

FEMALE GENITAL MUTILATION (FGM) AND IT'S HEALTH IMPLICATIONS

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ABSTRACT

Female Genital Mutilation (FGM) is a deeply rooted cultural practice involving the partial or total removal of the external female genitalia for non-medical purposes. It is internationally recognized as a violation of women's and girl's human rights and remain a significant global public health concern. Despite decades of advocacy, policy reform, and community interventions, FGM persists across more than 30 countries in Africa, the Middle East, and Asia, as well as among migrant populations in Western nations. The practice is often justified by tradition, social conformity, or perceived religious requirements; however, it results in serious and enduring health consequences. It is therefore recommended among other measures that: legal and policy measures be taken; enact and enforce laws prohibiting FGM, ensuring penalties for practitioners, protection for at-risk girls. Health Sector Response: train healthcare providers to recognize, manage, and report FGM cases sensitively and confidentially, integrate FGM education into medical, nursing, and midwifery curricula, discourage medicalization of FGM (when performed by health workers), as this legitimizes the practice. (words count: 166).

Keywords:

Female Genital Mutilation, Women's Health, Reproductive Health, Mental Health, Public Health, Health Promotion, Human Rights, Gender-Based Violence.

INTRODUCTION

Female Genital Mutilation (FGM), otherwise known as circumcision has its origin shrouded in mystery. It is complex and ancient. It is difficult to say where the idea originated from and how it was being performed originally. Researchers were of the opinion that female circumcision has been in practice for more than 2,000 years ago, and it is still being widely practiced (Odijinri, Aktroye and Oyediran 2023). Female circumcision was perceived by Elchalai, Ben-Ami Gillis and Brzezinski (2021) as a ritualistic sexual mutilation of female genital organ that dates back to the fifth century B. C. This traditional practice is a social as well as a health issue that affects the physical and mental well being of the woman who undergo it. There is need to stop this dehumanizing traditional practice that is harmful to the health of women and children in Africa.

Hosken (2019), asserts that: “The mutilation of the genital organs of the female body for any reason whatsoever is a fundamental offence against the human rights of all women in general and specifically against the female children and women who are mutilated”. More than 80 million women in Africa and around the world have been affected. (Ahmed, 2020). It was reported as being common in many parts of the world. Elchala (2019), explained that female circumcision has been in practice mostly in African countries, north of the equator and the middle-east. Concern was equally expressed that female circumcision is also practice in the United States of America, Europe and other western countries by immigrants from these countries.

Biblically, the origin of circumcision was rooted to Gods covenant with Abraham. (genesis 17:9-14). The issue at this point was to circumcise every male child born in the land of Israel. No mention was made of female circumcision. Today, the story is different in most developing countries of the world as female-borne are subjected to genital mutilation under the guise of circumcision.

What is Female Circumcision?

Jones, Smith, Kieke and Wilcox (2022), defined female circumcision as a group of traditional practices that involve partial or total removal of the external female genitalia or other injury to female genital organs for cultural, religious or other non-therapeutic reasons. Adneman (2018); and Werner (2019), described female circumcision as an operation done to the clitoris (the sensitive little soft knob at the front of the vagina). The practice of female circumcision is usually performed by a non-medical practitioner in the home or other non-clinical setting. Various forms of female circumcision are in existence.

FORMS OF FEMALE CIRCUMCISION

There are various forms of female circumcision. The different types are not unconnected. Akalazu (2017), explained that three forms of female circumcision have been identified to include:

- Sunna
- Excision or Clitoridectomy, and
- Infibulations

Sunnais the removal of clitoral hood while preserving the clitoris and the adjacent organ. It is commonly practiced among Islamic religious groups. As the name implies, “Sunna” is the Arabic word for any practice considered to be just and normal.

Excision or Clitoridectomy is the removal of the hood and the gland of the clitoris and part or whole of the labia minora. This leaves the labia minora intact without closing up the vulva.

Infibulation involves the surgical removal of the whole clitoris, part or whole of the labia minora. Following the removal, the two sides of the vulva are then stitched together, leaving only a small opening to allow for urination and menstrual flow.

