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PERCEIVED CONSEQUENCES OF FEMALE GENITAL MUTILATION ON REPRODUCTIVE HEALTH AMONG WOMEN OF CHILDBEARING AGE IN KWARA STATE, NIGERIA

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Abstract

Female genital mutilation is a traditional practice in which a person, sometimes semi-skilled, or a health worker cuts off part or whole organs of the female external genitals. However, the experiences of such kind of cutting have lasting negative impacts leading to reproductive consequences that remain with the women of childbearing age (15-49years). The study investigated perceived consequences of female genital mutilation on reproductive health among women

of childbearing age in Kwara State, Nigeria. The objectives of the study were to; (i) examine the absence of pleasure during sexual intercourse as a perceived consequence of FGM among women of childbearing age; (ii) ascertain obstructed labour during delivery as a perceived consequence of FGM among women of childbearing age; (iii) assess vagina tear during delivery as a perceived consequence of FGM among women of childbearing age in Kwara State, Nigeria. Descriptive research design of the survey type was adopted for the study; the population of the study comprised all women of childbearing age in the 16 Local Government Areas of Kwara State, Nigeria, with an estimated population of 147,832, (NPC, 2016). Multistage sampling technique was used to select 1,478 respondents for the study. A researcher designed questionnaire was validated by Five experts. The Split-half method of reliability used yielded a correlation coefficient of 0.87. The Chi-Square (χ^2) statistic was used to test the hypotheses at 0.05 level of Significance.

The findings of the study were that;

- i. Absence of pleasure during sexual intercourse was perceived as a significant consequence of FGM on reproductive health (Calc. $\chi^2 = 715.09$, crt.value 16.92).
- ii. obstructed labour during delivery was perceived as a significant consequence of FGM on reproductive health (calc. $\chi^2 = 112.36$, crt. value = 16,92);
- iii. Vaginal tear during delivery was perceived as a significant consequence of FGM on reproductive health (calc. $\chi^2 = 1001.13$, crt. value = 16,92);

The study concluded that there were varying conditions that affect the reproductive health of women of childbearing age as a result of FGM. This implies that any woman who had undergone FGM may be prone to reproductive health hazards. The study, therefore, recommended that health educators should engage in health counselling such as psychotherapy and diversionary therapy for those who had undergone FGM so as to keep their mindset off the presumed consequences. Also, government should enforce the law prohibiting the practice of FGM and reprimand those that are deviants to such law.

Background to the Study

Female Genital Mutilation (FGM) is a harmful traditional practice and one

of the components of reproductive health. This harmful traditional mutilation of the female genital organ causes lot of consequences on the reproductive health of women of childbearing age. There are immediate and long-term consequences such as severe pain, absence of pleasure during sexual intercourse, obstructed labour, vaginal tear. These often eventually lead to the death of the affected women if not properly managed. The focus of attention in recent decades on female genital mutilation concern has been more political than scientific, with advocacy literature greatly outpacing scientific research (World Health Organization 2010). Absence of pleasure during sexual intercourse is absence of arousal during intercourse due to cutting of the clitoris. Abdul-Azim (2012), explained that sexual excitement of the female is said to be blocked partially or totally the removing the clitoris, or some parts of the female genitalia. Furthermore, WHO (2012) reported that sexual arousal decreases or disappears completely, making the achievement of orgasm by stimulation of the clitoris which difficult or in some cases even impossible, and scar over the clitoris may be painful, causing a lot fear to the women during intercourse, simply because the clitoris has been damaged or removed leading to removal of sexually sensitive tissue such as clitoris, vagina, and labia minora and majora.

Obstructed labor during delivery as a result of FGM is a long term consequence. Ahmad (2012), reveal that FGM increased the risks of prolonged labour, postpartum heamorrhage, perineal trauma and cesarean section due to adhesions on the passage of the baby's head during delivery. WHO (2010) stated that there is increased risk of neonatal resuscitation, low birth rate, still birth and early neonatal death while the FGM thought to lead to pre-natal deaths per 100 deliveries. This may be due to part of the inelasticity of scar tissues on perineal and vagina where the baby will pass leading instrumental delivery and have increased of obstetric heamorrhage that may lead to maternal death.(Adesokan,2011).

