

Consider the potential emotional and psychological consequences of female genital mutilation

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Introduction

Female genital mutilation (FGM), also known as female circumcision, encompasses all non-therapeutic procedures which damage the external female genitalia.¹ FGM is a traditional practice in Africa (Figure 1) as well as parts of Asia, the Middle East and South America.² The severity of FGM may range from removal of the clitoris (type 1), to removal of the labia minora and majora (type II), to narrowing of the vaginal opening (type III). In England and Wales, our multi-ethnic society means that there are nearly 66 000 women living with FGM.³ The physical consequences of female circumcision are well known.¹ In order to provide holistic care, healthcare professionals need to be aware of the possible emotional and psychological effects as well. This essay considers the consequences of FGM on a woman's mental well-being, using poetry, art and first-hand accounts to illustrate what she may go through.

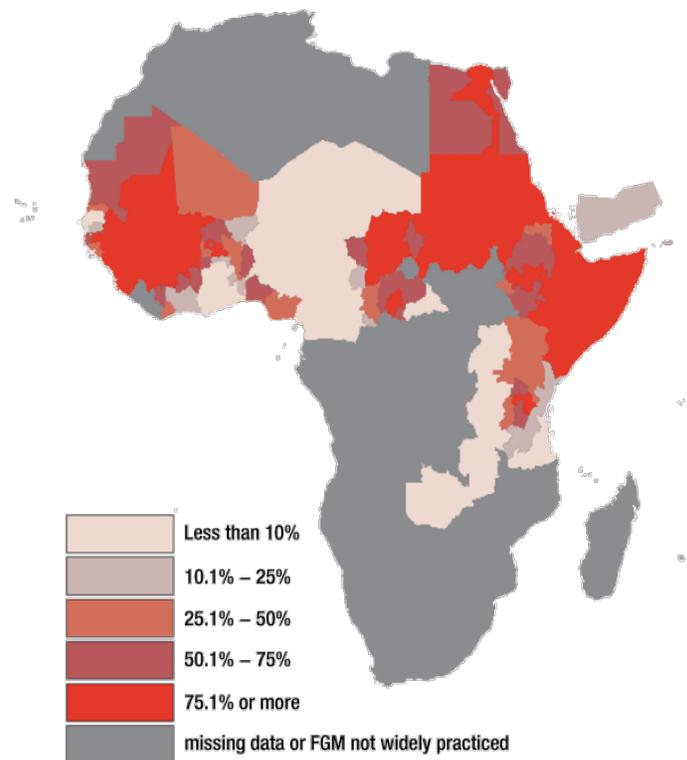


Figure 1: **Prevalence of FGM in Africa.** Women aged 15-49, data from national surveys 1997-2006.²

A Shocking Experience

*'And under the shade of a tree...
The cutter began her work...
the pain...is so vivid to this day,
decades after it was done.
God, it was awful!'*

- excerpt from 'The Cut'⁴

Many circumcised women find the experience traumatising. This is unsurprising given the nature of FGM: it is carried out using razorblades, knives, glass, sharpened rocks, scissors, burning or fingernails. Anaesthesia or analgesia are usually deemed unnecessary.⁵ In interviews with 23 Senegalese circumcised women, all but one described the day of her circumcision as horrifying (Figure 2) and over 80% still had unwanted re-experiences.⁶ It is likely that many women develop Post Traumatic Stress Disorder (PTSD),⁶ living with a range of symptoms including nightmares, hypervigilance, insomnia, emotional detachment and overpowering emotions.⁷



Figure 2: 'Art against FGM' by Conny Niehoff.⁸ Circumcision is depicted as a vivid harrowing event.