Similarly, Olafimihan (2022) classified female circumcision into five types which are:

Type 1: Ritualistic Circumcision: This is a situation where the clitoris is merely nicked.

Type 2: Sunna: Is a situation where the outer layer of the skin over the clitoris is removed.

Type 3: Clitoridectomy or Excision: Is a severe form of circumcision in which the prepuce and glands of the clitoris together with adjacent part of the labia minora or whole of it are removed.

Type 4: Infibulation or Pharaonic, Circumcision: This is the most severe form of female circumcision in which the entire clitoris, labia minora and most portion of the labia majora are pressed/sewn together leaving only a tiny opening.

Type 5: Introcision: This involves enlarging of the vaginal opening by cutting the perineum.

The choice of a particular method of female circumcision to be adopted is usually decided by the person that will perform the operation. The operating instruments include razor blade, dwarf blade, sugar, vegetable extracts, and herb mixture. The age at which a female child is circumcised varies from tribe to tribe. It can be performed as early as the 8th day of life as in Ibo land of Nigeria and Ethiopia 3-4 years old as in Somalia; around puberty as in Benin, Peru and Sierra-Leone; shortly after marriage as in Mesial; or later as child bearing as in Guinea (Awumi, 2016).

REASONS FOR PRACTICING FEMALE CIRCUMCISION

Numerous reasons have been given for the obnoxious practice of female circumcision. According to Onuzulike (2021), female circumcision is practice in some communities for cosmetic purposes or as a sign of maturity. It may also be done desensitize the clitoris thereby reducing libido and promiscuity. Other reasons as identified by Hosken (2018) include:

- ❑ To prepare the female for marriage
- ❑ To prevent immorality
- ❑ As a means of cultural obligation
- ❑ For religious rites
- ❑ As a sign of cleanliness
- ❑ To improve fertility in women
- ❑ To give more pleasure to the husband

The Minority Rights Group Report (MRGR, 2020) observed the following psycho-sexual, religious, sociological and hygienic reasons as factors that motivate people towards circumcising their female children:

Psycho-sexual, excision is believed to protect a woman against her oversexed, thereby saving her from temptation, suspicion, and disgrace while preserving her chastity.

Most religious sects practice female circumcision just to control the sexual propensity of a woman.

Religiously, reports indicate that two types of female circumcision which are excision and infibulations are practiced by Catholics, Muslims, and non-believers world-wide. Such places of practice include Africa, Middle East, Muslim parts of Indonesia and Malaysia.

Sociologically, the practice of female genital mutilation can be attributed to initiation rites of development into adulthood.

Culturally, women believe that if they are not circumcised, they may be putting themselves in danger of; been looked upon as unclean, not been accepted as adult, infertility, unnecessary sexual temptation, growth of their sexual organs among other believes.

Culture and tradition same to be the basic factors that influence female genital mutilation among some female children, not minding the level of education and urbanization. Traditionally too, Uheagbu (2016) reported that Ibo and Yoruba people of Nigeria believe that female genital mutilation is a traditional way of checking women from flirting. Some Yoruba's go further to believe that uncircumcised females have problems during child birth as the clitoris disturbs the easy passage of the baby. These are all fallacies and go to prove right, the evidence of backwardness of developing societies.

There is no medical evidence of benefits resulting from female genital mutilation. Instead, medical experts have been speaking against the practice especially as it concerns the hazards it poses to female's reproductive health (Ikeano, 2023).

CONSEQUENCES OF FEMALE GENITAL MUTILATION (FGM)

Any of the form of mutilation can create health complications for the young girls and women. There are both immediate health effects and long-term consequences for a woman's health.