- ◆ Vaginal Tear and FGM are short term consequences include pains, bleeding, sepsis, and shock. This occurs when there is damage to other organs, dislocation and fracture of bones due to struggle while restrained during performing FGM, psychological trauma or death may occur. Harries, and Terry (2013), report that the damage to the vaginal and urethra during FGM often the cause of fistulae and urethral stricture, this genital fistulae is a condition in which a hole between the vaginal , the rectum or bladder causes

a women to continuously leak urine faces or both, this usually occurs in type III FGM (infibulations), which is the most severe type of FGM. One of these cultural practices is Female Genital Mutilation (Toubia, 2011). A greater part, if not the majority of the unsafe practices that are destructive to women's health, hence it performed under the auspices of customary or social convictions in Nigeria, of the six biggest ethnic groups, the Yoruba, Hausa, Fulani, Ibo, Ijaw and Kanuri, as it were, the Fulani do not practise any type of female genital mutilation (Kisekka, 2012).

WHO (2012), revealed that this practice leads to many consequences. A portion of the outcomes of FGM incorporate severe absence of pleasure during sexual intercourse, obstructed labour during delivery, and vaginal tear, furthermore bleeding, shock, serious pain, trouble in passing urine, are also consequences of FGM including HIV/AIDS transmission, unending pelvic torment, pelvic contaminations, decline in sexual pleasure, mental results, increased danger of cesarean session, advancement of vulva keloid, drawn-out and impeded labour, discharge, third-degree tear, barrenness, maternal misery, mortality danger, vesico-vaginal fistulae (VVF) and recto-vaginal fistulae (RVF), among others. (Okeke, Anyaehie and Ezenyeaku, 2012). Abdur-Rahman, Omotoso, Gordon, and Oshagbemi, (2012); reported that the permanent consequences and complications of these practices such as health problems include obstetric implications on the reproductive system of women which still remains with circumcised women. The subjection of young ladies and women to obscure customary practices is legendary. In spite of the fact that female genital mutilation is practised in more than 28 nations in Africa and a couple of dissipated networks around the world, its weight is found in Nigeria, Egypt, Mali, Eritrea, Sudan, Central African Republic, and Northern region of Ghana where it has been an old conventional and cultural practice with regard to different ethnic groups.

The practice of female genital mutilation is unhygienic unscientific and there is vicious destruction of the normal anatomic structures of female genital organs. It is the most severe manifestation of violence against women and the girl-child's right. This type of violence is gender based that leads to physical, psychological and social health implications and women deprivation of liberty (Hakim 2011).

Morison and Mackian (2010), asserted that female genital mutilation in

whatever structure, its practiced isn't at all practically equivalent to male circumcision, however, female genital mutilation is a code word for an assortment of methods for changing the female genitalia. (Shell & Duncan, 2011). Female mutilation is recognized internationally as a violation of the human rights of girl child and women. Constituting some socio-cultural determinant have been identified and supporting this common practice female circumcision is still profoundly settled in the Nigeria society basically where chiefs, grandmas, and women leaders, men and age groups, and extraordinary type of sexual orientation separation with archived health outcomes. (Kaplan, Hecharria Bernal & Bonholuere, 2013). Female circumcision is explicitly moved for the most part in Africa particularly, as Nigeria this training is roused by concerns with respect to the assent or not much of the time (WHO, 2011). In the previous quite a few years, there have been many purposeful endeavours by the United Nations and World Health organization to put a conclusion to this training. For example, the disposal of all types of victimization ladies acts, 5 (9) goals on 18 December 1979 (WHO 2010).

Statement of the Problem

Absence of pleasure during sexual intercourse is absence of arousal during intercourse due to cutting of the clitoris. Abdul-Azim (2012), explained that sexual excitement of the female is said to be blocked by partially or totally removal of the clitoris, or some parts of the female genitalia. Furthermore, WHO(2012) reported that sexual arousal decreases or disappears completely, making the achievement of orgasm by stimulation of the clitoris difficult or in some cases even impossible, while scarring over the clitoris may be painful. Tebeu and Tebeau (2012), reported a studied of 147 Egyptian women and found that women with type1 FGM had low -libido in sexual function, whereas those who had undergone type11 or type 111 FGM had reduction in sexual function. Another study by Anderson (2012), reported that sexually active women who had undergone FGM type 111 differed significantly from sexually active controls.

