

FEMALE GENITAL MUTILATION: A REVIEW

¹SWETA KUMARI PATHAK, ²DR. MANPREET OLA, ³DR. VIKAS SHARMA

¹Research Scholar

²Assistant professor, Amity Institute of Clinical Psychology, Amity University, Haryana

³Head of the department, Amity Institute of Clinical Psychology, Amity University, Haryana

Abstract: For past few years FGM has become a global issue. FGM is a practise of cutting and removing of female genitalia in some countries and communities. FGM has adverse physical health and mental health as well. Though this practise has been doing on the name of religion, norms for societal acceptance and tradition, but how much is this procedure is safer for women is questionable. Women are suffering from many complications and emotional issues who had undergone FGM. Through, this review paper, I will bring to light mental health related issues associated with female genitalia mutilation.

Keywords: Female Genital Mutilation; Mental Health; Physical Health.

1. INTRODUCTION

Female genital mutilation is a ritual of cutting or removing the female genitalia. Female circumcision can be partially or totally removal of female genitalia. FGM has been practised in Africa, Asia and the middle east. Female Genital Mutilation comprises all procedures involving partial or total removal of female external genitalia or other injury to the female genital organs for non-medical reasons as defined by the World Health Organization (WHO). FGM has no health benefits for girls and women. Female circumcision can cause severe bleeding and problems urinating. It can also cause cysts, infections as well as complications in child birth and there can be increased risk of new born deaths. Estimates say more than 200 million girls and women are living with partially or totally removal of genitalia. Usually this practice carried out by traditional circumcision on young girls between infancy and Age 15 (WHO).

Female genital mutilation is categorized into 4 types (WHO, 1997).

Type1; This type referred to the partial or total removal of clitoris (a sensitive, small and erectile part of the female genitals) and only prepuce (the fold of skin surrounding the clitoris) but in very rare cases. This type is often referred to as clitoridectomy.

Type2; This type often referred to as excision, this involves removal of clitoris and the labia majora, with or without excision of the labia minora.

Type3; this often referred to as infibulation, this includes the narrowing of the vaginal opening through covering seal. The seal is formed by repositioning or cutting the labia minora, or labia majora, through stitching, with or without clitoridectomy).

Type4; This encompasses all other harmful procedures to the female genitalia for non-medical purposes, for example pricking, piercing, incising, cauterizing and scraping the genital area.

Women who have been infibulated get through the Deinfibulation which refers to the practice of cutting open the sealed vaginal opening, which is often necessary for improving health and well-being as well as to allow intercourse or to facilitate childbirth. Reasons behind this practice cited by women are religion, social acceptance, gender disparity, cultural uniqueness, preservation of virginity, marriageability and enhancement of male sexual pleasure. Furthermore, it acts as a

trial to manage women's sexual life by reducing their sexual desire, thus promoting fidelity and immaculacy. FGM practice costs women's physical and emotional health throughout their lives. The complications depend on the type of FGM, whether the practitioner has medical training, and whether they used antibiotics or whether they used single-use surgical instrument. In the case of type 3rd other factors entail how a small hole was left for the urination and the passage menstrual blood, how many times it has been done, or whether the surgical thread was used instead of acacia thrones. Problems during pregnancy and childbirth puts women at higher risk with more extensive FGM procedures. An additional 10-20 babies die per 1,000 deliveries as a result of FGM (WHO,2006). One study found that FGM was associated with an increased risk to the mother of damage to the perineum and excessive blood loss. FGM has no health benefits but it has adverse effect on women's physical health and mental health as well. FGM is a harmful and unacceptable practice which violates the human rights. The procedure itself has negative impact on women's memory of their circumcision. Many women do not want to recall the time of circumcision and they do not even want to talk about it.

