Implication of female genital mutilation in Nigeria as portal for infectious diseases.

Abbas Abel Anzaku1*, Abel Gladys Angbalaga1, Ale Cecilia Achetu2, Akharenegbe Pedro1, Oche Daniel Idibiah1, Okezue Chukwuemeke James3

1Department of Microbiology, Federal University Lafia, Nigeria
2Department of Nursing, Benue State School of Nursing and Midwifery Makurdi, Nigeria
3Department of Political Science, Madonna University Okija, Anambra State, Nigeria

Abstract

Female Genital Mutilation (FGM) also called female circumcision or female genital cutting is a fundamental violation of the womanhood accounting for about 55% of the female right abuse all over the globe. This act can apparently create a pathway for infectious diseases to thrive into the female genitalia as well as other parts of the body, thereby resulting into a serious health complication. This review therefore focused on the implication of FGM in Nigeria as portal for infectious diseases and how to curb this act. From this study, FGM is mostly practiced in the African countries with highest prevalence recorded in Nigeria and the act is still in practice in some societies despite efforts to eradicate it. The study also showed that FGM can induce sexually transmitted infections, pelvic inflammatory diseases as well as recurring urinary tract infection. This therefore recommends that thorough sensitization exercise should be carried out in both urban and rural area against FGM as regards to its health impact on girl child and in order to protect the female right in the society as well as enhancing national economic growth and development.

Keywords: Female genital mutilation, Microbiological implication, Infections

Introduction

Female Genital Mutilation (FGM) or female genital circumcision encompasses all illegal surgical procedures involving partial or total removal of the external female genitalia for cultural or other non-therapeutic reasons [1]. According to Okeke et al. [2], Nigeria previously recorded the highest absolute number of cases of FGM in the world amounting for about one quarter of the estimated 115-130 million circumcised women in the world. The practice which is founded on traditional beliefs and societal pressure to conform has drawn considerable criticism because of the potential for both short and long term complications, its risk of sexually transmission infections (STIs) thereby affecting the reproductive health and infringement on women's right. In recognition of these the Nigerian government in the past embarked on corrective measures aimed at curbing the practice openly and energetically, through the formulation of policies, programmes and legislation which have fostered behavioral change that has resulted reduction in prevalence. FGM is practiced in about 28 African countries as well as in a few scattered communities in other parts of the world [3].

Types of FGM

Okeke, et al. [2], identified the following types of female genital cutting/mutilation practiced by Nigerians:

Type 1- clitoridectomy
This is the least form of the practice as it involves the removal of the hood of the clitoris or part of the clitoris.

Type 2- excision
Involves the removal of the clitoris with partial or total excision of the labia minora.

Type 3- infibulation
Removal of the clitoris, labia minora and the adjacent side of labia majora as well as stitching of the vaginal opening leaving an opening the size of a pinhead to allow flow of urine and menstrual blood.

Type 4- unclassified forms
Other unclassified forms of FGM may involve pricking, stretching, cauterization, or inserting herbs into the vagina.

Reasons Why People Practice FGM

This practice occurred to be one of most serious forms of violence against the girl child/woman and it is practiced for a number of reasons as identified by the World Health Organization [4,5].

Psychosexual reasons
This deals with attenuation of sexual desire in female, maintain chastity and virginity before marriage and fidelity during marriage and increase male sexual pleasure.

Sociological reasons
Most societies believe in this practice in order to identify with cultural heritage, initiate girls into womanhood, social cohesion and social acceptance.
Hygiene and aesthetic reason
Among some societies, the external female genitals are considered unclean and unsightly, so it is removed to promote hygiene and to provide aesthetic appeal.

Religious beliefs
Female genital mutilation is practiced in number of communities under the mistaken beliefs that it is demanded by certain religions.

Others reasons
To enhance fertility and promote child survival for better marriage prospect and to help delivery of babies.

Implications of FGM as Portal for Microbial Infections
Female genital mutilation has the ability to induce secondary infections resulting from microbial pathogens. Topping, [6], reported some microbial infections associated with female circumcision such as STIs, HIV/AIDS, reproductive tract infection, pelvic inflammatory diseases and chronic urinary tract infection. In the same vain, WHO [7] asserted that FGM increases the short and long term health risks to women and girls and is unacceptable from a human rights and health perspective. While in general there is an increased risk of adverse health outcomes with increased severity of FGM, WHO is opposed to all forms of FGM and is emphatically against the practice being carried out by health care providers (medicalization).

FGM and Complication of Sexually transmitted Infections (STIs)
Female circumcision has been reportedly linked lead to increased risk of acquiring sexually transmitted infections (STIs) and complications of pelvic inflammatory diseases (PID). STIs are an important public health problem worldwide as the global incidence of STIs is estimated by the WHO to begin excess of 125 million per year, mainly affecting developing countries. Elmusharaf et al. [8] reported that African countries demonstrated the most seroprevalence of chlamydial antibodies ranging from 8 to 91% with the highest occurrence of Neisseria gonnorrhoeae and Chlamydia trachomatis as the causative agents in most of sub-Saharan Africa.

Recurrent Urinary Tract Infections (UTIs)
Partial occlusion of the vagina and urethra means the normal flow of urine is deflected and the perineum remains constantly wet and susceptible to bacterial growth. Retrograde UTI's therefore commonly occur, affecting the bladder, uterus and kidneys. Damage to the lower urinary tract during the procedure can also result in urinary tract infections.

