the attention of legislation to provide and stern measures that will prohibit the practice.

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