Effect on Family Relationships

Women who have been circumcised may feel betrayed or abandoned by the relative who has brought them:⁹

*'Why inflict me with this pain?
This real pain of primitive cultures
In tears I am, at every stage of my life
Mom and Dad, am I not a daughter?
Dear Brother, am I not a sister?
Dear mankind, wherever you are
Am I not a human being?
Tears, Tears, Tears'*

- excerpt from 'FGM poem from Somalia'¹⁰

Female genital mutilation is considered child abuse which is associated with a range of psychological sequelae including anxiety, depression, anger and irritability.⁹ Children and adolescents are developing their world view, and when they are abused it can lead them to take on traumatic expectations that no one can keep them safe any more, as in this author's case¹¹ (also Figure 3). Before the circumcision, girls are often treated specially by their family, being given presents and special food.¹² As a result, children may find the experience confusing and it may arouse mixed emotions.

Even in countries where FGM is common, many do disagree with the practice. This can cause disputes within a family, as a Togolese woman reported: '[my father] threatened to divorce my mother if she took me or my sisters for female circumcision'.¹³ These arguments may in turn distress children. Similarly, many parents may be torn in their own minds between concern for their child and societal pressures, as this mother living in Germany relates: 'I don't think that [FGM] is a good thing. But I would be forced to circumcise my

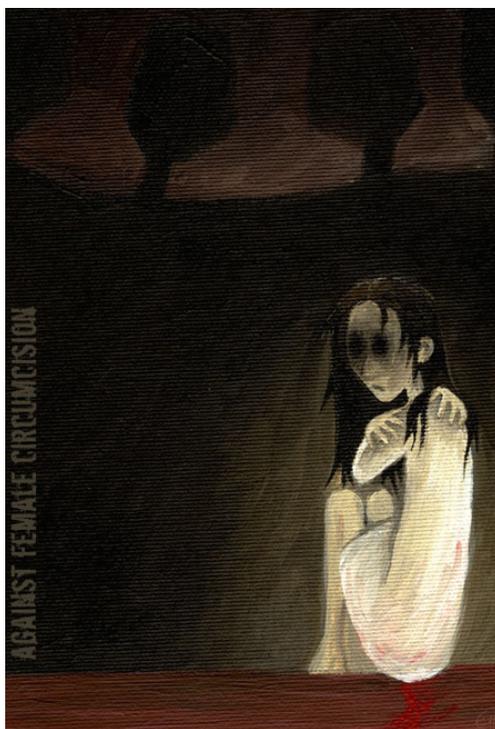


Figure 3: 'Lost soul' from 'Art against FGM' by Eva Harrer.⁸ The girl seems isolated in her fear.

daughter back in Togo...to avoid the problems I would have if I went against the will of my family...I would be shunned by the family and everybody I know'.¹³ Deliberating over this decision may be a cause of great stress for a family. In several instances, a family member who is a supporter of FGM will take the girl to be circumcised secretly, before the parent who opposes FGM can intervene.^{12,13} This can cause the parent intense anger and feelings of guilt that they were unable to protect their child. FGM therefore impacts not only on the girl affected, but on her whole family as well.

Sexual Consequences

A logical physiological effect of removing significant parts of the female genitalia is loss of sexual function. The clitoris is the most consistently erotic part of a woman and may be considered essential for achieving sexual response.¹⁴ Due to the complexity of the interacting factors that result in sexual satisfaction, women with damaged genital tissue may be able to

compensate through enhancement of other erotic areas or emotions.¹⁴ Nevertheless, evidence supports the notion that FGM damages women's appreciation of sex. Of the 1695 women reviewed in a recent meta-analysis, those who had been circumcised were 1.5 times more likely to find intercourse painful compared to those who were not.¹⁵ Women with FGM experienced significantly less sexual satisfaction and sexual desire than those who had not been subjected to FGM.

