The Seybold Report

ISSN 1533-9211

DOI 10.5281/zenodo.7009751

# FEMALE GENITAL MUTILATION, CULTURE AND SEXUAL QUALITY OF LIFE AMONG IGBO WOMEN IN ABA METROPOLIS

**NGOZI C. UWANNAH**

PhD; Babcock University, Ilishan-Remo, Nigeria, Email: uwannahn@babcock.edu.ng

**AYODELE O. ADEOYE**

PhD; Babcock University, Ilishan-Remo, Nigeria, Email: adeoyea@babcock.edu.ng

**EMMANUEL ORIHENTARE EREGARE**

PhD; History Dept., Babcock University, eregaree@babcock.edu.ng

**HELEN, I. OBIOMA-AGHARANYA**

Ekiti State University, Email: helenagharanya@gmail.com

**BANKOLE A. FILADE**

Babcock University, Ilishan-Remo, Nigeria, Email: filadeb@babcock.edu.ng

**PROMISE N. STARRIS-ONYEMA**

University of Ibadan, Email: npromyn@gmail.com

**Abstract**

Most women contribute immensely to the welfare of their various homes and may not be effective in their roles as home makers when their sexual quality of life is low. Marital quality of life in the area of sex is vital to women's overall well-being. This study aims at identifying the perceived contribution of female genital mutilation on sexual quality of life of married women in Aba metropolis. A cross-sectional survey design was adopted to study 536 married women aged between 18 – 65 residing in Aba, Abia State. The subjects were purposefully selected from the population of women that attended the Nigeria for Women Project in Aba. Data was collected on the respondent's local government area of origin, religion, education and status of marital relationship while standardized questionnaire (Female Sexual Function Index) was used to collect empirical data. Frequency counts, simple linear regression and t-test were used to answer the research questions, while simple linear regression and Hayes' process model were used to analyze the hypothesis. The collection of data was done in November, 2021. Frequency counts were used to analyze participants' demographic data. Frequency counts, simple linear regression and t-test were used to answer the research questions, while simple linear regression and Hayes' process model were used to test the hypotheses at the .05 level of significance. All statistical analyses were carried out with SPSS version 27 software. Women in Aba metropolis had negative perceptions about the practice of female genital mutilation. The percentage of those who have negative perception stood at 52. Level of education had no significant influence on how women perceive female genital mutilation whereas a woman's age was indicated as a determining factor on how they see female genital mutilation. Women's decision to want their daughters circumcised was influenced by their circumcision status. Furthermore, there was a significant influence of female genital mutilation on marital quality of life and education and age were also significant moderators of the influence of female genital mutilation on sexual quality of life. Finding of this study led to the conclusion that while age is

The Seybold Report
ISSN 1533-9211
DOI 10.5281/zenodo.7009751

a factor that determines how women see female genital mutilation, education is not, even though female genital mutilation is generally perceived as a negative practice, 65% of studied women are still circumcised. A woman's decision to want her daughter circumcised in the future is influenced by whether she is circumcised herself or not and female genital mutilation was found to have significant influence on sexual quality of life while age and education was found to be significant moderators of that influence. Despite the negative perceptions about female genital mutilation, the number of circumcised women outnumbered the uncircumcised. This could be attributable to societal pressures and need to be accepted within their communities.

**Keywords:** Culture, genital mutilation, Igbo women, sexual quality of life, Aba metropolis

## Introduction

Women all over the world are important assets that should be handled with care since they contribute immensely to the overall well-being of their nations, society, communities and even families. This is because when they are happy and satisfied, the society and their families will also be at peace. Marital quality of life in the area of sex is very vital to a woman's overall well-being. Bilaland Rasool (2020) links overall marital happiness to quality of sexual life but this has not always been the case especially in a situation where some women are reported to be frigid, stressed, depressed and emotionally imbalanced due to inability to enjoy sex.

Quality of life is the way an individual sees himself in life in terms of how his culture and value systems align with his goals, standards, expectations and aspirations (World Health Organization Quality of Life, WHOQOL, 2022). It isthe extent at which someone is healthy, comfortable and capable of taking part in life activities or being satisfied with life (Jenkinson, 2020). Jenkinson (2020) is of the view that quality of life could refer to an individual's life experiences or the condition under which those individual lives while Masoumi, Garousiann, Khani, Reyhaneh, Oliaei and Shayan (2016) is of the view that it is linked with age, culture, sex, level of education, social background, health, and social environment. Therefore, quality of life (QOL) is a broadly construed concept that embraces both positive and negative aspect of life assessment (The WHOQOL Group, 2022). This is because quality of life can be seen from different dimensions by different people and at different times. Although sexual life is among the important aspects of quality of life, other aspects still exist. According to Centers for Disease Control and Prevention (2000), other areas such as work, culture, values, and spirituality still exit which, even though complex, researchers have constructed useful tools in measuring them.

Marital sexual quality of life refers to quality of life in the area of sexual life. Women's marital sexual quality of life is the extent to which a married woman is satisfied with her sexual life. Although several authors (Afroz, 2018; Carlier et al, 2013; Czekirda et al, 2017; Marck et al, 2020), have viewed unemployment as having negative correlation with quality of life, yet for most women, sexual quality of life is of immense importance and several researchers have found that female genital mutilation is one of the major reasons why some women do not enjoy a quality sexual life (Esho et al, 2017) because some parts of their genitals were cut off to suppress and prevent them from having the desired sexual pleasure (Andersson, 2012).