Physical Health Consequences of Female Genital Mutilation

FGM is a culturally entrenched global practice which violates the human rights and has a lot of negative impacts on health and social repercussions on girls and women. The severe health complications have been found with type 3 of FGM practice. Norwegian Knowledge Centre for the health services has provided a useful summary of these impacts, organized into obstetric, gynecological and immediate health consequences. There are 5 categories of health impacts attributable to FGM/3: immediate, genito-urinary, obstetric, sexual, and psycho-social complications (Samuel Kimani et al, 2016).

Immediate complications: this procedure of cutting results in immediate harm. Due to the high blood pressure on the branches of pudendal or clitoris arteries it results in a strong flow of blood during and shortly after the cutting process. Other immediate complications encompass death in some cases, shock, genital tissue swelling, fever, infections, complications in urination, delayed wound healing, with the greatest risk seen among type3, relative to types 2 & 3.

Obstetric complications: prolonged labour, tears and lacerations, caesarean sections, episiotomies, instrumental deliveries, postpartum haemorrhage, and difficult labour associated with FGM/3.

Mental health related issues and female genital mutilation

In recent years researchers have shown their interest in studying whether the FGM associated with negative impact on mental health of women. How severe this mental health issues are affecting women? Though FGM has captured attention globally still there is a lack of studies. One study investigates migrant communities in the United Kingdom of psychological effects of female genital mutilation. This study analyses the psychological disorders suffered by the individual, considering their migrant cultural identity and the psychological impact of FGM in the context of relationships between the women and their spouse or families. Data showed in 2011, there were 170,000 women aged 15 and above with FGM in England and Wales and 63,000 girls aged 0-13 were at risk of FGM (Equality Now and City University London, 2014). The psychological disorders suffered by the individual in the general context has shown that immediate psychological trauma may stem from the shock, pain and the use of physical force by those performing FGM and post-traumatic stress disorder, memory loss, anxiety and depression may occur in long term (Behredt and Moritz, 2005). Social isolation and role loss in society can occur due to limited mobility (Whitehorn, Ayonrinde and Maingay, 2015). The women who have experienced FGM tend to develop psychological conditions which make them uncommunicative, withdrawn and distrustful (Burrage, 2015). Sleep disorders, social isolation, flashbacks, emotional distance and somatization can be other psychological effects of FGM. Severity of the procedure and the age at which FGM was done appear to be related to the psychological effects; nevertheless, all the women in the study reported some negative effects of stress, such as nightmare and bad memories which are recurrent (Memon, 2014). Three types of women are classified (Vloeberghs et al, 2012): the adaptive; who are ready to talk about what bothers them after overcoming the FGM experience, the disempowered; they feel angry and defeated, and do not talk about the procedure, they feel ashamed and the traumatized; these women have suffered a lot of sadness and pain.

Considering the migrant cultural identity one study was done in Senegal found that women had experienced FGM were significantly suffer from PTSD and other psychiatric disorders, when compare to the women who had not been experienced FGM (Behredt and Moritz, 2005). Women who have experienced FGM experience painful intercourse, reduced sexual desire and reduced sexual satisfaction than those women who had never undergone FGM (Berg, Denision, 2012). Sexual phobia can occur because of FGM (El-Defrawi et al, 2001). Lack of sexual satisfaction for both parties usually leads husbands having extra marital affair with the women who have not undergone FGM (FORWARD, 2002).

Moreover, the women who had undergone FGM may not fulfil the childbearing role and this is not accepted in some communities, so women are abandoned by husbands or their families which eventually lead them to loneliness, helplessness and depression (Whitehorn, Ayonrinde, Maingay, 2012). There may be “behavioural disturbance as a result of childhood trauma and possible loss of trust and confidence in carers who have permitted, or has been involved in, a painful and distressing procedure (British Medical Association, 2011).