Immediate Health Consequences

Immediate health problems that may occur during or after all the types of mutilation are performed are partly as a result of the operation being performed under unhygienic conditions with instruments which are not sterilized and by attendants who are unskilled. Some of problems include:

- i. Urinary Complications; Acute urinary retention is one of the wellknown complications that occur within 48 hours of the operation from fear, reactionary edema and early infection.
- ii. Menstrual Blood Retention; Cases are well known where the girl's belly becomes bloated with menstrual blood which cannot get out. She is believed to be pregnant and killed by her family (Wallace, 2018).
- iii. Accidental Damage to Surrounding Organs; This can be expected to happen to a struggling child being attacked surgically without anesthesia. Injury has been reported to the urethra, anus and vagina. An injury to the vagina may end up in total occlusion and later development of hematomas in some cases.
- iv. Psychological effects include fear, severe anxiety, prolonged pain or frigidity. Some of these effects may last throughout one's lifetime.
- v. Shock; Certain degree of shock is unavoidable. The operation is done without anesthesia, in a child of 5-10 years who is fully awake. The instruments used are rough and primitive. Bleeding adds to the shock according to its severity.
- vi. Blood poisoning (septicemia); This occurs when bacteria from the infection gets into the blood stream which may be due to wounded areas of the vulva and may become infected. Tetanus is another serious form of infection which often follows within or up to 14 days from the time of surgery and which specifically results from intoxication of the nervous system by the exotoxin of tetanus bacteria.
- vii. Hemorrhage; this can result from lack of skill of operator cutting into a dorsal artery of the clitoris or the many blood vessels of the vulva.

LONG TERM IMPLICATIONS

Infibulation is the most severe type of circumcision operation and this type of operation adversely affects the health of the young girl throughout her life. The long-term complications may keep reoccurring or are permanent. The long-term problems can be classified as gynecological (marriage child birth) and urinary track problems.

GYNECOLOGICAL PROBLEMS:

These problems include;

1. Dyspareunia or painful intercourse; This may force the husband to resort to anal intercourse with resulting anal fissure and incompetent anal sphincter.
2. Hematocolops; In this situation, blood accumulates in uterus of vagina due to tiny opening left during infibulation or a lower vaginal obstruction such as scarring.
3. Dysmenorrhea; This is also called painful menstruation, and can result from acute or chronic pelvis infection which is also referred to as pelvic congestion. Menstrual flow may be retained due to the tiny vaginal opening and tight circumcision left after infibulation.
4. Acute and Chronic Pelvic Infection; Infibulation causes a high degree of acute and chronic pelvic in two ways:
 - i. from infection at the time of the circumcision
 - ii. from retention of urine and vaginal secretions because of infections such as cystitis, vaginitis, and cervicitis which may develop into chronic pelvic inflammation.
5. Infertility; This occur when or if the fallopian tubes become blocked by infections.
6. Scaring and Keloid (dense fibrous tumors); Formation on the vulva wound. This can be so large that they obstruct walking and cause problems during labor.
7. Neuromas; These are growths which develop on the scar at the former clitoris site, the size of a pea or larger. They are extremely painful.
8. Vulva Dermoid Cysts as big as a grapefruit can develop on the scars. Vulva abscesses can develop from infected cysts. Infection may result in keloids.

URINARY TRACT PROBLEMS

Recurrent urinary tract infection is common in girls and women who have undergone infibulation because the external meatus, or urinary outlet, is covered by a skin flap after infibulation. The skin flap prevents the woman or girl from being able to cleanse the area, and when the area becomes irritated by urine, it is prone to bacteria infection. This is because urine contains waste products from the body including bacteria. Also, infection may be caused by the

deposition of some chemicals in the urine in the posterior fornix or under the bridge of skin which hides the urinary meatus.

A woman who has undergone infibulation may also have difficulty with urination because the scar tissue around the urinary outlet gradually contracts and restricts the opening. This condition can cause serious problems for the woman including the structure formation, increase in residual urine, retrograde infection and calculus formation (stones). Surgery may be required for correction.

EFFECTS ON MARRIAGE

An infibulated woman often has a very tiny vaginal opening because of the stitching together of the vulva. Tight caring of the vaginal opening and the narrowing of the vaginal opening make the consummation of marriage painful and difficult, or sometimes impossible. The woman may need to have the vaginal opening enlarged by cutting. If this surgery is necessary, the skin faces all the health risks and complications she did when she was first circumcised which are shock from pain or hemorrhage, infection, tetanus, septicemia (blood poisoning), and damage to adjoining organs.