Obstructed labor during delivery discussed by Ahmad (2012), reveal that FGM increased the risks of prolonged labour, postpartum heamorrhage, perineal trauma and cesarean section due to adhesions of the passage of the delivery. WHO (2010), stated that there is increased risk of neonatal resuscitation, low

birth rate, still birth and early neonatal death while the FGM thought lead to an 50% of pre-natal deaths per 100 deliveries. This may be due to part of the inelasticity of scar tissues of vagina and perineal which the passage of the baby. Obstructed labour is the greatest risk factor for obstetric fistula. Sixteen studies carry out by Gbefwi (2010), describe scenarios where FGM scarring especially Type111 and Type1V lead to narrowing of the vagina's orifice and fetal distress as difficult and painful passage of the baby's head from the perineal, this combined with prolonged labour predisposes women to develop a fistula, (Kasim et al 2012).

- ◆ **Vaginal Tear and FGM:** This occurs when there is damage to other organs, dislocation and fracture of bones due to struggle while restrained the women, psychological trauma and death also occur during FGM. Harries, and Terry (2013), report that the damage to the vaginal and urethra during FGM is often the cause of fistulae and urethral structures, this genital fistulae is a condition in which a hole between the vaginal , the rectum or bladder causes a women to continuously leak urine faces or both, this usually occurs in type III FGM (infibulations) leading to VVF. Effa, Olumuyiwa, Ihesie and Meremikwu (2017), reported a case of a 27 year old women with Type111 mutilation that presented with slow leaking of urine, voiding efforts urgency and urge incontinence. So when there is incontinence it causes dysmenorrhoea and superficial dyspareunia as this occur it will lead to surgery of the vagina.

A female reproductive organ such as the clitoris, labia minors, labia majora and other adjacent tissues surrounding the vulva are very important aspects of the female reproduction and the areas are unique aspects of the female body to be protected. This reproductive organ performs roles such as sexual satisfaction, menstruation, and delivery of the baby, but if this female reproductive organ is affected, it leads to vagina's tear and important tissues such as clitoris which is a very sensitive organ can be affected too. Some culture engages in the cutting of the clitoris as a result of traditional belief without due consideration for the consequences of the removal of the clitoris which is the most vascularised part of the female genital organ.

A scenario occurred where a 10 years old girl was referred from the Civil Service Clinic to the University of Ilorin Teaching Hospital with history of vulva

swelling, swelling of the perineal region, painful distress, and clitoral epidermal abscess due to female genital mutilation. Both the clitoris and vulva region were puristic with pains and accumulation of pus until this girl was operated upon for clitoridectomy that often leads to absence of pleasure during sexual intercourse, vaginal tear, painful intercourse, low libido, and infertility among others affecting the vulva region causing difficult passage of a baby's head during delivery.

UNFPA (2010) stated that the consequences of FGM are dire. In fact, about estimated 100-140 million girls and women worldwide are currently living with long term consequences of FGM. In addition, in Africa, about three million girls are at risk of FGM annually. The adverse consequences of FGM include variables used in this study. Others include chronic pelvic infection, vulva adhesions, sexual difficulties dermoid cysts, keloids and sexual dysfunction. Obstetric consequences are perineal trauma, defibrillation with bleeding and also injury to the urethral bladder, rectum, puerperal sepsis, prolonged labour, fistular formation leading to perinatal morbidity and mortality. Increased risk of HIV transmission has been associated with FGM as well as mental and psychological agony that is attached to this harmful traditional practice. Therefore the researcher is investigating the perceived consequences of FGM on the reproductive health among women of childbearing age in Kwara State, Nigeria.

Research Questions

The following questions were raised to guide the conduct of this study;

1. Is the absence of pleasure during sexual intercourse a perceived consequence of FGM among women of childbearing age in Kwara State, Nigeria?
2. Is obstructed labour during delivery a perceived consequence of FGM among women of childbearing age in Kwara State, Nigeria?
3. Is vagina tear a perceived consequence of FGM among women of childbearing age in Kwara State, Nigeria?

Research Hypotheses

The following hypotheses were formulated to guide this study.