Sexual behavior is more pleasurable and exciting when the clitoris is aroused (Abdel-Azim, 2012). Unfortunately, some women in our society today experience poor quality sexual life due

The Seybold Report
ISSN 1533-9211
DOI 10.5281/zenodo.7009751

to female genital mutilation which is a practice that aims at cutting off the pleasurable parts of the female genitals in order to prevent promiscuity and retain virginity till marriage (Onyishi, Prokop, Okafor & Pham, 2016), prepare a woman for marriage, preserve fertility, improve hygiene, improve sexual pleasure for men and reduce extra marital affairs (Klein, Helzner, Shayowitz, Kahlhoff & Smith-Norowitz, 2018). Regrettably, this practice has led to various traumatic experiences for women such as anxiety, panic, humiliation (Okeke, Anyaehie & Ezenyeaku, 2012; Michael, Bolorunduro & Busari, 2017) surgical complications, obstruction of entrance to the vagina, chronic pelvic infections, prolonged labour on women, injury to the urethra, shock, fracture, pelvic inflammatory disease, risk of contracting HIV and Hepatitis B and death (Hayford & Trinitapoli, 2011; Kandala, Nwakeze & Kandala, 2020).

Women's psychological well-being can also be affected by female genital mutilation. Even though Omigbodun et al (2019) in their studies on the psychological effect of female genital mutilation on women in Izzi Community in Southeast Nigeria, found that there are less evidences of such effect but respondents perceive that there are both negative and positive effects. While the positive effects include being happy at least for the reason that you will not be seen as a social outcast or ostracized but there are negative consequences in form of despair, sadness and anger especially when sexual pleasure and enjoyment is impaired. Comments like ''it is harmful'', ''it is not healthy'', and ''a pain to my soul'' suggest psychological and emotional trauma on mutilated women that was studied. Not only are these women affected, their husbands are in most cases affected too. The findings of Varol, Turkmani, Black, Hall and Dawson (2015) suggest that the husbands of circumcised women are dissatisfied during sexual intercourse and some have regrets because they see themselves causing pain to their wives.

Female genital mutilation which is also called female circumcision is a practice that has been on for over thousands of years especially in Africa (Karmaker, Kandala, Chung & Clark, 2011), the middle East, Asia (Klein, Helzner, Shayowitz, Kahlhoff & Smith-Norowitz, 2018) and South America (United Nations International Children's Emergency Fund (UNICEF) 2013).Fregmaye and Johnson (2007) has traced its origin to Egypt. In Africa, this practice has persisted because it is seen as symbolic and ritualistic and is carried out by cutting the clitoris, the labia minora or infibulation or combination of both (Nnorom, 2000). Nnorom (2000) further opine that in different communities, it is performed on females either as babies, toddlers or teenagers by traditional practitioners who are mainly elderly women under situations that are not healthy. Although modernization has led to a decrease in this practice, yet its prevalence is still a case of concern especially in Africa (Titilayo, Palamuleni, Olaoye, Oyesola & Owoeye, 2018). This is because despite several efforts made to eradicate the practice by world organizations like United Nations Children Fund, World Health Organization and other non-governmental organizations (Hayford & Trinitapoli, 2011), Nnorom (2000)'s study revealed that in Nigeria, 85% of respondents still believe it is a practice that should be continued. Its practice has also persisted in places like Burkina Faso, Togo, Senegal, Uganda (Karmaker et al, 2011) reason being that it is seen as the right thing to do in order to bring up the girl child properly, equip her for marriage and prevent infidelity (United Nations International Children's Emergency Fund (UNICEF) 2013) since it is presumed that a woman who is circumcised may

The Seybold Report
ISSN 1533-9211
DOI 10.5281/zenodo.7009751

not likely be promiscuous (Anuforo et al., 2004). In Senegal however, much success has been achieved to eradicate this practice through the concerted effort of TOSTAN (Kandala & Shell-Duncan, 2019).

Culture is an intrinsic aspect of life among any group of people and it dominates and undergirds their thoughts, social political, economic and religious relationships. It embodies the total way of life of a community or a group of people. It is expressed in the language of the people, their belief, habits, customs and traditions (Aladenusi & Ayodele, Obasola, 2013). This presupposes that culture imbues the society with life as every event is interpreted from its microscopic lenses. Specifically, culture has been observed to play a significant role in influencing sexual partners' orientation in negotiating relationship values and standards, especially when the two come from different culture that are distinctly different. For example, in collectivist cultures, men are thought of as the ones with sexual desires and the women need to fulfill those desires; collectivist societies see sex as a function of the well-being of the family, not as the key in a couple's happiness (Kellner, 2009). Individualistic cultures see each individual's happiness, needs, and goals as the important factor in well-being and success.

