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## Female Genital Mutilation: Its Health Implication

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By

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### Abstract

*Many international legal instruments and national legislations include clauses prohibiting female genital mutilation (FGM), However, the practice remains highly prevalent in countries across Africa and the Middle East, despite the fact that many of these nations have introduced legislation forbidding FGM. Only few of these nations have brought forward prosecutions. This highlights the need for more than just legislative actions. This paper believes that education is a more proactive measure towards eradication of this obnoxious practice. This paper is a way of educating the ignorant majority, highlighted some health implications of FGM which includes physical, gynaecological, obstetric, urinary tract, psychosexual and other health implications. Some recommendations were finally made.*

In many civilization, certain surgical procedures have profound cultural and social meaning. Male circumcision, for instance, has deep importance as a symbol of religious and ethnic identity and has played a major part in the political and social history of many peoples (Toubia, 1994). Female circumcision has particularly strong cultural meaning because it is closely linked to women's sexuality and their reproductive role in the society. Despite the cultural and social meaning of female circumcision to any society, its health implications are devastating.

*The Intuition*

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World Health Organisation (WHO) (2008) refers to female circumcision as female genital mutilation (FGM). They defined it as all procedures involving the partial

or total removal of the external female genitalia or other injury to the female genital organs for cultural, religious or non-therapeutic reasons and does not include medically prescribed surgery or that which is performed for sex change reasons.

International Planned Parenthood Federation (IPPF) (2005) views female genital mutilation as a crime against the human rights of women by denying women and girls equal sexual expression and pleasure, it reinforces the subordination and victimization of girls and women and is directly linked to poor sexual and reproductive health.

IPPF further asserted that it is an act of violence that, while often justified by tradition, culture or religion, serves only to support patriarchal dominance and structures within society and undermines the role of women. The practice also violates a person's right to health, security and physical integrity, the right to be free from torture and cruel, inhuman or degrading treatment, and the right to life when the procedure results in death.

**Classification of Female Mutilation**  
Female genital mutilation are classified into four though procedures vary throughout the world (WHO, 2008).

- i. Clitoridectomy: Partial or total removal of the clitoris or a part (only the prepuce). This is what is commonly referred to as "Surma Circumcision".
- ii. Excision: The partial or total removal of the clitoris and the removal of the labia minora. This is the most common type of female genital mutilation accounts for up to 80 percent of cases.
- iii. Infibulation: The removal of all or part of the inner and outer labia (minora and majora), and usually the clitoris, and the fusion of the wound, leaving a small hole for the passage of urine and menstrual blood, the fused wound is opened for intercourse and child birth (Momoh, 2005).
- iv. This involves all other harmful procedures done to female genital is for non-medical purposes, including pricking, piercing, incision, burning brandings and scraping (WHO, 2000). Prevalence of

### **Female Genital Mutilation in Africa**

Female genital mutilation is reported to exist in Many African countries, in some it is performed on all or most women while in others it may be performed only on some women belonging to certain ethnic groups. According to WHO (2008) 100-140 million women and girls are living with FGM, including 72 million girls over the age of 10 in Africa. The practice persists in 28 African countries, as well as in the Arabian Peninsula where Types I and II are more common. It is known to exist in Northern Saudi Arabia, Southern Jordan, Northern Iraq (Kurdistan) and possibly Syria, Eastern Iran and Southern Turkey (Momoh, 2008).

The countries where FGM is reported to be practiced with varying applications of types and different prevalent rates are: Benin, Burkina Faso; Cameroon; Central Africa Republic; Chad; Democratic Republic of Congo; Djibouti; Egypt, Eritrea, Gambia, Ghana, Guinea-Bissau; Guinea; Ivory Coast; Kenya; Liberia, Mali, Mauritania, Niger; Nigeria, Senegal Somali, Sierra Leone, Sudan, Tanzania, Togo, Uganda; Somaliland. Several African countries have enacted legislation against it, including Burkina Faso Central African Republic, Djibouti, Eritrea, Togo and Uganda (US) department of state, 2001) President Daniel Moi of Kenya issued a decree against it in December 2001 (Momoh, 2005) and in Mauritania, where almost all the girls in minority communities undergo FGM, 34 Islamic scholars signed of fatwa in January 2010 banning the practice (BBC News, 2010).

### **Reasons for Female Genital Mutilation**

Cultural practices such as female genital mutilation are rooted in a set of beliefs, values, cultural and social behaviour patterns that governs the lives of people in society. There are many reasons given for practicing female genital mutilation and they can be categorized under five subheading:

- i. **Psychosexual Reasons** It is carried out as a means to control women's sexuality. It is thought to ensure virginity before and fidelity after marriage and/or to increase male sexual pleasure
- ii. **Sociological and Cultural Reasons** It serves as part of a girls' initiation into womanhood and as an intrinsic part of a community's cultural heritage/tradition, in other word. It is part of social integration.
- iii. **Hygiene and Aesthetic Reasons** in some communities, the external female genitalia are considered dirty and ugly and are removed ostensibly to promote hygiene and aesthetic appeal.
- iv. **Religious Reasons** Although it is not sanctioned y either Islam or by Christianity, supposed religious prescripts are often used to justified the practice.
- v. **Socio-economic Reasons** In many communities, female genital is a prerequisite for marriage. Where women are largely dependent on men, economic necessity can be a major determinant to undergo the procedure. It sometimes is a prerequisite for the right to inherit and may also be a major source of income for practitioners.