The emotional impact is tremendous on the woman and reflects on her relationship with her spouse. Among the psychiatric disturbances associated with female circumcision, especially in the event of physical complications such as fistula and dermoid cysts, are anxiety reaction, chronic irritability, episodes of depression, and even frank psychosis (Wallace, 2018).

PROBLEMS IN CHILD BIRTH (OBSTETRIC PROBLEMS)

The skin of the vulva and the vagina canal is normally soft and elastic so it can expand easily during childbirth to allow the baby to be born. Excision of some parts or all of the vulva causes the tissues of the area to become dense and hard because of scarring. Infibulation closes the vaginal opening except for a tiny hole, and often scarring inside the vaginal canal, causes a narrowing of the canal and loss of elasticity. These conditions cause major obstetric problems for the woman and the baby. Two obstetric problems according to (Wallace, 2018) are the need for episiotomy and delayed second stage of labor.

- i. Need for Episiotomy; If a woman has undergone infibulation, unassisted childbirth is not possible. An attendant must be available to de-infibulate

the mother and to cut open the vaginal and the excision scar to allow the baby to come out (episiotomy) or both the mother and the baby will die. This incision along the excision scar of the vulva is called an anterior episiotomy. The consequences of episiotomy include liability to bleeding, delayed healing, septicemia, and infection.

- ii. Delayed in Second Stage of Labor; After the cervix is dilated and the baby pushed down into the vagina the woman must be deinfibulated or the excision scar opened. Failure to do this, results in problems of delayed labor: problems which affect the mother and the baby.
 - a. As the baby's head presses on the urethra and bladder and on rectum this can impair circulation, cause tissue necrosis and fistula formation. Fistulae can cause the woman to be incontinent for both urine and bowel movements.
 - b. Delayed labor may lead to fetal brain damage or death of the baby.

CONSEQUENCES OF RE-INFIBULATION

After childbirth, many women are re-infibulated which means the vulva and the labia majora are stitched back together, and the vaginal opening is again reduced to a very small hole. Later, health problems in addition to the initial infibulation are recurrent urinary tract infections, chronic pelvic infections, menstrual difficulties, and difficult with urination. In addition to the usual complications of excision and infibulation, re-infibulation may be followed by severe infection, severe scarring, and in many cases, invagination of the vulva, or false vagina. Other additional consequences of re-infibulation right after delivery is that the placenta prevents the blood and other discharge from being properly eliminated, obstructing the after-birth flow, which is greater than during menstruation. This obstruction results in infections, retention, and hardening of the discharge. Also, abnormal bleeding (postpartum hemorrhage) cannot be detected and this may endanger the mother's life.

PSYCHOSEXUAL COMPLICATIONS

There may be a feeling of reduced femininity. Some women feel that they were deprived of important parts of their external genitalia, parts which are directly related to the vital and pleasurable process of sexual intercourse. They may feel inferior physically and psychosexually to women who were not circumcised.

There may also be diminished desire for coitus. Also, there may occur diminished coital frequency, meaning they may not be actively involved during sexual intercourse.

There may also be sexual difficulty or pain in form of apareunia or dyspareunia with or without vaginismus which could be due to;

- i. painful circumcision scars
- ii. dry penetration due to diminished vaginal secretion or associated vaginismus
- iii. painful memory of the process of circumcision.

Other possible problems could include lack of orgasm, depression, and psychotic states, engagement in anal intercourse, and social problems such may lead to divorce and disruption of family unity (Hosken, 2021).

The bulletin has further explained that the male may also face the problems of impotence and premature ejaculation which may be due to dyspareunia and vaginismus in circumcised women. Sexual problem following circumcision are a cause of disrupted family life and polygamy.

