



**IMPACTS OF FGM ON WOMEN'S SEXUAL FUNCTION AND
MANAGEMENT**

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<p>This research project aimed at establishing the impacts of FGM on women`s sexual function and management. It also had to establish the role of nurses on the impacts of FGM on women`s sexual functioning and management. The research was guided by the Leininger`s Culture Care Theory which advocates for a culturally congruent nursing care. A review of ten scholarly articles was undertaken to answer the identified research questions. Graneheim & Lundman (2004)`s qualitative content analysis proved useful in the analysis of data from the ten articles. Results showed that FGM is significantly correlated with the lowering of lubrication and arousal domains in women. Women with FGM were also found to have critically lower orgasmic domain scores and to experience increased dryness as compared to women or girls without FGM. In addition, women with FGM had significantly lower sexual satisfaction levels and desire for sex compared to the uncircumcised women. Further, the researcher recommends future research to be conducted to establish the negative effects of FMC on other aspects of women`s sexual well-being, such as the relationship between FGM and the fertility of women. Such kind of research would help nursing professionals and policymakers in making more informed decision regarding the FGM practice.</p>	
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1 INTRODUCTION

Female Genital Mutilation (hereafter FGM) has been described as all procedures entailing the total or partial elimination of vulva or any damage to the women`s sexual organs for either traditional reasons or other nonmedical reason. WHO estimates indicate that around 140 million women have undergone some form of female genital cutting (hereafter FGM), and around 2 million females are in danger of the practice with each passing year (WHO, 2013). The practice is mainly practiced in Africa, but it is also known in some regions of Asia and the Middle East. However, nowadays it is common to find women with FGM in USA, Australia, Canada, New Zealand, and Europe, mainly because of immigration from nations where FGM is a practiced tradition (Goldberg et al., 2016).

FGM covers a wide range of processes, but in many instances, it entails the excision of the labia minora and the clitoris (Bikoo, 2007). In extreme cases, the process involves the excision of the entire vulva and sewing it up to leave only a small opening.

Nevertheless, whatever form it comes in, FGM is a practice that goes against women and girl`s rights, and it is a significant threat to their wellbeing (Goldberg et al., 2016).

The consequences of FGM, sexual, psychological and physical, require competent and sensitive management by healthcare practitioners, even though it is seldom mentioned, leave alone being covered in finer details, in training manuals for midwives, nurses and other healthcare practitioners (WHO, 2013). The world health organization has tried to fill the gaps in healthcare training by availing a range of educational materials to create the capacity of healthcare professionals to avert and manage the consequences of FGM (WHO, 2013). These training manuals are meant for all women and girls who agonize, mostly in silence, the pain and personal defilement of female circumcision and to those who are dedicated to their care and their relief from defilement. Though plenty has been accomplished in the past decade with respect to lifting the veil of secrecy of FGM, there is still a considerable amount to be undertaken in the provision of quality healthcare services to those affected and to stop other young women from adding to the ever-increasing numbers (Dwivedi & IGI, 2009). The WHO anticipates bringing FGM into the mainstream training for healthcare professionals will heighten the pressure for the total elimination of FGM (WHO, 2013). This paper is aiming to identify the impacts of

FGM on women's sexual function and management. The paper is hoped to provide an insight into the negative consequences of FGM with a view to reducing the menace by the scare of the willing participants in the life-threatening practice. The author aims to consolidate all information that has been put forward by other researchers to come up with a more comprehensive unit for use in the healthcare practice. The research will review what others have said about the effects of FGM in order identify any gaps that need to be filled by the current research.

2 BACKGROUND

Female Genital Mutilation, as mentioned earlier, entails the total or partial elimination of vulva or any damage to the women's sexual organs for either traditional reasons or other nonmedical reasons. FGM has been categorized as per the anatomic extent of the procedure into four categories. First is clitoridectomy which entails the total or partial cutting of the sensitive clitoris or prepuce (Goldberg et al., 2016). Second is excision which is the total or partial elimination of the labia minora and sensitive clitoris, without or with the cutting of the labia majora. Thirdly there is infibulation which is the extensive type of FGM entailing the lessening of women's vaginal orifice by mutilating and apportioning the labia majora and or the labia minora without or with the cutting of the clitoris (WHO, 2013). Lastly, there is FGM type four which involves all other dangerous techniques to women's sexual organs for non-health related reasons, for instance, cauterization, scraping, incising, piercing, and pricking (WHO, 2013).