An empirical study on circumcised immigrant women where researchers have used standardised questionnaire (Harvard Trauma Questionnaire-30, Hopkins Symptoms Checklist-25, COPE-Easy, Lowlands Acculturation Scale) for scoring and demographic and psychosocial correlates were analysed. Where they have found a third of the respondents reported scores above the cut-off for anxiety disorders; 17.5% of women were presented with post-traumatic stress disorder. They have also found that employment status (lack of income), coping style (avoidance, in particular substance misuse), recollection of the event (a vivid memory), type of circumcision (infibulation) were significantly associated with psychopathology (Jeroen Knipscheer, Eric Vloeberghs et al, 2015).

Though the above empirical study has shown that there is association between mental health and FGM on the basis of screening tools they have used for scoring. Other researcher said though the screening tools are acceptable and validated cross culturally but still they don't hold the purpose of diagnostic. Additionally, researcher has found that association between mental health and FGM might be far more validated when the women share their experiences how they lived life, what emotional disturbances they experienced after circumcision (Mustafa Alachkar, 2016).

Researchers have conducted a study on Ethiopian women who have experienced FGM and associated psychiatric disorders. Their main outcome measures were PTSD (PSS-1), shutdown dissociation (SHuD) and they have also assessed depression and anxiety (HSCL-25), major depression, substance abuse and dependence, suicidality and psychotic disorders (M.I.N.I.; sub-scales A., B., K., and L.). The result was almost all women endured FGM (FGM1=36, FGM2&3=52), and regardless the level of physical invasiveness almost all women had experienced intense fear and helplessness. The most invasive form FGM2&3, was associated with PTSD symptoms ($p<.001$) and shutdown dissociation symptoms ($p<.001$). Depressive symptoms ($p<.05$) and symptoms of anxiety ($p<.01$) were also found elevated (Anke Kobach et.al, 2018).

A systematic review of the evidence that whether the female genital mutilation is associated with the adverse mental health or not. Researchers have reviewed 16 studies through four databases from inception to 21st December, 2018. They have used National Institute of Health Quality Assessment tool to check the quality of each study and to check the bias within the studies they have used Newcastle-Ottawa scale. They have found 14 studies out of 16 studies were showing the association between FGM and adverse mental health. 8 studies that reported adverse mental health in women with FGM compared with women who did not go underwent FGM. Four studies have shown a correlation between the severity of FGM and the severity of adverse mental health outcomes (Salma M Abdalla et al, 2019).

FGM/3 is associated with sexual complications. The women who had undergone FGM procedure have reported more painful intercourse, no sexual desire, less sexual satisfaction, and less experience of orgasm compared to their uncut counterparts (Samuel Kimani et al, 2016).

The delayed complications of FGM/3 may trigger the onset of following complications: acute anxieties, depression, neuroses, psychoses, and post-traumatic stress disorder. FGM/3 may interfere with their full participation in social lives, activities and lead to isolation (Samuel Kimani et al, 2016).

2. INTERVENTIONS

It is crucial to design and implement culturally- responsive programming that takes into account ethnicity, culture and community social norms. It is important to strengthen the health sector, by providing health care professionals with training on how to treat and care for women and girls who are suffering from physical and mental problems that result from gone through the procedure of female genital mutilation.

3. RESEARCH IMPLICATIONS

There can be investment in research to build the evidence base on the association between the FGM and mental health, as well as to inform the development of psychological support for women who have undergone FGM, is needed. Research can also be done on the effectiveness of the types of psychological interventions that would be appropriate for women who have undergone FGM.

4. CONCLUSION

FGM is a procedure of cutting and removing the female genitalia. The types of FGM has negative impact on mental health in women who have undergone FGM. FGM has become a global issue, but the sad part is it has been happening for the past many years while it has come to the light for the past few years. Though we don't have enough studies, but there are several studies have shown adverse effect on mental health of FGM. FGM effecting women's physical health, mental health, sexual life and families. There are many projects working to completely get rid of FGM practice but still it's going on in some countries and communities. There is a need of more studies and more awareness of FGM and association with adverse mental health.

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