Sex is an important part of a loving relationship, and indeed sexual satisfaction has been shown to predict marital satisfaction.¹⁶ Sexual difficulties are considered a significant cause of stress in a person's life.¹⁷ When a woman cannot enjoy sex, it reduces her to being merely the means of her husband's gratification:

*'How have I been transformed into a vessel
Carrying the burden of a man's sexual pleasure
Robbed of my rights to even wrestle
For the part of me I treasure'*

- excerpt from 'Petals of Pride'¹⁸

In this way, FGM may make women feel that they are not worthy of sexual contentment. It sustains the cultural message that it is wrong for women to desire sex.¹³ If women do find themselves desiring sex, they are thus likely to feel guilty. The effect of FGM on sex is also damaging for men as being unable to satisfy their partners can stir feelings of inadequacy.^{9,13}

Effect of the Cultural Significance

The traditional meaning of FGM sets out how women should behave. Circumcision is expected to make women submissive to men (Figure 4). As one man of Nigerian origin explains: 'Circumcised women are good women. They obey and respect their husbands'.⁹ Osinowo and Taiwo have shown that circumcised women have significantly lower self-esteem.¹⁹ Circumcised girls also learn that they should not show any sexual desire in the future. A Togolese

supporter of FGM emphasises that ‘it is good when they cut the woman so that she does not masturbate and does not flirt around’.¹³ In this way, FGM is both an act that represses women, and a symbol of their continued repression.



Figure 4: ‘Art against FGM’ by Stella Dreis.⁸ The perceived family dynamic in cultures where FGM is practised.

A More Complicated Reality

Despite the devastating consequences, the World Health Organization estimates that 3 million girls in Africa are at risk of undergoing FGM every year, and that over 125 million girls and women worldwide are living with the consequences.¹ Respected village elders or traditional birth attendants, women themselves, perform the procedure.²⁰ The girls who feel the pain of FGM grow into mothers who lead their daughters to the same fate. How can this agonising tradition persist? Perhaps it is partly because, for many women, the distress caused by FGM is not as enduring as expected.

The importance of FGM in the community is easily undervalued by those outside of it. It is a tradition that has lasted thousands of years.²¹ For many women it holds such cultural

significance that they themselves look forward to the procedure.²² Indeed, finding meaning in an ordeal assists psychological adjustment.²³ The ceremonial aspect of FGM creates a tie between young girls and their community and they may feel achievement at reaching adulthood.⁹ Although in extreme pain, girls feel ‘happy’ and ‘proud’ to be circumcised.²² Girls go through FGM with their peer group, which may be a protective influence on their mental health. Social support is an important resource for coping with stress,²⁴ and experiencing a traumatic event with others seems to reduce the risk of PTSD.²³

The stigma of being uncut can cause women in some communities more psychological distress than if they had had the procedure. The circumcised genitalia is considered beautiful²⁵ and more hygienic.²⁶ It protects a woman’s virginity and chastity.²⁵ Thus in cultures where FGM is customary, being uncircumcised may lead a woman to think that she is dirty, has unsightly genitalia, and is considered promiscuous. Without circumcision, a woman may not be eligible for marriage, which may be the only way to ensure an economically viable future.²⁷ Lack of circumcision may bring shame on the whole family.²⁰ These outcomes may cause an uncircumcised woman considerable worry. She may also experience severe exclusion. Reports show that in several societies uncircumcised women are lowest in the social hierarchy and are forbidden to speak at gatherings.²⁰

It is these contrasting issues at work and the poor quantity and quality of evidence available that mean that research so far has failed to show concrete conclusions about the psychological and social consequences of FGM. A meta-analysis of 17 studies comparing outcomes of circumcised and uncircumcised women did not show a statistically significant difference in psychological outcomes.¹⁵ The studies analysed that addressed social consequences were of too poor methodological quality to allow any conclusions to be made.

Effects on Physical Health

Nonetheless, the physical consequences of female circumcision are more evident. Any surgical procedure carries risk of complications, and so in FGM women are exposed to risks with

no benefit of the procedure to their health. The physical complications of FGM may be immediate, late or obstetrical (Table 1).