2.1 FGM's Target Parts and their Functions

Clitoris, which is the primary target are of the FGM practice, is a small but sensitive female organ situated at the top of the vulva immediately above the urethra and the vaginal opening (Goldberg et al., 2016). This sensitive female organ has the function of providing pleasure. Many girls and women enjoy touching or having their sexual partners touch this sensitive part since it arouses them and gives them orgasm (Insight, 2010). The G-spot which is found inside the vagina, on the front wall towards the front of the body works along with the clitoris to help women and girls reach orgasm and the subsequent ejaculation (Insight, 2010). The vulva, as the external part of the female sexual organ, offers protection to female's sexual organs, urinary opening, vagina and vestibule and is the center of ladies' sexual responses (Mahmoud, 2016). It is surrounded by inner lips referred to as labia minora which contain nerve ending and an intricate network of blood vessels. The inner structures of the female genitalia are protected by labia majora which are the two prominent longitudinal cutaneous folds that extend backward and downwards from the perineum to the mons pubis (Paterson et al., 2012). The labia majora contains sebaceous glands, sweat and hair follicles which aid in

the protection of the inner vaginal structures. These FGM target parts are shown in the figure 1 below.

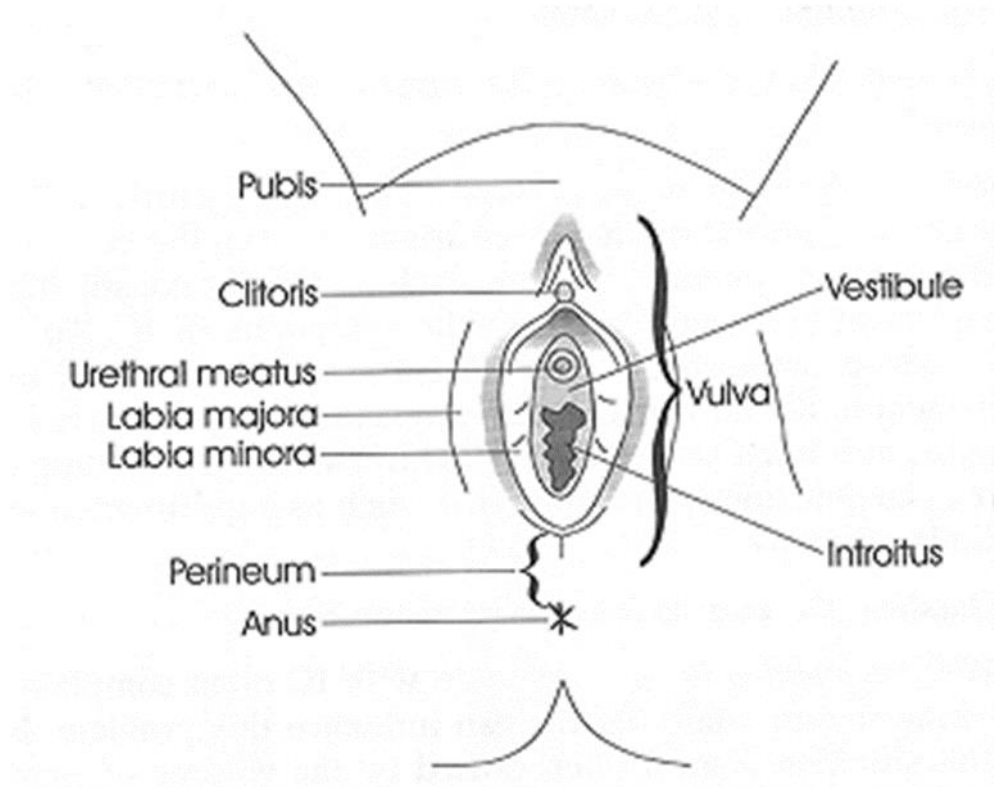


Figure 1: Anatomy of the Vulva

2.2 Historical Background of FGM

Female genital mutilation practice has been around for more than 2000 years ago. However, it has not been established exactly where the practice originated (Dwivedi & IGI, 2009). The practice is known to have been practiced in ancient Egypt as a distinctive feature for the aristocracy. It was believed that the practice would help ensure reduced sexual desire in women and help keep women's virginity (Insight, 2010). Arabs are known to have adopted the practice from Egypt and spread it across the northern part of Africa during their conquest of the region (Mahmoud, 2016). However, the practice has become widespread in countries where unsanitary conditions, illiteracy, and poverty are more predominant and where the social standing for women is low (Irungu & Tou, 2013). According to (Whitehorn et al., 2002) the practice was used in the UK to manage issues of masturbation, sterility, and epilepsy as recently as in

the nineteenth century. Today the practice targets young females from the age of four to fifteen years, mostly Asia, Middle East, and Africa (WHO, 2013).

The projections by UNICEF show that more than 125 million females have already undergone the risky practice, which is especially commonplace in twenty-nine countries in the Middle East and Africa (UNICEF, 2014). FGM is roughly universal in nations such as Sudan, Somalia, Sierra Leone, Guinea, Egypt, and Djibouti as the high number of population growth rates increases the likelihood of girls being subjected to the deadly act. (Whitehorn et al., 2002) Furthermore, with immigration trends, there is an excellent likelihood that hundreds of thousands of girls in Europe and America