Research has proven that over 200 million females have been mutilated (United Nations International Children's Emergency Fund (UNICEF) 2022)) while about 3 million females are predicted to be at risk of being mutilated each year (Onyishi, Prokop, Okafor & Pham, 2016; United Nations International Children's Emergency Fund (UNICEF) 2013)). According to Titilayo, Palamuleni, Olaoye, Oyesola and Owoeye (2018), female genital mutilation is a threat to life for females and is contrary to provisions of human rights. It is a threat to life because it has complications leading to various health conditions like urinary tract infection, pain, bleeding, social, psychological, health and sexual complications (Hayford & Trinitapoli, 2011). In addition, it is a form of social oppression against women because it causes loss of some sex organs leading to disability and impairment (Owojuyigbe, Bolorunduro & Busari, 2017) because the removal of a woman's genital parts may cause injuries to the nerve endings and may cause inelastic scar tissue and adhesions to develop around the excised parts (Buggio, Facchin, Chiappa, Barbara, Brambilla & Vercellini, 2019).

Nigeria is a country that is made up of an estimated population of 214,321,258 which is equivalent to 2.64% of the world's population (Nigerian Population, 2022). According to the same report, 52.0% of the population is urban yet Caldwell, Orubuloye & Caldwell (2000) opine that the Igbos who occupy the eastern part of Nigeria (45%) and Yorubas who occupy the western part (61%) have more circumcised women than the Northern dwellers although according to him, there is a decline in the practice in recent times. Similarly, in another study, it was found that prevalence of female circumcision is most among women in south-south with a rate of 77%, followed by south-eastern women with a prevalence rate of 65% and 65% among south-west women while its practice is not common among the northern women (Okeke, Anyaechie & Ezenyeaku, 2012). However, various forms of the cutting are practiced by Nigerians ranging from Type I referred to as clitoridectomy which involves removing of prepuce and in some instances all or part of the clitoris. The second form is called Type II in which the clitoris is removed with the labia minora partially or totally cut off. The third form,

The Seybold Report
ISSN 1533-9211
DOI 10.5281/zenodo.7009751

the Type III has the clitoris, labia minora and a part of the labia majora removed and leaving a little opening for menstrual flow and urination while the most severe form is the Type IV where the vagina is cut, pierced or scrapped with the insertion of harmful substances or herbs into the vagina. Okeke et al (2012) has confirmed that the less severe form, which is the Type I is the form commonly practiced among Nigerians. In Nigeria, this practice is carried out during infancy while in some parts, it is carried out at five years or upwards and is seen by Nigerians as a cultural practice and not a religious one, with the belief that it will aid prevention of pre-marital sex, lead to better marriage prospects and make delivery safer (Okeke et al, 2012).

Abia State indigenes are Igbos who live in the south-eastern part of Nigeria making up a total population of 3,720,000 (Map of Abia State, 2022). Majority of Igbos are small scale farmers and traders and many are literate and run their own businesses. Igbo women are hardworking and play active roles in both political and economic sectors. Majority are Christians while some practice Christianity alongside traditional religion (Mckenna, 2021). The practice of female genital mutilation is not forbidden and uncircumcised girls are not seen as dirty (World Health Organization, 2012) but according to Igbo oral tradition, female genital mutilation is of immense benefit since it is perceived to decrease a woman's sexual excitement and hence prevent promiscuity (Okemgbo, Omideyi & Odimegwu, 2002). According to Okemgbo et al (2002) the Igbo tradition does not make it mandatory for every female child to be circumcised but it supports its practice based on the belief that it has some benefits especially as the tradition places some restrictions on females in terms of infidelity. While the men are allowed by tradition to have concubines, it does not permit such for women and divorce is also frowned at and that being the reason why Odimegwu and Zerai (1996) and Smith (2010) report a low level of divorce in Igboland.

From the above, marital sexual quality of life which is made up of quality of relationships and sexual functioning (Cybulski, Cybulski, Krajewska-Kulak, Orzechowska, Cwalina & Jasinski, 2018)may be impeded by female genital mutilation. According to Alsibiani and Rouzi (2010) women who are mutilated do not enjoy sex as much as those who are not circumcised. They develop a lot of sexual and reproductive health challenges and as such female genital mutilation has become a threat to women and girls' health causing imbalances in marriage and adult life (Owojuyigbe, et al, 2017). Abdel-Azim(2012) believe that when sexual performance is impaired, quality of life is negatively affected. It is against this backdrop that this study intends to investigate the extent at which female genital mutilation will affect the marital sexual quality of life among married eastern women in Aba metropolis, Nigeria.

**Research Questions**

The following research questions were raised to guide this study:

1. What is the perception of women on female genital mutilation?
2. Will level of education influence women's perception of female genital mutilation?
3. Will women's decision to want their daughters circumcised be influenced by whether they are circumcised or not?
4. How does women's perception of female genital mutilation vary according to age?

The Seybold Report
ISSN 1533-9211
DOI 10.5281/zenodo.7009751

**Hypotheses**

1. There is no significant contribution of female genital mutilation on marital sexual quality of life.
2. There is no significant moderating influence of education and age on the contribution of female genital mutilation to marital sexual quality of life.