### **Health Implications of Female Genital Mutilation**

The effects of female genital mutilation depend on the type performed, the expertise of he circumciser, the hygienic conditions under which it is conducted, the amount undergoing the procedure. Complications could be immediate or long term consequences to the health of the

girl/woman, and could as well be physical, psychological gynecological, obstetrical or urinary tract infection.

- i. **Physical Effect** Common early complications of all types of circumcision are hemorrhage and severe pain, which can lead to shock and death. Prolonged lesser bleeding may lead to severe anaemia and can affect the growth of a poorly nourished child. Infection of the wound, abscesses, ulcers, delayed healing, septicemia, tetanus and gangrene have all been reported (Abdulcadira, 2011). Momoh writes that 10 percent of subjects die from hypoxolernic shock (Momoh, 2008).
- ii. **Gynaecological Effects** According to Onuzuilike (2002) formation of big scar and keloid on the vulva; development of vulva dermoid cysts which may dysmenorrheal (painful menstruation), dyspareunia. Dave, Sethi and Morrone (2001) stated that victims could also neuroma formation, typically involving nerves that supplied the clitoris, and pelvic pain.
- iii. **Obstetric Effect** Abdulcadira (2011) was of the opinion that women with type 111 female genital mutilation may develop vesicovaginal or rectovaginal fistulae. Cervical evaluation during labour may be impeded, and labour delayed. Third-degree laceration, and sphincter damage, and emergency caesarean section are more common in FGM women than in controls. Delayed labour could lead to foetal brain damage, stillbirth.
- iv. **Urinary Tract Effect** Onuzuilike (2002) asserted that infibulated women may run a risk of having difficulty with urination, increase in residual urine, and bacterial infection. There could also be damage to the urethra, and bladder with infections and incontinence, irritation and inflammation,
- v. **Psychosexual Effect** A wide variety of psychological and psycho somatic disorders have been attributed to the practice, including depression and symptoms of impaired cognition that include sleepless, recurring nightmares, loss of appetite, weight loss or excessive weight gain, and panic attack (Behrendt & Moritz, 2005). Women with FGM typical report sexual dysfunction and dyspareunia (painful sexual intercourse). The psychological stress may trigger behavioural disturbances in children, closely linked to the loss of trust and confidence in care givers.
- vi. **Other Complications:** In recent years and since the HIV/AIDS pandemic, likelihood of transmission of the Aids virus has become added to the long list of complications associated with FGM. The risk is made real because the practitioners who perform circumcision do not know the dangers of using

unsterilized instruments that have previously been used on different individuals who might have been carriers of AIDS.

McCoombe and Short (2006) opined that sexual intercourse can result in lacerations of tissues, which greatly increases risk of transmission of HIV/AIDS. The same is true for childbirth and subsequent loss of blood.

WHO (2006) stressed that loss of opportunity is a frequently neglected consequence of the medical and psychological problems ascribed to female genital mutilation. FGM and its implication can have a significant impact on a girl's education, resulting in absenteeism, poor concentration, low academic performance and loss of interest. Lost opportunities in education, employment, health and social activity, and the consequences of these lost opportunities, endure long after the mutilation has been carried out, affecting girls and women throughout their lives.

### **Conclusion**

Female genital mutilation can no longer be seen as a traditional custom. It has become a problem of modern society in Africa as well as Western countries. In recent years, concern has grown over how to stop the practice rather than whether it is appropriate to intervene.

There are two main areas of concern for health practitioners. The first is the danger that a trained and licensed practitioner could be expected to assist in circumcising a girl. Legislation against the concern on how to deliver the most appropriate clinic care and psychological support to girls and women who have already suffered from this practice.

More research is needed to examine the full range of physical sexual and psychological consequences of the various procedures. Professional associations should publish guidelines that outline their members' obligations and responsibilities to their patients. Guidelines and training materials must be developed to inform practitioner about how to manage the health needs of mutilated women and about appropriate ways to counsel patients when they request circumcision or reinfibulation

### **Recommendations**

- Accelerating actions towards the elimination of female genital mutilation, including education and information necessary for full understanding of the gender, health and human rights, dimensions of female genital mutilation.
- Enacting and enforcing legislation to protect girls and women from all forms of violence, particularly female genital mutilation, and ensure implementation of laws prohibiting FGM by any person, including medical practitioners.

- Support and enhance community based efforts to eliminate the practice of FGM, particularly ensuring men and local leaders' participation in the process to eliminate the practice.
- To work with all sectors of government, international agencies and non-governmental organization in support of the abandonment of the practice, as a major contribution to attainment of the Millennium Development Goals (MDGs) on promoting gender equality and empowerment of women reducing child mortality and improving maternal health.
- Formulate and promote guidelines for the care, particularly during childbirth, of girls and women who have undergone female genital mutilation. Develop or reinforce social and psychological support services and care and to take measures to improve health, including sexual and reproductive health, in order to assist women and girls who are subjected to this violence.

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