have either undergone the practice or are at the danger of having their genitals mutilated (UNICEF, 2014). In 2012, according to recent projections, about 513,000 women and girls were in danger of FGM or its repercussion (WHO, 2013). The practice permeates across cultural groups and countries due to different reasons some of which are aimed at gaining social acceptance. In addition, the frequently stated reasons for the advocacy of the practice is the religious approval, hygiene, more sexual pleasure for men, marital prospects, and the preservation of virginity (UNICEF, 2014).

2.3 Impacts of FGM on women's sexual function

Current literature on FGM has concentrated on the health-related consequences of the practice. Many systematic reviews have established that the practice has no health-related benefits but instead, the practice brings about immediate harm as well as increases the danger of sexual, obstetric and gynecological complications. (Berg et al., 2014), undertook a literature study and found out that girls who have been subjected to the practice were more probable to experience pain during sex, had the low sexual satisfaction and lacked sexual desire when related to women who had not undergone FGM. A study by (Gupta, 2013) noted that FGM reduces the female sexual responses which may result in anorgasmia and even cases of tight infibulations in which husbands are unable to penetrate the vagina resulting to using the urethral meatus as the opening. The study also found that FGM deprives women and girls of their sexual desire by having sex a painful process.

Sadly, studies have reduced the different forms of FGM, and only four of them have used a valid instrument to determine women's sexual functioning. Some studies use the female sexual functioning instrument (FSFI), which is one of the valid instruments, existing in more than twenty languages and known to be the de facto gold criterion for the examination of the female genitalia functioning. The instrument, as developed by (Rosen et al., 2000) has been noted to provide valid and highly reliable results as it quantifies the six domains of the female genitalia functioning including sexual pain, sexual satisfaction, orgasm, lubrication, arousal, and sexual desire. Another validated instrument is the Arabic Female Sexual Function Index (AFSFI) which has been used with considerable samples in the assessment of female genitalia functioning for women who have had FGM performed on them in Egypt (Whitehorn et al., 2002). This study will utilize studies that have used valid instruments in evaluating the impacts of FGM on women's sexual function and management.

3 THEORETICAL FRAMEWORK

A theoretic framework is defined as a compilation of ordered ideas or concepts that direct a research study. It gives a specific lens or perspective through which to assess the topic under research. In this study, the author uses the **Leininger`s Culture Care Theory** that tries to offer nursing care which is culturally congruent, through cognitive based facilitative, supportive, assistive, or enabling decisions or actions that are most suited to fit with patients` lifeway, beliefs, and cultural values (Gustafson, 2005).