1. Absence of pleasure during sexual intercourse is not significantly

perceived as a consequence of FGM among women of childbearing age in Kwara State, Nigeria.

2. Obstructed labour is not significantly perceived as a consequence of FGM among women of childbearing age in Kwara State, Nigeria.
3. Vaginal tear is not significantly perceived as a consequence of FGM among women of childbearing age in Kwara State, Nigeria.

Purpose of the Study

To improve the reproductive health of women of childbearing age, purpose of the study were to:

1. Determine absence of pleasure during sexual intercourse as a perceived consequence of FGM on reproductive health of women of childbearing age in Kwara State, Nigeria.
2. No obstructed labour during delivery as a consequence of FGM on reproductive health among women of childbearing age in Kwara State, Nigeria.
3. Determine either vaginal tear during delivery is a perceived consequence of FGM on reproductive health of women of childbearing age in Kwara State, Nigeria.

Methodology

The statistical tool for this study was the descriptive statistics of frequency counts and percentage to analyse personal and demographic data to answer the research questions, while the inferential statistics of the Chi-square was used to analyse the postulated null hypotheses at 0.05 level of significance using the Statistical Package for Social Sciences (SPSS) version 23.0 software. The population for the study consisted of all women of childbearing age in five Local Government Areas selected from the three senatorial districts of Kwara State in Nigeria, consisting of 147,832. The target sample size selected using 10% was 1,478 respondents. The instrument was structured researcher designed questionnaire of the close-ended type of Likert format rating scale that consisted of two sections; A and B. section A consisted of personal and demographic data of the respondent while Section B was used to obtain information on the variables under study. A Focus Group Discussion Guide was also used to back up the instrument.

Results

Research Question 1: Is the absence of pleasure during sexual intercourse a perceived consequence of FGM among women of childbearing age in Kwara State, Nigeria?

Table 1: Frequency counts and Percentage of absence of pleasure during sexual intercourse as a perceived consequence of FGM among women of childbearing age in Kwara State, Nigeria

S/N	ITEMS	SA	A	Total	D	SD	Total	Grand Total
1	Cutting of clitoris during FGM may affect pleasure during sexual intercourse.	565 (38.2%)	568 (38.4%)	1133 76.6%	221 (14.9%)	124 (8.4%)	345 23.4%	1478 (100%)
2	Tears that present during FGM may create some psychological fear that may affect pleasure during sexual intercourse.	496 (33.6%)	596 (40.3%)	1092 70.9%	265 (17.9%)	121 (8.2%)	386 28.1%	1478 (100%)
3	Excessive cut of organ that create pleasure for women during sexual intercourse may cause absent of pleasure during sexual intercourse.	488 (33.0%)	669 (45.3%)	1157 78.3%	251 (16.9%)	70 (4.7%)	321 21.7%	1478 (100%)
4	FGM complication may lead to low-libido and causes absence of pleasure during sexual intercourse.	708 (47.9%)	603 (40.8%)	1311 88.7%	109 (7.4%)	58 (3.9%)	167 11.3%	1478 (100%)
Total		2257 (38.2%)	2436 (41.2%)	4693 (78.6%)	846 (7.0%)	373 (6.3%)	1219 (20.6%)	5912 (100%)
Total Responses		564 (38.2%)	609 (41.2%)	1173 (79.4%)	212 (14.3%)	93 (6.3%)	305 (20.6%)	1478 100%

Table indicated that absence of pleasure during sexual intercourse is a perceived consequence of FGM among women of childbearing age in Kwara State, Nigeria. The responses revealed that those that indicated Agreed which is 1173 (79.4%) were more than those indicating Disagreed with 305 (20.6%). This implies that the absence of pleasure during sexual intercourse is a consequence of FGM among women of childbearing age in Kwara State, Nigeria.

Research Question 2: Is obstructed labour during delivery a perceived consequence of FGM among women of childbearing age in Kwara State, Nigeria.

