

# **Psychological Perspective of Female Genital Mutilation: A Recognition of International Day of Zero Tolerance for Female Genital Mutilation.**

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**Abstract:** This paper was necessitated by the International day of zero tolerance to Female Genital Mutilation (FGM) which is celebrated every February 6. This paper drew knowledge from behavioral learning theories and adopted a literature search method and highlighted important implications of female genital mutilation on the physical and psychological wellbeing of female child. The prevalence showed that Africa and Asia reports among the highest in the practice of female genital mutilation. Implications found in literature reflected that female genital mutilation breeds sexual dysfunction, low self-esteem, personality problems, poor academic performance, failure to fulfil major marital roles, frequent genital infections, weight loss and difficulty maintaining social relationships among females. Consequently, these associated health hazards of female genital mutilation provides sufficient justification for celebrating an international zero tolerance day for this harmful act. Hence, healthcare professionals, especially psychologists through psycho-education programs and other forms of therapy will be required to collaboratively mitigate against this. Further implications and recommendations of these observations were presented and discussed in this paper.

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## **I. INTRODUCTION**

Every 6th February is dedicated to celebrate the international day of zero tolerance to female genital mutilation (FGM). In this light, the present paper in recognition of the world zero tolerance day for female genital mutilation is written for the purpose of discussing a psychological perspective to female genital mutilation, thus highlighting the implications and roles of psychologists in this context. The history of female genital mutilation can be rooted in Egypt and Sudan considering discovery of circumcised mummies during the fifth (5th) century BC. However, other some scholars posit that the exact origin of female genital mutilation is unknown (United Nations, 2018).

Female genital mutilation (FGM) is defined as an illegal act that requires the cutting off the external female genital organ. This act is considered a traditional act and is believed by traditionalists to be accompanied with certain blessings. The female genital mutilation according to the World Health Organization (WHO) (2018) is a non-medical process that intentionally disrupts the normal process of the female genital organ, thus having harmful effects on the girl child such as severe bleeding, problems urinating, cysts infections, and increased risks of newborn deaths. Similarly, statistics has it that more than 200 million females today have been genitally mutilated. This high prevalence thus has a lot of implication on the physical and psychological health of the general female population. Further statistics has it that female genital mutilation is mostly done among females who fall between the age ranges of infancy to 15 years of age (World Health Organization, 2018). Thus preventive measures must target this age range very critically.

There are certain laws that prohibits the practice of female genital mutilation. For example, in the United States, the Female Genital Mutilation Act 1996 protects females under age 18 and provides punishment for those involved in perpetuating this act on the girl child. Similarly, in Africa about twenty two (22) African countries or more have laws in place that prohibits such acts. Despite these laws, the ugly act remains high particularly in Africa and Asia regions of the world.

## **II. THEORETICAL REVIEW**

### **Behavioral Theory**

The behavioral theory is a psychological theory that holds behaviors are acquired through learning from the environment. Major contributors to this theory include Skinner, Pavlov and Watson, who contributed

enormously with operant conditioning and classical conditioning. Operant conditioning refers to learning through rewards and punishments. On the other hand, classical conditioning refers to learning through association or pairing certain events (stimuli) with a response. The behavioral theory is adopted in this paper to explain a psychological perspective as to why female genital mutilation takes place, and the reason this act of female genital mutilation has been passed from generations to the next overtime. The hallmark of this theory is on learning, in this theory psychologists see behaviors has been learnt from the environment. Thus the environment we interact with often has great chances of shaping what we become.

Consequently, this present paper utilizes the behavioral theory by highlighting that female genital mutilation as an act was probably learnt. Thus individuals carrying out these acts probably learnt it from their mothers or caregivers whom they lived with when they were children. In the same, way the transfer this behavior of genital mutilation to the girl child around them through learning. Thus increasing the chances for the transfer of acts of female genital mutilation from one generation to the next through learning.

### **Psychosocial Implications of Female Genital Mutilation**

Female genital mutilation has several implications on the physical and psychological wellbeing of females, and their family members as well. These implications cause distress both psychological and physical distress for females. Kane (2018) reported in a study that female genital mutilation weakens females' self-esteem and imposes sexual dysfunctions (SDF) on them. In this light, the researcher; Kane (2018) suggested that his findings highlights the harmful effects of female genital mutilation, thus conscious efforts should be made to discourage the socio-cultural norms and values that encourage female genital mutilation in the society.