Madeleine Leininger is regarded as the founder of the transcultural model of nursing (Andrews & Boyle , 2002). She recognized the importance of the aspect of caring in the nursing profession early on in her works. While working as a nurse, Leininger observed that nurses understanding lacked the knowledge of different cultures which is critical to patient care in supporting the wellness, healing, and compliance (Andrews & Boyle , 2002). She, therefore, came up with the culture transcultural theory which tries to offer nursing care which is culturally congruent through cognitive based facilitative, supportive, assistive, or enabling decisions or actions that are most suited to fit with patients` lifeway, beliefs, and cultural values. According to the theory, care intends to have favorable health outcomes and meanings for people of similar or diverse cultures (George, 2011).

Culturally congruent nursing care is possible where the following takes place in the patient-nurse relationship: together the client and the nurse innovatively develop a lifestyle of nursing care for the well-being or health of the client (Gustafson, 2005). This nurse-patient mode demands the utilization of both specialized and generic understanding and ways to fit these diverse ideologies into nursing care objectives and actions. Nursing care skill and knowledge are usually re-partnered for the best interest of the patient clients. Therefore, all modalities require the co-participation of the client and nurse working in unison to establish, plan, execute and assess each care mode for a culturally congruent care (Gustafson, 2005). The modes encourage nurses to develop nursing decisions and actions utilizing new knowledge and ways that are based on culture to offer meaningful and satisfactory holistic care to institutions, groups or individuals (Murphy, 2006).

The nursing profession has seen Leininger's model develop into a movement referred to as transcultural nursing. Leininger herself described transcultural nursing as being a practical field of practice and study concentrated on relative cultural caring practices, beliefs and values of groups or individuals of different or similar cultures with the aim of offering universal and culture-centric nursing practices in enhancing the wellbeing of people who face harsh conditions, death or illness in culturally significant ways (Andrews & Boyle , 2002).

3.1 Main Constructs of Transcultural Theory

The transcultural theory uses several constructs that need to be briefly described. The model's definitions are not operational but are an orientation to encourage researchers to discover new qualitative knowledge. The constructs along with their definitions can be found in many publications with their domains of inquiry and can be further studies in Leininger's theory book (George, 2011).

Care describes both a concrete and an abstract phenomenon. Leininger defines care as those enabling, supportive, and assistive ideas or experiences toward others with anticipated or evident needs to enhance human lifeway (Sitzman & Eichelberger, 2010). It defines the practices, attitudes, and actions aimed at healing others toward well-being and healing.

Culture is another construct that is given equal importance as care is and has been defined as the shared, learned and transferred lifeways, norms, beliefs and values that direct actions, decisions and thinking in patterned ways (Gustafson, 2005). It distinguishes humans from nonhumans and entails the nonmaterial and material characteristics of any individual or group.

Culturally congruent nursing care describes the culture-based care decisions, actions, and knowledge utilized in knowledgeable and sensitive ways to meaningfully and suitably fit the cultural lifeways, values and beliefs of the client for their well-being and health or to prevent death, disabilities or illness (Gustafson, 2005). The provision of safe and culturally congruent nursing care is another central construct of the transcultural theory.

Care diversity: this describes the variability or differences among human beings in terms of culture care symbols, lifeways, values, patterns, meanings and other characteristics associated with the provision of beneficial care to patients of a specific culture (Murphy, 2006).

Cultural care restructuring or re-patterning describes the therapeutic acts undertaken by nurses who are culturally competent (Gustafson, 2005). These acts assist clients in modifying their health behaviors towards beneficial results while at the same time respecting their cultural values.

3.2 Assumptions of the model

The Leininger cultural model assumes that:

- Care is the essential and principal dominant unifying element in nursing practice
- Scientific and humanistic care is vital for human development, survival, health, wellbeing, and in facing disabilities and death.
- Caring is significant in healing or curing for there is no healing without nursing care.
- Culture caring is the synthesis of two main constructs that direct a researcher in discovering, explaining and accounting for care expressions, wellbeing, health and other human conditions.
- Nursing care that is therapeutic and culturally congruent takes place whenever culture care patterns, expressions, values, and beliefs are explicitly understood and utilized meaningfully, sensitively, and appropriately with people of similar or diverse cultures (Sitzman & Eichelberger, 2010).