**Materials and Methods**

The study employed a cross-sectional survey design to study 536 women aged between 18 – 65 years recruited purposefully from a population of women that attended the Nigeria for Women Projectat Aba metropolis, Abia State, Nigeria in November 2021. The inclusion criteria were women who are married, aged between 18 – 65 years, who reside in Aba metropolis and are recruited in the Nigeria for Women Project (NFWP). The exclusion criteria included not married, and age of below 18 years and above 65 years and unwillingness to participate. All respondents were made to understand the purpose of the research and their consent to participate was obtained. Of all the 54,600 women who enrolled for the NFWP project in Aba, only 536 women who were willing to participate were purposefully selected and all the 536 women selected completed their questionnaires and answered questions correctly.

**Measurement tools:**

Data were obtained on age, marital status, living with spouse or not, educational attainment, circumcision status and having a daughter or not. The female sexual function index (FSFI) (Rosen et al., 2000) was filled by the respondents in order to gather information on their sexual quality of life. This scale is made up of 19 closed questions with 5 answer options in likert format example "over the past four weeks, how often did you feel sexual desire or interest? Over the past four weeks, how would you rate your level of sexual desire or interest? etc. The authors of this scale reported a reliability coefficient of 0.82. In this study, marital sexual quality of life is the dependent variable while female genital mutilation is the independent variable.

**Statistical Analysis**

The demographic data of the participants such as age, marital status, living with spouse or not, educational attainment, circumcision status and having a daughter or not were analyzed with frequency counts. The data generated were subjected to statistical analysis. Frequency counts, simple linear regression and t-test were used to answer the research questions, while simple linear regression and Hayes' process model were used to test the hypotheses at the .05 level of significance. All statistical analyses were executed using SPSS version 27 software.

**Results**

Majority of the participants (85%) were Christians, adherents of traditional religion (8%) and followers of other religions (7%). A majority of the participants (52%) were 18 – 39 years old, while 48% of the participants were 40 years old and above. The greatest proportion of the participants (84%) was married and living with their spouses while 8%weredivorced and

The Seybold Report
ISSN 1533-9211
DOI 10.5281/zenodo.7009751

another 8%were widowed. A total of 36% had secondary education, 28% had tertiary education, primary education (24%), no education (6%) and Masters/PhD (6%)while finally, the greatest proportion of the women (65%) were circumcised while 35% were not (see table 1). The analysis of research question one revealed that the greatest proportion of the participants (48%) had negative perception of female genital mutilation. Also, 28% of the participants were undecided, those who had positive perception are 18%,very negative perception 3.9%,while 2.1% had very positive perception of female genital mutilation (see Table 2).Further analysis shows non-significant results(Beta = -.005, t = -.111, p > .05) on the influence of education on women's perception of female genital mutilation and the conclusion that level of education did not influence how women in Aba perceive female genital mutilation (see Table 3).Furthermore, it was revealed that women's decision to want their daughters circumcised was influenced by whether they are circumcised themselves or not as indicated in Table 4.Results in Table 5 were significant (df =

495.9, t = 6.461, p < .05), leading to the conclusion that there is a significant variation in women's perception of female genital mutilation according to age. Table 5 further indicated that women aged 15 – 39 years old (Mean = 4.84) perceived female genital mutilation differently from women aged 40 years old and above (Mean = 4.12).On testing the hypothesis to ascertain if female genital mutilation will have any influence on marital sexual quality of life, there were significant results (Beta = -.695, t = -22.324, p < .05), leading to the conclusion that there is a significant contribution of female genital mutilation to marital sexual quality of life. (see Table 6). It is revealed and concluded that there is a significant moderating influence of education in the contribution of female genital mutilation to marital sexual quality of life(Table 7a revealed significant results (Coeff = -5.2211, t = -4.1209, p < .05)). Table 7b revealed significant results also (Coeff = 6.4927, t = 2.6679, p < .05), leading to the conclusion that there is a significant moderating influence of age in the contribution of female genital mutilation to marital sexual quality of life.

**Table 1: Participants' Demographics**

| S/No | Variable | Category<br>N = 536 | Frequency | Percentage |
|---|---|---|---|---|
| 1. | Religious Affiliation | Christianity<br>Traditional<br>Others | 454<br>42<br>40 | 84.7<br>7.8<br>7.5 |
| 2. | Age (years) | 13 – 39<br>40 & above | 278<br>258 | 51.9<br>48.1 |
| 3. | Marital Status | Single<br>Married<br>Divorced<br>Widowed | 193<br>257<br>43<br>43 | 36.0<br>47.9<br>8.0<br>8.0 |
| 4. | Education | No Education<br>Primary<br>Secondary<br>Tertiary<br>Masters/PhD | 33<br>129<br>193<br>148<br>33 | 6.2<br>24.1<br>36.0<br>27.6<br>6.2 |
| 5. | Circumcision status | Circumcised<br>Not Circumcised | 347<br>189 | 64.8<br>35.2 |

The Seybold Report
ISSN 1533-9211
DOI 10.5281/zenodo.7009751

## Analysis of Research Questions

**Research Question 1:** What is the perception of women on female genital mutilation?

**Table 2: Perception of Women on Female Genital Mutilation**

| Category | Frequency | Percentage |
|---|---|---|
| Very Positive | 11 | 2.1 |
| Positive | 97 | 18.0 |
| Undecided | 150 | 28.0 |
| Negative | 257 | 48.0 |
| Very Negative | 21 | 3.9 |

**Research Question 2:** Will level of education influence women's perception of female genital mutilation?

**Table 3: Regression Coefficients for Influence of Level of Education on Female Genital Mutilation**

| | B | Std Error | Beta | T | Sig. |
|---|---|---|---|---|---|
| (Constant) | 4.513 | .181 | | 24.893 | .000 |
| Level of Education | -.006 | .057 | -.005 | -.111 | .912 |

Dependent Variable: Perception of Female Genital Mutilation

**Research Question 3:** Will women's decision to want their daughters circumcised be influenced by whether they are circumcised or not?