Similarly, West and Kingston (2015) carried out a study to examine the consequences of female genital mutilation on the psychological wellbeing of females, and the impact on the girl child education. Using a sample size of 218 females who were selected from parts of Asia and Africa, data were collected using survey design and analyzed. Results of the analysis showed that, genitally mutilated females reported significantly lower psychological wellbeing than their non-genitally mutilated counterparts. Further findings showed that, non-genitally mutilated females performed significantly better academic wise compared to their genitally mutilated counterparts. With respect to these, the researchers; West and Kingston (2015) recommended for policies that prosecute individuals perpetuating female genital mutilation. In addition, psychological management such as counselling and rehabilitation programs were recommended for females that have been genitally mutilated.

Johnson, Martin, Guerto, and Phamez (2018) in a bid to understand the effects of female genital mutilation, embarked on a study to critically investigate the implications of female genital mutilation on the psychosocial and physical functioning of girl child. Using a sample size of 101 data were collected using questionnaires and analyzed. The results of the analysis showed that, females who have been genital mutilated had difficulty forming and maintaining social relationships. It was also observed that these females frequently reported presence of medical illnesses such as bacterial and fungal infections around their genitals. Also, it was reported that females that have been genitally mutilated have high propensity towards substance abuse. Consequently, the researchers; Johnson, Martin, Guerto, and Phamez (2018) highlighted that their findings is very relevant for the medical and psychological management of genitally mutilated females. Hence, the prevention and management of female genital mutilations should include both physicians and psychologists, rather than conceptualizing female genital mutilation as a medical problem alone.

Ricario (2017) carried out a study to investigate the health hazards associated with female genital mutilation. Using a sample size of 82 genitally mutilated female, data were collected using questionnaires and qualitative interviews. Results of the analysis showed that, female genital mutilation affected the walking posture of females, and normal child delivery process of females. In addition, due to learning process it was reportedly found that females who have been genitally mutilated have high chances of doing same or endorsing same for their female child as well. Psychological effects included observation of personality changes, as well as loss of interest in sexual activity among females that undergo female genital mutilation. Consequently, the researcher; Ricario (2017) recommended that further studies in this area will be required to investigate the trend of female genital mutilation in other research settings that are susceptible to such act.

In Nigeria, Pitan and Osifeso (2018) embarked on a study to investigate the consequences of female genital mutilation on the wellbeing of the Nigerian girl child. Using a sample size of 120 genitally mutilated females, data were collected using questionnaires. Results of the analysis showed that the consequences of female genital mutilation included disturbance in sexual pleasure (sexual dysfunction i.e. SDF), poor concentration at work and school, recurrent genital pains, weight loss, and failure in major marital roles. These findings thus reflects that female genital mutilation affects various spheres of functioning among females, thus the need to mitigate against this unhealthy lifestyle. Consequently, the researchers; Pitan and Osifeso (2018) recommended that further studies in this area will be required to identify what other mental health impacts that female genital mutilation has on females.

In summary, the aforementioned review highlights important implications of female genital mutilation for consideration. These psychosocial implications are very vital for the management of female genital

mutilation patients. As such, the psychological perspective of female genital mutilation is that female genital mutilation as physical process has a number of adverse effects, many of which affects the psychological wellbeing of females that undergo it. Hence, the importance of clinical psychologists in the management of genitally mutilated females.

### **III. RECOMMENDATIONS AND CONCLUSION**

This paper has the following recommendations:

1. Firstly, it is recommended that female genital mutilation should be discouraged, and one of such ways for achieving this recommendation may be through psycho-education programs that enlightens the general public on the health hazards associated with female genital mutilation.
2. Secondly, it is recommended that females that have been genitally mutilated will be required to undergo psychological management because of the accompanied psychological health hazards of genital mutilation.
3. Thirdly, it is recommended that governments will be required to formulate and strongly implement policies that prosecute individuals involved or caught in encouraging female genital mutilation.
4. Fourthly, local chiefs and traditional rules will be required to review and abolish those socio-cultural norms and values that endorse female genital mutilation, particularly in rural areas where the prevalence is relatively high.
5. Lastly, the researcher recommends that, further studies will be required to further examine the dynamism in the trend of female genital mutilation, especially in settings like Africa and Asia where the propensity to female genital mutilation is high. In addition, it may be useful to extend this study towards examining the roles of learning in perpetrating female genital mutilation.

In conclusion, this paper concludes that female genital mutilation is a non-medical process that involves the cutting of the external genitalia of females, and leaves females with severe or minor injuries. This non-medical process leaves a lot of psychosocial and medical impacts on the females. The implications and recommendations for this were highlighted and extensively discussed.

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