The above assumptions are important to the transcultural theory in directing transcultural care practices and research knowledge.

3.3 Importance to the Current Study

The goal and purpose of any model should always be at the forefront in researcher's mind (Gustafson, 2005). The researcher used the transcultural nursing theory because it provides an opportunity to make sure that the many cultures of nurses' patients are

sustained and respected. The theory was meant to give the researcher an opportunity to organize themes and principles in a way that would assist assess patient care and enhance the nursing interventions. The theory was also used as the basis for making nursing decisions that take care of religious and cultural beliefs of different cultural, ethnic and racial groups (Sitzman & Eichelberger, 2010). The transcultural theory helped focus the thesis on nursing paradigms that are time tested to be credible and as such the framework was used to enhance the credibility of the research (Murphy, 2006). The transcultural theory would assist know how to deal with FGM in most effective way since it is in itself a cultural practice (Murphy, 2006).

4 AIM AND OBJECTIVES AND RESEARCH QUESTIONS

This research aims to describe the consequences of female circumcision on women's sexual function and management. By undertaking a literature review, the researcher hopes to identify and pinpoint the existing evidence on the impacts of FGM on women's sexual function and management to come up with concrete research outcome.

4.1 Research Questions

This research's primary objective is to evaluate the impacts of female circumcision on women's sexual function and management. The study questions to be addressed by the qualitative investigation include the following:

1. What is the impact FGM on sexuality in today's societies?
2. What is the nature of the relationship between FGM and women's sexual function and management?
3. What is the role of the nurse on the impacts of FGM on women's sexual function and management?

5 METHODOLOGY

Research methodology is a systematic theoretical analysis of the techniques applied to a topic of research (Hsieh & Shannon, 2005). It entails the theoretical assessment of the body of techniques and principles related to a body of knowledge. Essentially a research methodology defines the way a researcher intends to carry out his or her research, and thus methodology establishes the techniques for use in undertaking the study, the design of the research, target population, sample size and population, and also data gathering and analysis techniques. The methodology one chooses for his or her study depends much on the nature of the work to be done with respect to the respective questions. In this study, the author assessed secondary data sources to identifying the impacts of FGM on women's sexual function and management, as well the role of nursing professionals in such practices. As noted by (Webster & Watson, 2002), an adequate literature review has to use of relevant and current secondary data that is useful to the subject under investigation. An overview of studies by other scholars regarding the topic under examination was described. The author then used inductive content analysis to analyze relevant secondary data with a view to quantifying emerging characteristics and concepts. Concept analysis is a means of evaluating other researchers' works in an orderly manner (Elo & Kyngas, 2008).

5.1 Data Collection

Before the start of data collection processes, the researcher had to seek the approval of the research commissioning department. All relevant paperwork had to be signed and approved by the relevant people. Secondary literature was accessed from a set of databases through the Arcada University of Applied Sciences. The accessed articles provided the critical background information relating to the research topic and as well helped in answering the study questions. The search used keywords in gathering publications that contain targeted information in a database. Keywords utilized in this research were tailored to explain the various parts of the research question. Some keywords used to define the primary focus of the study included words such as "Female Genital Mutilation," "Sexual Function and Management," and "nursing role in FGM." Words such as "impacts," "relationship," "effects," and "influence" described the

relationship between FGM and women's sexual function and management. The research focused on assessing how FGM impacts on women's sexual function and management, and the role of nurses on the impacts of such deadly practices, and therefore words such as "nursing role in FGM", "nursing practice" and "nurse's responsibility in FGM practices" were utilized for the literature search. Words with similar meanings to the keywords were used while researching the relevant articles for the study. These keywords were used to search relevant information from databases such as PubMed, Google Scholar, EBSCO, Science Direct and Medline. Table 1 summarizes the keywords used in literature search.