Table 1: **Physical complications of FGM.** Adapted from Reyners.²⁸

Immediate	Late	Obstetrical
Pain	Scarring and keloid formation	Dystocia
Bleeding	Pain while sitting or walking	Prolonged second stage of labour
Shock	Dermoid inclusion cysts	Tears
Fractured clavicle, humerus or femur (due to force applied in restraining girl)	Neurinoma pain	Impaired neonatal outcome
Urinary retention	Dysuria, recurrent urinary infections	
Infection	Haematocolpos	
Trauma to surrounding organs (urethra, bladder, perineum, anus).	Infertility	

The different physical complications are listed as a reminder that they will all result in consequent psychological burden to some degree (Figure 5). Pain affects mood, incontinence can result in social isolation, and women with vaginal fistulae often experience tremendous stigma and are treated as outcasts.²⁹⁻³¹ A difficult birth may be traumatising for the mother, and if the baby is harmed this may cause severe grief.^{32,33}

A systematic review of evidence published between 1997 and 2005 showed that there was a statistically higher risk of abdominal pain, discharge, infection and complications of delivery for women who had been circumcised.³⁴ While for several health conditions no statistically significant associations were found, this was suggested to be partly due to the lack of evidence on more extensive operations.³⁴ A study of 290 Somalian women, of whom 88% had had type III circumcision, shows how high the frequency of complications can be when severe FGM is carried out.³⁵ 39% of these women experienced immediate physical consequences, and 37% reported late complications. It is thus clear that in countries with a high prevalence of severe FGM, the physical complications make up a substantial unnecessary part of the (physical

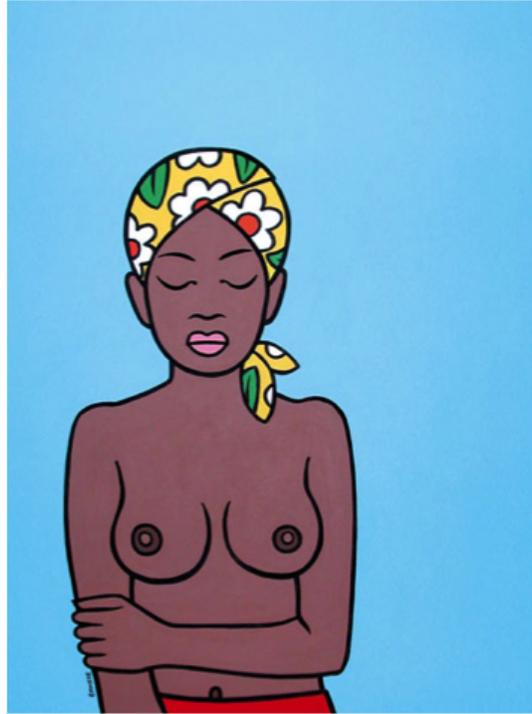


Figure 5: **‘Art against FGM’ by Emmeke van der Put⁸** A woman will live with the effects of FGM for the rest of her life.

and psychological) suffering of women.

Implications for Healthcare Staff

What does this mean for healthcare professionals who come into contact with circumcised women? Alongside addressing the physical consequences of FGM, staff must look out for signs of psychological distress and psychosexual complications.²⁵ Circumcised women who grow up in Western countries may be particularly susceptible to psychological consequences because of the conflicting cultures that they are caught between.³⁶ They may have accepted FGM as a part of life, and finding that it is condemned by other societies and that they are perceived as ‘mutilated’ may come as a shock. They may question their identity and loyalty to their culture. Their situation may give rise to feelings such as ‘humiliation, powerlessness, inhibition, sense of betrayal of the family and shame’.²⁵ Many young people of ethnic minority backgrounds already struggle with deciding whether to identify with the culture of their

family or that of the country they live in.²³ Discovering that a controversial and emotive issue affects them personally is likely to complicate their predicament further. Therefore, it is vital that staff are sensitive with patients who have been through FGM. It is more appropriate to use the word ‘circumcision’ rather than ‘mutilation’ when speaking with a patient, to avoid causing upset and stigmatisation.²⁶