**Table 4: Regression Coefficients for Influence of Mothers' Circumcision Status on Decision to Want Daughters Circumcised**

| | B | Std Error | Beta | t | Sig. |
|---|---|---|---|---|---|
| (Constant) | 2.096 | .064 | | 32.793 | .000 |
| Mothers' Circumcision | -.096 | .034 | -.122 | -2.830 | .005 |

Dependent Variable: Decision to Want Daughters Circumcised

**Research Question 4:** Does women's perception of female genital mutilation vary according to age?

**Table 5: t-Test for Variation of Women's Perception of Female Genital Mutilation According to Age**

| Age (years) | N | Mean | Std. Dev | df | T | Sig. |
|---|---|---|---|---|---|---|
| 15 – 39 | 278 | 4.8381 | 1.1364 | 536 | 6.461 | .000 |
| 40 & Above | 258 | 4.1240 | 1.3977 | | | .000 |

## Test of Hypotheses

Ho1: There is no significant perceived contribution of female genital mutilation to marital sexual quality of life.

The Seybold Report
ISSN 1533-9211
DOI 10.5281/zenodo.7009751

**Table 6: Regression Coefficients for Perceived Contribution of Female Genital Mutilation to Marital Sexual Quality of Life**

| | B | Std Error | Beta | t | Sig. |
|---|---|---|---|---|---|
| (Constant) | 63.619 | 1.151 | | 55.290 | .000 |
| Age | -5.485 | .246 | -.695 | -22.324 | .000 |

Dependent Variable: sexual quality of life

Ho2: There is no significant moderating influence of education and age on the contribution of female genital mutilation to marital sexual quality of life.

**Table 7a: Regression Coefficients for Moderating Influence of Education in the Contribution of Female Genital Mutilation to Marital Sexual Quality of Life**

| Model | Coeff | se | t | p | LLCI | ULCI |
|---|---|---|---|---|---|---|
| Constant | 79.11143 | .9061 | 20.2535 | .0000 | 71.4382 | 86.7847 |
| Education | -5.2211 | 1.2670 | -4.1209 | .0000 | -7.7100 | -6.5325 |
| FGM | -8.1687 | .8329 | -9.8072 | .0000 | -9.8050 | -6.5325 |
| Int_1: Education x FGM | .9106 | .2709 | 3.3607 | .0008 | .3783 | 1.4429 |

Outcome: Marital Sexual Quality of Life
Product terms key:
Int_1 FGM X education

**Table 7b: Regression Coefficients for Moderating Influence of Age in the Contribution of Female Genital Mutilation to Marital Sexual Quality of Life**

| Model | Coeff | se | t | p | LLCI | ULCI |
|---|---|---|---|---|---|---|
| Constant | 52.8178 | 4.1723 | 12.6591 | .0000 | 44.6216 | 61.0141 |
| Age | 6.4927 | 2.4336 | 2.6679 | .0079 | 1.7121 | 11.2734 |
| FGM | -3.4257 | .8548 | -4.0078 | .0001 | -5.1049 | -1.7466 |
| Int_1: Age x FGM | -1.2459 | .5153 | -2.4179 | .0159 | -2.2581 | -.2337 |

Outcome: Marital Sexual Quality of Life
Product terms key:
Int_1 FGM X age

**Table 8a: Regression Coefficients for Moderating Influence of Education in the Contribution of Female Genital Mutilation to Marital Sexual Quality of Life**

| Model | Coeff | se | t | p | LLCI | ULCI |
|---|---|---|---|---|---|---|
| Constant | 79.11143 | .9061 | 20.2535 | .0000 | 71.438286 | .7847 |
| Education | -5.2211 | 1.2670 | -4.1209 | .0000 | -7.7100 | -6.5325 |
| FGM | -8.1687 | .8329 | -9.8072 | .0000 | -9.8050 | -6.5325 |
| Int_1: Education x FGM | .9106 | .2709 | 3.3607 | .0008 | .3783 | 1.4429 |

Outcome: Marital Sexual Quality of Life
Product terms key:
Int_1 FGM X education

The Seybold Report
ISSN 1533-9211
DOI 10.5281/zenodo.7009751

**Table 8b: Regression Coefficients for Moderating Influence of Age in the Contribution of Female Genital Mutilation to Marital Sexual Quality of Life**

| Model | Coeff | se | t | p | LLCI | ULCI |
|---|---|---|---|---|---|---|
| Constant | 52.81784 | .172312 | .6591 | .0000 | 44.621661 | .0141 |
| Age | 6.4927 | 2.43362 | .6679 | .0079 | 1.7121 | 11.2734 |
| FGM | -3.4257 | .8548 | -4.0078 | .0001 | -5.1049 | -1.7466 |
| Int_1: Age x FGM | -1.2459 | .5153 | -2.4179 | .0159 | -2.2581 | -.2337 |