Table 2: Frequency and Percentage of obstructed labour during delivery as a perceived consequence of FGM among women of childbearing age in Kwara State, Nigeria

SN	ITEMS	SA	A	TOT AL	D	SD	TOTAL	GRANDTOTAL
	FGM such as Type III that affect the vulva may cause obstructed labour during delivery.	549 (37.1%)	558 (37.8 %)	1107 (74.9 %)	308 (20.8 %)	63 (4.3%)	371 (25.1%)	1478 (100%)
2	Female genital mutilation may make a woman to stress up during delivery due to tightness of perineal as a result of FGM.	548 (37.1%)	645 (43.6 %)	1193 (80.7 %)	188 (12.7 %)	97 (6.6%)	285 (19.3%)	1478 (100%)
3	Female genital mutilation may cause urethra or bladder damage affecting women during labour or delivery.	783 (53.0%)	505 (34.2 %)	1288 (87.2 %)	150 (10.1 %)	40 (2.7%)	190 (12.8%)	1478 (100%)
4	FGM may cause pressure on uterus during labour may lead to shock or death of the victim.	834 (56.4%)	488 (33.0 %)	1322 (89.4 %)	132 (8.9%)	24 (1.6%)	156 (10.5%)	1478 (100%)
	Total	2714 (45.9%)	2196 (37.1 %)	4910 (83.0 %)	778 (13.1 %)	224 (3.8%)	1002 (16.9%)	5912 (100%)
	Total Responses	678 (45.9%)	549 (32.1 %)	1227 (83.0 %)	195 (13.1 %)	56 (3.8%)	251 (16.9%)	1478 (100%)

Table 9 shows that obstructed labour during delivery is a perceived consequence of FGM among women of childbearing age in Kwara State, Nigeria. The responses revealed that those that are with Agreed which is 1227(83%) were more than those with Disagreed responses with 251(16.9%) This implies that obstructed labour during delivery can be a consequence of FGM among women of childbearing age in Kwara State, Nigeria.

Research Question 3: is vaginal tear during delivery a perceived consequence of FGM among women of childbearing age in Kwara State, Nigeria?

Table 3: Frequency and Percentage of vaginal tear during delivery as a perceived consequence of FGM among women of childbearing age in Kwara State, Nigeria

SN	ITEMS	SA	A	TOTAL	D	SD	TOTAL	GRAND TOTAL
1	Vaginal may lead to tear as a result of wound sustained form FGM.	837 (56.6%)	473 (32.0%)	1310 (88.6%)	110 (7.4%)	58 (3.9%)	168 (11.3%)	1478 (100%)
2	Growth of keloids scar may be present around genital area as a result of initial tear sustained during FGM.	657 (44.5%)	647 (43.8%)	1304 (88.3%)	157 (10.6%)	17 (1.2%)	174 (11.8%)	1478 (100%)
3	Vaginal tear sustained may expose woman to tetanus infection.	766 (51.8%)	554 (37.5%)	1320 (89.3%)	124 (8.4%)	34 (2.3%)	158 (10.7%)	1478 (100%)
4	Vaginal cyst may occur as a result of previous trauma damage during FGM.	657 (44.5%)	599 (40.5%)	1256 (85%)	200 (13.5%)	22 (1.5%)	222 (15%)	1478 (100%)
Total		2917 (49.3%)	2273 (38.4%)	5190 (87.7%)	591 (10%)	131 (2.2%)	722 (12.1%)	5912 (100%)
Total Responses		729 (49.3%)	569 (38.4%)	1298 (87.7%)	148 (10%)	32 (2.2%)	180 (12.2%)	1478 (100%)

Table 10; indicated a vaginal tear during delivery as a perceived consequence of FGM among women of childbearing age in Kwara State, Nigeria. The responses revealed that those that are Agreed which is 1298

(87.7%) were more than those indicating Disagreed with 180 (12.2%). This implies that vaginal tear during delivery is a consequence of FGM among women of childbearing age in Kwara State, Nigeria.

Summary of Findings

1. Absence of pleasure during sexual intercourse is a significant perceived consequence of Female Genital Mutilation among women of childbearing age in Kwara State, Nigeria.
2. Obstructed labour is a significant perceived consequence of FGM among women of childbearing age in Kwara State, Nigeria.
3. A vaginal tear is a significant perceived consequence of FGM among women of childbearing age in Kwara State, Nigeria.

Discussion of Findings

The research work investigated the perceived consequences of female genital mutilation on reproductive health among women of childbearing age.