Table 1: Summary of Keyword Search

KEYWORD SEARCH	KEYWORD SEARCH	KEYWORD SEARCH	KEYWORD SEARCH
Female Genital Mutilation	Impact	Sexual Function	Women/Girls
Female Genital Cutting	Influence	Sexual Management	Women/Girls
Female Circumcision	Effect	Nurses Role	Women/Girls
FGM Practices	Relationship	Nursing Profession	Women/Girls
FGM	Impacts on	Nursing Care	Women/Girls

Boolean operators such as OR, AND, NOT or AND NOT were used as conjunction words to exclude or combine keywords in the article's search, resulting in more concentrated and on-target hits (Elo & Kyngas, 2008). This avoided the misuse of effort and time by minimizing inappropriate hits that had to be scanned before their elimination. Each database used Boolean operators differently and as such required that the operators be typed in capital letters or be punctuated in unique ways. For instance, Medline and EBSCO have an interface designed in such a way that uses AND during the search and where necessary extra rows of AND may be created to expand the search criteria. PubMed and Science Direct, on the other hand, are designed in a sentence form. In Medline and EBSCO, the Boolean modifiers had to come between keywords in order for them to provide relevant results.

As dictated by (Graneheim & Lundman, 2004), the research question was formulated before the start of the research study to establish the articles that would help the researcher acquire relevant information. The researcher formulated an inclusion criterion with a view to making sure that only selected articles met the established criteria. The researcher had no intention of incurring costs while collecting data and therefore used English-written articles that were accessible at no pay. Academic databases used to search the articles included the PUBMED, Google Scholar, Science Direct, EBSCO, and Medline. The researcher intended to use only current secondary literature, and thus the articles used had to be published between 2005 and 2017. The selection of the articles was however random as the researcher did not want to be biased in information search. Every relevant data source stood an equal chance of being picked to provide information for the research study.

The researcher established a criterion for excluding articles to ensure that only relevant and reliable articles were retrieved and reviewed. Articles bearing non-scientific and irrelevant material were not used or reviewed. Any data source published earlier than 2005 had to be disqualified even if it had all the relevant information for the study. Subjective articles were also eliminated for the study to be credible and reliable. Based on the including and excluding criteria a total of ten articles were identified and selected for review. The criterion used is summarized as shown in table 2 below.

Table 2: Summary of Including and Excluding Criteria

Including Criteria	Excluding Criteria
Published between 2005 and 2017	Published earlier than 2005
The study is relevant in that it addresses FGM and its impact on women's sexual function and management, and nurses' role thereof.	The study is irrelevant and does not address FMG and its impacts on women's sexual function or nurse's roles in sexual function and management.
Scholarly journal article or professional report	Non-peer reviewed journal article
The study is valid, credible, and trustworthy	Lacks or has poor validity, credibility, and trustworthiness
The study identifies and justifies its methodology.	Unidentified and Unjustified methodology
Credible and confirmable data analysis	Data analysis methods not credible
Transferable results	Un-transferable result
Article is freely accessible and available in full text	Not freely accessible or available in full text

The process through which data collection and including and excusing criteria was undertaken is as shown in table 3 below.

Table 3: Articles retrieval process

Database used	Date of search	Search results	Duplicates eliminated	Exclusion after reviewing titles and abstracts	After application of Boolean technique	Full-text articles reviewed	Number of articles selected
PUBMED	27/05/17	103	48	38	0	13	4
EBSCO	27/05/17	17	11	6	0	0	0
EMBASE	27/05/17	37	31	0	0	0	0
Science Direct	27/05/17	772	750	11	0	9	3
MEDLINE	27/05/17	9	0	7	0	5	3
Google Scholar	27/05/17	1693	418	361	991	12	0
Total		2631	1258	423	991	39	10

Searches from the databases screened a total of 2,631 articles and titles, from which 1,258 duplicates were eliminated from the research. After further review of titles and abstracts, another 423 articles were removed for they did not satisfy the inclusion criteria. After applying Boolean search, 991 articles were obtained. From these articles, 39 of the most relevant articles were reviewed in full text. Finally, ten articles that best satisfied the purpose of this study were identified and selected.

A list of the ten articles that were picked for review is shown in the table below.