Outcome: Marital Sexual Quality of Life
Product terms key:
Int_1 FGM X age

**Discussion**

Quality of life describes both the negative and positive aspects of an individual's life which determines her overall well-being. Marital sexual quality of life describes the degree of satisfaction or dissatisfaction experienced in sexual relationship in marriage which may likely affect general well-being. Satisfaction in sexual life could lead to overall marital happiness which is a factor that can result to enhanced quality of life (Ahmad & Rasool, 2020). This study was carried out in Aba metropolis, a city in Abia State and out of the 536 women studied, 65% were circumcised. Studies of Sakeah et al (2018), Yang et al (2000) and Kandala et al (2009) came out with similar conclusions that women in urban areas are more likely to have undergone female genital mutilation than those residing in the rural areas but studies of Ahinkorah (2021) show contrary results in discovering that 78% of circumcised women were in rural area in Chad. This study did not however find out the likely reason for this outcome. However, it could be that since life is more complex in the city that parents ensured their female children are circumcised to reduce their sexual urge and hence serve as a protection against promiscuity which is sometimes more pronounced in the cities than in the rural dwellings.

Further analysis shows that 52% of the respondents have negative perceptions of female genital perception. This could be attributable to the negative experiences and consequences of female genital mutilation since majority are circumcised. Previous studies like Yang et al (2000), Kandala et al (2009) and others have described the negative consequences as causing painful intercourse, reduced sexual satisfaction, scars and frigidity. This negative perception is not common to Aba women alone, a similar study by Obaid (2019) discovered that 55% of women in Egypt who were victims of female genital mutilation also had negative perceptions about the practice. Kizilhan et al (2011) found that 78% of girls studied reported being extremely afraid, helpless and traumatized after circumcision.

Research evidence have proven that a woman who has undergone female genital mutilation may not want her daughter to have the same experience (Shabila, 2017)due to the attendant negative consequences while those who are not circumcised are more likely to support fgm for their daughters (Ahinkorah, 2021) probably due to ignorance of the consequences. However,

The Seybold Report
ISSN 1533-9211
DOI 10.5281/zenodo.7009751

studies of Daily et al (2014) and Gangoli et al (2018) found that women who have experienced female genital mutilation were satisfied with their daughters having the same experience the reason could be because of perceived gains like acceptance within their communities. In supporting this assertion Sakeah et al, (2018) asserted that the practice is being sustained due to tradition and quest to preserve tradition and societal values. This outcome of previous works lends credence to the findings of this present study where women in Aba metropolis agreed that a woman's circumcision status have an influence on her decision to want her daughter circumcised although this present study did not explore the direction of this outcome. Ahinkorah (2021) also found that mother's circumcision status predicted female genital mutilation among girls aged between 0 – 14 years in Chad. In Sakeah et al (2018)'s findings in Ghana, 66% of the girls interviewed agreed that their mothers influenced their being circumcised.

The outcome of this study is consistent with others studies proving that age have an influence on how women perceive female genital mutilation (Ahinkorah et al, 2021; WHO, 1986). Influence of education on the perception of fgm among women was not significant. This is contrary to aprevious work outlining that education is more likely to influence perceptions on female genital mutilation (Sakeah et al, 2018) and similar to others that education does not have any influence on perceptions of female genital mutilation (Kizilhan, 2011; Obaid, et al, 2019; Ismail et al (2017)). This could still be explained along the lines of the practice of female genital mutilation being deeply rooted in tradition and sustained by societal values to which education may have minimal effect on the way people see it.

Furthermore, female genital mutilation significantly influenced marital sexual quality of life among women studied. Abdel-Azim (2012) had similar discovery that female genital mutilation affected quality of sexual life among his study participants. Other past studies have shown that cutting off of the pleasurable parts of the genitals could be dissatisfying during intercourse and capable of reducing pleasure and negatively affecting sexual quality of life (Alsibiami & Rouzi, 2010; Yang, et al 2000; Owojuyigbe, et al, 2017). Finally, age and education were found to significantly moderate the influence of female genital mutilation on sexual quality of life. This outcome is consistent with the studies of Ahinkorah et al (2021); Sakeah et al (2018) but contrary to the findings of Obaid et al (2019) who found no significant difference in the quality of sexual life between circumcised and uncircumcised women in the five domains of desire, arousal, orgasm, satisfaction and painful intercourse.

**Study limitations**

The limitation of this study lies in its inability to reach other women in rural areas in Abia State in order to make comparisons and the researches were not able to further explore while some circumcised women despite the negative consequences of female genital mutilation will want to have their daughters circumcised among the study population.

**Conclusions**

Finding of this study led to the conclusion that while age is a factor that determines how women see female genital mutilation, education is not, even though female genital mutilation is

The Seybold Report
ISSN 1533-9211
DOI 10.5281/zenodo.7009751

generally perceived as a negative practice among the respondents. Additionally, a woman's decision to want her daughter circumcised in the future is influenced by whether she is circumcised herself or not, yet female genital mutilation was found to have significant influence on sexual quality of life while age and education was found to be significant moderators of that influence. Based on this finding therefore, government and community leaders should launch more intensive campaigns on health and psychological implications of female genital mutilation since research has shown that people feel comfortable practicing female circucission despite its significant effect on quality of sexual life due to societal pressures and need to be accepted. These campaigns should be targeted at empowering women to be able to fight against those practices that have negative effect on their sexual quality of life.