Conclusions

Female genital mutilation has wide-ranging psychological effects. On the one hand, women may find the experience so harrowing that it continues to distress them decades later. Circumcised women may find it harder to enjoy sex. They may feel unimportant because their culture is teaching them that they are subordinate to men. Decisions around FGM may put strain on the whole family. On the other hand, many women may have a positive view of FGM because it connects them to their community. Being circumcised may make a woman consider herself beautiful and allow her to be married. These conflicting sentiments make eradicating FGM more challenging. Nevertheless, the physical risks of female circumcision are clear, and themselves cause psychological suffering. It is important for healthcare professionals to be perceptive to the emotional difficulties that circumcised women may face, especially as ethnic minority groups split between two cultures are likely to be more vulnerable.

References

- (1) W.H.O., Female genital mutilation. 2014; <http://www.who.int/mediacentre/factsheets/fs241/en/>.
- (2) W.H.O., Female genital mutilation and other harmful practices. <http://www.who.int/reproductivehealth/topics/fgm/prevalence/en/>.
- (3) FORWARD, FGM Research. <http://www.forwarduk.org.uk/key-issues/fgm/research>.
- (4) Abdi, M. S. The Cut. 2008; http://www.wunrn.com/news/2009/01_09/01_26_09/012609_fgm.htm.
- (5) Kelly, E.; Hillard, P. J. A. *Current Opinion in Obstetrics and Gynecology* **2005**, *17*, 490–494 .
- (6) Behrendt, A.; Moritz, S. *American Journal of Psychiatry* **2005**, *162*, 1000–1002 .
- (7) Sarah Stringer, S. D. M. L., Laurence Church, Ed. *Psychiatry P.R.N.*; Oxford University Press, 2009.
- (8) ARTagainstFGM, ARTagainstFGM. <http://www.art-against-fgm.com/start.htm>.
- (9) Almroth, L.; Almroth-Berggren, V.; Mahmoud Hassanein, O.; Salah Eldin Al-Said, S.; Siddiq Alamin Hasan, S.; Lithell, U.-B.; Bergström, S. *Social science medicine* **2001**, *53*, 1455–1460 0277–9536.
- (10) Mohamed, A.-N. H. FGM Poem from Somalia. <http://www.globalroomforwomen.com/global-heart-blog/entry/fgm-poem-from-somalia.html>.

- (11) N.C.T.S.N., Understanding Child Traumatic Stress. 2014; <http://www.nctsn.org/resources/audiences/parents-caregivers/understanding-child-traumatic-stress>.
- (12) Gray, C. S. *Evaluation and Program Planning* **1998**, *21*, 429–436 .
- (13) Behrendt, A. *Female Genital Mutilation/Cutting among Immigrants in Hamburg: Knowledge, Attitudes and Practice. Hamburg: Plan International* **2011**,
- (14) Catania, L.; Abdulcadir, O.; Puppo, V.; Verde, J. B.; Abdulcadir, J.; Abdulcadir, D. *The journal of sexual medicine* **2007**, *4*, 1666–1678 .
- (15) Berg, R. C.; Denison, E.; Fretheim, A. *Report from Kunnskapssenteret* **2010**,
- (16) Litzinger, S.; Gordon, K. C. *Journal of Sex Marital Therapy* **2005**, *31*, 409–424 .
- (17) Holmes, T. H.; Rahe, R. H. *Journal of psychosomatic research* **1967**, *11*, 213–218 .
- (18) AfricanFeminism, Petals of Pride. 2013; <http://africanfeminism.com/2013/11/28/16-days-of-activism-against-gbv-petals-of-pride/>.
- (19) Osinowo, H.; Taiwo, A. *IFE Psychologia: An International Journal* **2003**, *11*, p. 123–130 .
- (20) Baron, E. M.; Denmark, F. L. *Annals of the New York Academy of Sciences* **2006**, *1087*, 339–355 .
- (21) Whitehorn, J.; Ayonrinde, O.; Maingay, S. *Sexual and Relationship Therapy* **2002**, *17*, 161–170 .
- (22) Chalmers, B.; Hashi, K. O. *Birth* **2000**, *27*, 227–234 1523–536X.
- (23) Atkinson, R. L. *Hilgard's introduction to psychology*; Harcourt Brace College Publishers Philadelphia PA, 1996; Vol. 12.