RECOMMENDATIONS

The following positive steps towards the prevention and eradication of mutilation of female genitalia are recommended:

1. Legal and policy measures; Enact and enforce laws prohibiting FGM, ensuring penalties for practitioners and protection for at-risk girls. Also integrate FGM prevention into national health, education, and gender policies. Support cross-border collaboration to prevent FGM among mobile populations is equally of utmost importance.
2. Health sector response; Train healthcare providers to recognize, manage, and report FGM cases sensitively and confidentially. Integrate FGM education into medical, nursing, and midwifery curricula. Also, there should be provision of comprehensive care for survivors to cover physical, sexual, reproductive, and mental health. Equally, medicalization of FGM (when performed by health workers), should be discouraged as this legitimizes the practice.
3. Community and educational initiatives; Community dialogues involving religious leaders, elders, parents, and youths to challenge social norms

supporting FGM should be conducted. Also, empower women and girls through education and economic opportunities. It is important if alternative rites of passage that preserve culture identity without harm is promoted. The use of schools as platforms for awareness campaigns and protective intervention should be put in place.

4. Advocacy and media engagement; Develop mass media campaigns that highlight the health risks and human rights violations associated with FGM. Influential figures such as religious, cultural, and local leaders to speak against FGM should be engaged. Also, positive stories of communities that have abandoned the practice should be promoted.
5. Support for survivors; Ensure access to psychosocial counselling and trauma-informed care. Reconstructive surgery where desired and feasible need to be provided. Establish support networks and peer groups for survivors to share experiences and advocate for change.
6. Research and data collection; Collect accurate, disaggregated data on FGM prevalence, drivers, and community attitudes. There is need to monitor and evaluate the impact of interventions. Encourage participatory research involving survivors and community members is important in minimizing the prevalence of FGM in our society.

CONCLUSION

Ultimately, the eradication of FGM demands sustained global collaboration, locally adapted health promotion initiative, and unwavering commitment to protecting the health, dignity, and rights of women and girls worldwide. In view of the futility or mutilation of female genitalia, and the health complications it causes, it should be abolished in all its forms.

“WHO has consistently advised that female circumcision should not be practiced by any health professionals in any setting including hospitals and other health establishment” (Wallace, 2018). It is about time this obnoxious and barbaric practice perpetuated in many cultures should be brought to an end.

REFERENCES

- Adneman, P.A. (2018). Occupational stress. Your job can be dangerous to your health. *NigeriaSchoolHealthJournal*. 8(1) 46-49

Ahmed, T.A. (2020). Femalecircumcisioninuppervolta. University of Nigeria Enugu campus: Precision printer and publishers Ltd.

Akalazu, J.U. (2017). Mental and social health. Ibadan: Heinemann educational book Nigeria

Awumi, P. D. (2016). African women speak on female genital circumcision. NigerianJournalofclinicalpractice,11(6), 46-54

Echalai, Ben-Ami & Brzezinski, N. B. (2021). Danger of female circumcision. Obosi: Pacific publishers.

Elchala, B. M. (2019). A comprehensive study on female circumcision. JournalofAdolescentHealth. 66(4), 453-459

Hosken, F. A. (2019). Reportongenitalandsexualmutilationoffemales. Lexington mass: WINNEWS Ltd

Jones, H. N., Smith, L. B., Kieke, T. S. & Wilcox (2022). Traditional Practices affecting the health of women and children. Journalof HealthEducation.55(44), 76-84

Odijinri, R. F., Aktroye, S. D. & Oyediran, E. D. (2023). The importance of adherence to safety protocol. American Journal of Health Psychology. 17(5), 11-24

Onuzulike, N. M. (2021). IssuesinHealth.Owerri: McWilliams Publishers Nig.

Uheagbu, J. E. (2016). Female circumcision: It is archaic. Journalof EducationandPractice.5(7), 15-34

Wallace, G. D. (2018). TheneedstodiscouragethepracticeofFemale GenitalMutilation.New York: BB Publishers Company

Werner, W. S. (2019). The disparity between developing and developed Counties.
International Journal of Gynecology and Obstetrics.
24(2),58-77.