## Competing interests:

There are no competing interests

### References

Abdel-Azim, S. (2012). Attitude of Sudanese people to the practice of female circumcision. International Journal of Epidemiology, 2(2), 138–144. http://dx.doi.org/10.1016/j.afju.2012.12.005

Afroz, S. (2018). Quality of life: A conceptual model. Advances in Economics and Business Management (AEBM), 4 (8), 570-578. http://www.krishisanskriti.org/Publication.html

Ahinkorah, B. O. (2021). Factors associated with female genital mutilation among women of reproductive age and girls aged 0 – 14 in Chad: a mixed-effects multilevel analysis of the 2014-2015 Chad demographic and health survey data. BMC Public Health, 21, 286. https://doi.org/10.1186/s12889-021-10293-y

Alsibiani, S. A., &Rouzi, A. A. (2010). Sexual function in womenwith female genital mutilation. Fertility & Sterility, 93, 722–724.

Bilal1, A. & Rasool, S. (2020). Marital satisfaction and satisfaction with life: mediating role of sexual satisfaction in married women. Journal of Psychosexual Health, 2(1), 77–86.

Buggio, L., Facchin, F., Chiappa, L., Barbara, G., Brambilla, M. &Vercellini, B. (2019). Psychosexual consequences of female genital mutilation and the impact of reconstructive surgery: A narrative review. Health Equity, 3 (4), 36 – 46. https://doi.org/10.1089/heq.2018.0036

Caldwell, J. C., Orubuloye, I. O. & Caldwell, P. (2000). Female genital mutilation: Conditions of decline. Population Research & Policy Review, 19, 233 – 254. https://doi.org/10.1023/A:1026511611930

Carlier, B.E., Schuring, M., Lötters, F.J. et al. (2013). The influence of re-employment on quality of life and self-rated health, a longitudinal study among unemployed persons in the Netherlands. BMC Public Health13, 503. https://doi.org/10.1186/1471-2458-13-503

Cybulski, M., Cybulski L.,Krajewska-Kulak, E., Orzechowska, M.,Cwalina, U.& Jasinski, M. (2018). Sexual quality of life, sexualknowledge, and attitudes of olderadults on the example of inhabitants over 60s of Bialystok, Poland.Frontiers Psychology, 9, 483. https://doi.org/doi:10.3389/fpsyg.2018.00483

Czekirda, M., Chrusciel, P., Czekirda, N. & Jarosz, M. J. (2017). Psychosocial aspect of quality of life among working and unemployed nurses and midwives. Annals of Agricultural & Environmental Medicine, 24 (3), 472 – 476. https://doi.org/10.5604/12321966.1235172

Daily, S. & Mulcahy-Bowman, A. (2014). Where is the trust: In: women's health & female

The Seybold Report
ISSN 1533-9211
DOI 10.5281/zenodo.7009751

Esho, T., Kimani, S., Nyamongo, I., Kimani, V., Muniu, S., Kigondu, C., Ndavi, P. & Guyo, J. (2017). the 'heat' goes away: sexual disorder of married women with female genital mutilation/cutting in Kenya. Reproductive Health, 14 (164), 1 – 9. https://doi.org/10.1186/s12978-017-0433-z

Hayford, S. R. &Trinitapoli, J. (2011). Religious differences in female genital cutting: A case study from Burkina Faso. Journal of the Scientific Study of Religion, 50 (2), 252 – 271. https://doi.org/10.2307/41307074

Jenkinson, C. (2020). Quality of life. Encyclopedia Britannica. https://www.britannica.com/topic/quality-of-life/additional-info#contributors

Kandala, N. & Shell-Duncan, B. (2019). Trends in female genital mutilation/cutting in Senegal: what can we learn from successive household surveys in Sub-Saharan African countries? International Journal for Equity in Health, 18 (25), 1 – 19. https://doi.org/10.1186/s12939-018-0907-9

Kandala, N., Atilola, G., Nnanatu, C. C., Ogundimu, E., Mavatikua, L., Komba, P., Moore, Z. & Matanda, D. (2020). Female genital mutilation/cutting in Nigeria: Is the practice declining? A descriptive analysis of successive demographic and health surveys and multiple indicator cluster surveys (2003 – 2017). Reproductive Health, https://doi.org/10.31899/rh11.1038

Kandala, N., Nwakeze, N.& Kandala, N. I. (2020). Spatial distribution of female genital mutilation in Nigeria. American Journal of Tropical Medicine and Hygiene, 81 (5), 784 – 792. https://doi.org/10.4269/ajtmh.2009.09-0129

Kizilhan, J. I. (2011). Impact of psychological disorder after female genital mutilation among Kurdish girls in northern Iraq. European Journal of Psychiatry, 25 (2), 92 – 100.