- (24) Robin Kowalski, D. W. *Psychology*, 6th ed.; John Wiley Sons, 2011.
- (25) Abdulcadir, J.; Margairaz, C.; Boulvain, M.; Irion, O. *Swiss Med Wkly* **2011**, *140*, w13137.
- (26) Utz-Billing, I.; Kentenich, H. *Journal of Psychosomatic Obstetrics Gynecology* **2008**, *29*, 225–229 .
- (27) Cook, R. J.; Dickens, B.; Fathalla, M. F. *International Journal of Gynecology Obstetrics* **2002**, *79*, 281–287 0020–7292.
- (28) Reyners, M. *Reviews in Gynaecological Practice* **2004**, *4*, 242–251 .
- (29) Deshpande, M. A.; Holden, R. R.; Gilron, I. *Anesthesia Analgesia* **2006**, *102*, 1473–1479 .
- (30) Fultz, N. H.; Herzog, A. *Journal of the American Geriatrics Society* **2001**, *49*, 892–899 .
- (31) Kabir, M.; Iliyasu, Z.; Abubakar, I.; Umar, U. **2003**,
- (32) Creedy, D. K.; Shochet, I. M.; Horsfall, J. *Birth* **2000**, *27*, 104–111 .
- (33) Badenhorst, W.; Hughes, P. *Best Practice Research Clinical Obstetrics Gynaecology* **2007**, *21*, 249–259 .
- (34) Makhoul Obermeyer, C. *Culture, Health Sexuality* **2005**, *7*, 443–461 .
- (35) Dirie, M.; Lindmark, G. *East African medical journal* **1992**, *69*, 479–482 .
- (36) Johnsdotter, S.; Essén, B. **2004**,
- (37) Muse, D. A. Feminine Pains. <http://www.sistersomalia.org/a-poem-for-women-who%E2%80%99ve-suffered-female-genital-mutilation/>.

- (38) 28TooMany, Painful Truth Poem. 2013; <http://28toomany.org/blog/2013/oct/3/painful-truth-poem-blog-and-poem-fgm-national-poet/>.
- (39) Lightfoot-Klein, H. *2nd International Symposium on Circumcision, San Francisco, USA*; 1991; Vol. 30.
- (40) Dirie, W. The Waris Dirie Story. 2014; <http://www.fgmnetwork.org/articles/Waris.html>.
- (41) Elnashar, A.; Abdelhady, R. *International Journal of Gynecology Obstetrics* **2007**, *97*, 238–244 .
- (42) Toubia, N. *New England Journal of Medicine* **1994**, *331*, 712–716 .
- (43) El-Defrawi, M. H.; Lotfy, G.; Dandash, K. F.; Refaat, A. H.; Eyada, M. *Journal of Sex Marital Therapy* **2001**, *27*, 465–473 0092–623X.
- (44) Alsibiani, S. A.; Rouzi, A. A. *Fertility and sterility* **2010**, *93*, 722–724 .
- (45) Applebaum, J.; Cohen, H.; Matar, M.; Rabia, Y. A.; Kaplan, Z. *Primary care companion to the Journal of clinical psychiatry* **2008**, *10*, 453.
- (46) Dalal, K.; Lawoko, S.; Jansson, B. *Journal of injury and violence research* **2010**, *2*, 41.