Pelvic Inflammatory Diseases (PID)
Pelvic inflammatory disease (PID), a common complication of sexually transmitted infections (STIs) is accompanied by abdominal pain and infertility and the etiologic agents were Neisseria gonnorrhoeae and Chlamydia trachomatis. FGM plays a significant impact in the progression of PID for the woman who has been infibulated there are added risks of infection band resulting infertility. It has been reported by Patrick, et al. [9], that chronic pelvic disease was three times more prevalent in the infibulated women. Chronic retention of urine, menstrual flow, and repeated urinary tract infections with E. coli are the consequences of poor drainage, which results from a space from behind the vulva skin. This then becomes an excellent reservoir for the growth of pathogenic organisms such as the Escherichia coli Muteshi et al. [10], reported a high incidence of candidiasis, which was more frequent with infibulation, and urine cultures. Shandoll [11] has suggested three main causes of PID in the infibulated woman, namely:

1. Infection at the time of infibulation,
2. Interference with drainage and
3. Infection from splitting the infibulation.

FGM Increases Susceptibility to HIV/AIDS
FGM has said to play a critical role in facilitating HIV infection through various mechanisms as it predisposes women to HIV infection in the following ways: increased need for blood transfusion due to haemorrhage either when the procedures is performed at childbirth or result of vaginal tearing during defibulation and intercourse and the use of the same blade on another person [12]. This is because, the operation is mainly carried out by practitioners of traditional medicine and by traditional birth attendants using unsanitary knives and other unsterilized instruments in generally unhygienic conditions [7]. According to Hardy [13], during intercourse penetration, there are difficulties which often result in tissue damages, lesion and postcoital bleeding which tends to make the squamous vaginal epithelium similar in permeability to the columnar mucosa of the rectum, thus facilitating the possible transmission of HIV.

Other Health Implication of FGM
FGM does irreparable harm to the female reproductive organ and health as a whole which can result to death through severe bleeding, pain and trauma as well as overwhelming infections. It has dangerous health implications because of the unsanitary conditions in which it is generally practiced [14,15].

The opening passages between the vagina and bladder or anus can result to Urogenital Vaginal Fistula such as Vesico-Vaginal Fistula (VVF): Vesicovaginal fistula (VVF) is a subtype of female urogenital fistula (UGF). VVF is an abnormal fistulous tract extending between the bladder and the vagina that allows the continuous involuntary discharge of urine into the vaginal vault and Recto Vaginal Fistula (RVF) A rectovaginal fistula is an abnormal connection between the lower portion of your large intestine your rectum — and your vagina. Bowel contents can leak through the fistula, allowing gas or stool to pass through your vagina.

Table 1. Nigerian prevalence of FGM by geopolitical zones [15].

<table>
<thead>
<tr>
<th>Geopolitical Zone</th>
<th>Prevalence of Knowledge</th>
<th>Percentage of Circumcised Women</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/ Central</td>
<td>32.70%</td>
<td>11.4</td>
</tr>
<tr>
<td>NEast</td>
<td>38.90%</td>
<td>2.7</td>
</tr>
<tr>
<td>NWest</td>
<td>39.60%</td>
<td>19.6</td>
</tr>
<tr>
<td>S/ East</td>
<td>88.50%</td>
<td>53.4</td>
</tr>
<tr>
<td>S/ South</td>
<td>82.10%</td>
<td>34.2</td>
</tr>
<tr>
<td>S/ West</td>
<td>87.10%</td>
<td>52.8</td>
</tr>
</tbody>
</table>
Nigerian Government Response Towards FGM

Nationwide response has given estimated prevalence of FGM in the country: 2003, 2006, 2008 National Demographic Health Survey and the National Baseline Survey of positive and harmful traditional practices affecting women and girls in Nigeria.

The Federal Ministry of Women Affairs in year 2000 undertook a zonal advocacy and sensitization programme to traditional rulers, religious leaders and policy makers to increase awareness on harmful traditional practices resulting in State Legislations and consequently reduction in these practices (Table 1).

Recommendation

Total elimination of FGM will demand the attention of legislation to provide and stern measures that will prohibit the practice.

(i) Development of alternative sources of income for circumcisers is another way of eliminating this practice.

(ii) Strong advocacy campaign against the practice all over the nation should be prioritized.

(iii) The process of social change in the community with a collective and coordinated agreement to abandon the practice is very essential in eliminating this practice.

(iv) This also calls for a multidisciplinary approach involving legislation, health care professional organizations, empowerment of the women in the society, and education of the general public at all levels with emphasis on dangers and irrelevance of FGM in the society.

Conclusion

The practice of female circumcision is a very bad practice that based on ethno-cultural and religious beliefs however, its unhealthy impact on girl child cannot be overemphasized as it involves partial or total removal of the female genitalia which can apparently result in total impairment of the reproductive organ of the female. The study recommends more research to be done on this study so as to totally eradicate the menace of violation against female in the society.

Competing Interest

All authors declare that no competing interest exist.

Funding Source

Self-funded.

Authors’ Contribution

All authors contribute positively to the outcome of this paper. The first author wrote the manuscript and other authors proofread the review.

References


*Correspondence to

Abbas Abel Anzaku
Department of Microbiology
Federal University Lafia
Nigeria
Tel: +2348038141859
E-mail: humbleabel2016@yahoo.com