Table 4: List of the articles used in the content analysis

1	Rouzi, A.A., Berg, R.C., Sahly, N., Alkafy, S., Alzaban, F. and Abduljabbar, H., 2017. Effects of female genital mutilation/cutting on the sexual function of Sudanese women: A cross-sectional study. <i>American journal of obstetrics and gynecology</i> .
2	McCrae, N. and Mayer, F., 2014. The role of nurses in tackling female genital mutilation. <i>International journal of nursing studies</i> , 51(6), pp.829-832.
3	Abdel-Azim, S., 2013. Psychosocial and sexual aspects of female circumcision. <i>African Journal of Urology</i> , 19(3), pp.141-142.
4	Paterson, L.Q., Davis, S.N. and Binik, Y.M., 2012. Female genital mutilation/cutting and orgasm before and after surgical repair. <i>Sexologies</i> , 21(1), pp.3-8.
5	Biglu, M.H., Farnam, A., Abotalebi, P., Biglu, S. and Ghavami, M., 2016. Effect of female genital mutilation/cutting on sexual functions. <i>Sexual & Reproductive Healthcare</i> , 10, pp.3-8.
6	Mahmoud, M.I.H., 2016. Effect of female genital mutilation on female sexual function, Alexandria, Egypt. <i>Alexandria Journal of Medicine</i> , 52(1), pp.55-59.
7	Terry, L. and Harris, K., 2013. Female genital mutilation: a literature review. <i>Nursing Standard</i> , 28(1), pp.41-47.
8	Abdulcadir, J., Margairaz, C., Boulvain, M. and Irion, O., 2011. Care of women with female genital mutilation/cutting. <i>Swiss Med Wkly</i> , 140(8), p. w13137.
9	Bikoo, M., 2007. Female genital mutilation: classification and management. <i>Nursing Standard</i> , 22(7), pp.43-49.
10	Alsibiani, S.A. and Rouzi, A.A., 2010. Sexual function in women with female genital mutilation. <i>Fertility and Sterility</i> , 93(3), pp.722-724.

5.2 Data Analysis

This is the primary process through which raw data is transformed into meaningful categories and themes. According (Kondracki, Wellman, & Amundson, 2002), quantitative content analysis describes a research methodology for subjective data interpretation by way of a systematic categorization procedure of coding and recognizing patterns or themes. The methodology tries to offer some knowledge and insights into a phenomenon under investigation. According to (Graneheim & Lundman, 2004), researchers can use content analysis to understand the social realism scientifically via the evaluation of recent themes, contents, and implication in a particular volume of data. Researchers can use content analysis` developed themes to indicate the range of meanings of a phenomenon instead of relying on statistical implications of happenings of certain concepts (Elo & Kyngas, 2008).

According to (Dwivedi & IGI, 2009), content analysis is not only systematic but also objective, and therefore replicable and valid inferences can be drawn from data with an objective of providing a working direction, knowledge, and insights. The authors noted that content analysis is not only content sensitive but is also flexible with respect to research design. Critics of the methodology, however, assert that the technique is simple or challenging depending on the manner the users take it (Elo & Kyngas, 2008). The method can be labor intensive and erroneous when done manually especially when large and complex data is involved (Elo & Kyngas, 2008). The researcher utilized qualitative analysis since it is content sensitive and un-obstructive. The technique is cost-effective and can also be utilized in analyzing large volumes of data. The method can also be used to analyze data for myriad uses and especially in nursing care. Adequate time was allocated to studying and establishing themes and categories. (Elo & Kyngas, 2008), found content analysis to be useful in analyzing both quantitative and qualitative data, either inductively and deductively. The inductive approach is useful where there is scarce information on the subject under investigation whereas deductive method is applied where there is sufficient secondary data. The role of nurses on FGM and its impacts on women`s sexual function and management was scarce, and therefore the researcher had to use inductive research approach whereby concepts are derived from

data. Through this process, specific cases had to be taken into account and later unified to form a larger whole. The significance of content analysis, as noted by (Kohlbacher, 2006), lies in its ability to explore questions that may not be answered through quantitative approaches.