Klein, E., Helzner, E. P., Shayowitz, M., Kahlhoff, S.&Smith-Norowitz, T. (2018). Health consequences of female genital mutilation: Health consequences and complications – A short literature review. Obstetrics & Gynecology International, 16, 1 – 7. https://doi.org/10.1155/2018/7365715

Map of Abia State showing the 17 local government areas. ResearchGate. Retrieved 17July 2022

Marck, C. H., Aitken, Z., Simpson, S., Weiland, T. J., Kavanagh, A. &Jelinek, G. A. (2020). Predictors of change in employment status and associations with quality of life: a prospective international study of people with multiple sclerosis. Journal of Occupational Rehabilitation, 30 (1), 105 – 114. https://doi.org/10.1007/s10926-019- 09850-5

Masoumi, S. Z., Garousian, M., Khani, S., Oliaei, S. R. & Shayan, A. (2016). Comparison of quality of life, sexual satisfaction and marital satisfaction between fertile and infertile couples. International Journal of Fertility & Sterility, 10 (3), 290 – 296. https://doi.org/10.22074/ijfs.2016.5045

Mckenna, A. (2021). Igbo culture, lifestyle and facts. Encyclopedia Britinnica.com. Accessed May 15, 2022. https://www.britannica.com

Nigerian Population (2022) Accessed May 15, 2022. https://www.worldometers,info

Nnorom, C. C.(2000). Female genital mutilation practice in Nigeria: patterns, preference and remedies. https://uaps2007.princeton.edu/papers/70443

Odimegwu, C. O. & Zerai, A. (1996). Understanding the proximate determinants of fertility of a Nigerian ethinic group. Genus, 52 (3-4), 67 – 87. https://www.jstor.org/stable/29789250

Okeke, T.C., Anyaehie, U. & Ezenyeaku, C. (2012). Anoverview of female genital mutilation in Nigeria. Annals of Medicine & Health Sciences Research, 2, 70-73. https://doi.org/10.4103/2141- 9248.96942

Okemgbo, C. N., Omideyi, A. K. &Odimegwu, C. (2002). Patterns and correlated of domestic violence in selected Igbo communities of Imo State, Nigeria. African Journal of Reproductive Health, 6 (2), 101- 114. https://doi.org/10.2307/3583136

The Seybold Report
ISSN 1533-9211
DOI 10.5281/zenodo.7009751

Omigbodun, O., Bella-Awusah, T., Groleau, D., Abdulmalik, J., Emma-Echiegu, N., Adedokun, B. & Omigbodun, A. (2020). Perceptions of the psychological experiences surrounding female genital mutilation/cutting (FGM/C) among theIzzi in Southeast Nigeria. Transcultural Psychiatry, 57(1), 212–227. https://doi.org/10.1177/1363461519893141

Onyishi, I. E., Prokop, P., Okafor, C. O. & Pham, M. N. (2016). Female genital cutting restricts sociosexuality among the Igbo people of Southeast Nigeria. Evolutionary Psychology, 1 –7.

HTTPS://DOI.ORG/10.1177/1474704916648784

Owojuyigbe, M., Bolorunduro, M. E. & Busari, D. (2017). Female genital mutilation as sexual disability: perceptions of women and their spouses in Akure, Ondo State, Nigeria. Reproductive Health Matters, 25 (50), 80-91.

Sakeah, E., Debpuur, C., Oduro, A. R., Welaga, P., Aborigo, R., Sakeah, J. K. & Moyer, C. (2018). Prevalence and factors associated with female genital mutilation amoing women of reproductive age in the Bawku municipality and Pusiga District of northern Ghana. BMC Women's Health, 18 (150). https://doi.org/10.1186/s12905-018-0643-8

Smith, D. J. (2010). Promiscuous girls, good wives, and cheating husbands: Gender inequality, transitions to marriage, and infidelityin Southeastern Nigeria. Anthropological Quarterly, 83,123–152.

The WHOQOL Group (2022). The World Health Organization Quality of Life Assessment (WHOQOL). Development and psychometric properties. Sociological Science & Medicine, 46, 1569-1585.

Titilayo, Palamuleni, M., Oyesola, O. & Owoeye, O. (2018). Religious perceptions and attitudes of men towards discrimination of female genital cutting in Nigeria: evidence from the 2013 Nigeria Demographic & Health Survey. African Journal of Reproductive Health, 22 (1), 1 – 28. https://doi.org/10.29063/ajrh2018/v22i1.2

United Nations International Children's Emergency Fund (UNICEF) (2022). Female genital mutilation (FGM). https://data.unicef.org/topic/child-protection/female-genital- mutilation/

United Nations International Children's Emergency Fund (UNICEF) (2013). Female genital mutilation (FGM). https://data.unicef.org/topic/child-protection/female-genital- mutilation/

Varol, N., Turkmani, S., Black, K., Hall, J. & Dawson, A. (2015). The role of men in abandonment of female genital mutilation: a systematic review. BMC Public Health, 15 (1034), https://doi.org/10.1186/s12889-015-2373-2

WHO. A traditional practice that threatens health-female circumcision (1986). WHO Chronicles, 40 (1), 31 – 36.

World Health Organization (2012). Female genital mutilation: An overview. Geneva: World Health Organization.

World Health Organization (2022). WHOQOL: measuring quality of life. https://www.who.int/tools/whoqol