Hypothesis I: The result revealed the absence of pleasure during sexual intercourse is a significant consequence of FGM among women of childbearing age in Kwara State, Nigeria. The finding is in agreement with Brady, (2009) and Toubia, (2011) who affirmed that women who have been infibulated face a lot of difficulties in absence of pleasure during sexual intercourse. The findings is in line with Isman, Abbas, Habib, and Bahloul, (2017),who submitted that it was found in their research that absence of Pleasure during sexual intercourse was found in 83.8% of FGM Type 1 cases. In the opinion of the researcher ,FGM have serious consequences on reproductive health among women of childbearing age, and so this practice should be automatically stopped to prevent long term damage during childbirth.

Hypothesis II: The result that obstructed labour is significantly a consequence of FGM among women of childbearing age in Kwara State, Nigeria. The finding is in accordance with WHO (2009) who reported that, the obstructed labour about fifty per cent (50%) when female genital mutilation is done can eventually lead to death of baby if care is not taken. Obstructed labour is not less or greater than 500 cases (five hundred) in any type of female genital mutilation, which is known as years of life loss

of women and is calculated for women who died from obstructed labour after female genital mutilation. Also Kaplan, Forbes, and Bonhoure, (2013), opined that more complication on women during delivery, especially where the practice is often done is another serious problems. The researcher felt that FGM should be eradicated since it affects the reproductive health among women of childbearing age as long term consequences of obstructed labour.

Hypothesis III: The result revealed that vaginal tear is not significantly a consequence of FGM among women of childbearing age in Kwara State, Nigeria. The finding is in accordance with the Unwanade and Bassey (2012), in their study conducted among girls and women of the Kayoro from Ghana, who affirmed that majority of the respondents agreed that they experienced serious pains, bleeding and infections after they have undergone female genital mutilation. Also, in the findings of Ibekwe, Onoh, Onyebuchi, Ezeonu, and Ibekwe (2012), who conducted a survey on the current knowledge and practice of FGM among 260 single and married women reported that bleeding, infection, and fistula formation are among the complications experienced as part of physical consequences in the area. Also Abdur-Rahman, Gondon, Omotoso and Oshagbemi, (2012), in a clinical study conducted in Nigeria discovered that invasion spreading of pathogenic microorganisms that affect patients are divide into tetanus, fits, or convulsions and even infection of the vaginal's mucous and low urinary infection can cause vaginal tear. In the opinion of the researcher, FGM has serious vaginal tear consequences on the reproductive health among women of childbearing age and this practice should be stopped to prevent long term vaginal tear during delivery.

Conclusions

Based on the findings of this study, it was concluded that;

1. Absence of pleasure during sexual intercourse is a perceived consequence of female genital mutilation on reproductive health among women of childbearing age in Kwara State, Nigeria.
2. Obstructed labour is a perceived consequence of FGM on the reproductive health among women of childbearing age in Kwara State, Nigeria.

3. A vaginal tear is a perceived consequence of FGM on the reproductive health among women of childbearing age in Kwara State, Nigeria.

Recommendations

Based on the conclusions drawn from this study, the following recommendations were made;

1. Women of childbearing age should not engaged on FGM
2. Women should be discouraged from FGM in order to prevent blood loss during mutilation that may lead to secondary bleeding that may occur from the tear during childbearing as a result of previous scar during mutilation.
FGM should be eradicated to prevent prolong delivery consequences during labour due to previous adhesion on the perineal as a result of perineal trauma during FGM.
3. FGM should be stopped to prevent damage to the urethral and bladder damage during the procedure to prevent Recto-vaginal fistula during delivery among others.
4. FGM should not be allowed among women so that the part of the reproductive organ that will increase high libido will not be cut off (clitoris).
5. FGM should not be practised, to avoid painful sexual intercourse during sexual activities as a result of clitoral scar that occurred when the women were mutilated which prevent sensation and stimulation of sexual satisfaction.
6. FGM should be eradicated to prevent permanent damage to the vulva due to adhesion and vaginal scar and should be stopped to prevent vesico vaginal fistula during delivery.
7. The researcher hopes that at the end, the outcome of this study would assist in enlightening the public and serve as an awareness campaign to the individual, religious leaders and the government as a whole to find ways of reducing the practice if not completely prohibiting the practice of female genital mutilation in the society.

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