According to (Hsieh & Shannon, 2005), there are only three techniques to qualitative content analysis depending on the extent inductive reasoning involvement. The first technique is the summative content analysis whereby a researcher begins by counting words and latter extends the evaluation to take care of latent themes and meanings. This technique appears quantitative in the initial steps but aims at exploring the utilization of word pointers in an inductive way. The direct content analysis is the second approach to qualitative content analysis in which a researcher begins by coding a theory and then makes an allowance for themes to emerge as he or she analyses the data (Graneheim & Lundman, 2004). This approach validates and extends a conceptual framework. Thirdly, there is the conventional quality content analysis in which categories are coded inductively and directly from raw facts and figures. The approach is used mostly in developing the grounded theory. Qualitative content analysis enables researchers to allocate units of texts to more than one theme simultaneously. This is not the case in a quantitative content analysis as both categories and subcategories are mutually exclusive, and thus a word or a sentence must always belong to one category (Graneheim & Lundman, 2004).

While using content analysis in data analysis, the researcher paid much attention to the research questions, “What are the impacts of FGM on women’s sexual function and management?” and “what is the role of nurses on the effects of FGM on women’s sexual function and management?” The author had to thoroughly understand the data in its entirety to be able to easily concentrate on the relevant and specific elements of the content.

The researcher used the open coding process in organizing the relevant articles, whereby numbers from one to ten represented the articles. The open coding system required the analysis of data by first having a deeper understanding of the material to establish the critical words relevant to the research question. The researcher had to repeatedly read articles while taking relevant notes and headings from the articles. On

completion of notes taking, the notes were reread and essential information listed and reexamined with each item being classified in a manner that described what the class talked about (Graneheim & Lundman, 2004). To better achieve the research objectives, categories were developed and a categorization that would result in the provision of adequate responses to the research questions, “What are the impacts of FGM on women’s sexual function and management?” and “what is the role of nurses on the effects of FGM on women’s sexual function and management?” using the inductive content analysis approach.

5.3 Ethical aspects of the research study

Ethics in research describes the standards and principles by which researchers should abide by to efficiently deal with the issues that confront research studies (Johnstone, 2015). Research issues occur when researchers generalize information with respect to the benefit of the public while avoiding the dangers to privacy and freedoms of research respondents or other scholars (Orb, Eisenhauer, & Wynaden, 2001). To minimize these issues, the researcher abided by the instructions and standards of scientific research as set out by the Arcada University of Applied Sciences. The topic under study was identified and discussed with the supervisor for proper guidance. The researcher had a right of access to the university’s academic databases and as such used the freedom to collect relevant scholarly information. The researcher, however, avoided plagiarism in all its form by respecting and acknowledging other researcher’s idea. Paraphrasing was used instead of directly quoting other scholars works, whose names, address and dates of birth were respected and kept confidential.

Themes, concepts, and ideas in all the reviewed articles were not fabricated but were conveyed originally as was the intention of the original researcher. Real life pictures were not used in the study as they could bring about copyright issues or would be age-inappropriate for the users of the research findings, of whom could be underage girls and boys (Orb, Eisenhauer, & Wynaden, 2001). The researcher also did not let his opinions or ideas affect evidence-based concept and ideas, which were collected using scientific approaches to enhance ethical sustainability. Finally, any fraudulent behavior was avoided by the researcher being truthful in data collection, processing, and evaluation of the research outcome. Every article was assessed independently in such a

manner that other articles evidence could not affect the interpretation of the particular articles constituent data.

6 RESULTS

In this part, the author determines the categories that were developed for the research and how the outcomes from the research helped answer the formulated questions.

6.1 Impact of female genital mutilation/cutting

Female sexual dysfunction has been seen to pervade women with FGM all over the world [1, 2, 3, 4, 5, 6, 7, 8, 9, and 10]. Women have had to bear the disorders that come with the FGM practice such sexual pain, arousal disorders, orgasm disorders, and reduced sexual desire that leads to significant personal distress [1, 2, 3, 6, 7, 9, and 10]. Most of the articles analyzed indicate that there is a strong connection between sexual dysfunction and FGM [1, 3, 6, 7, 8, 9 and 10]. They note that sexual health is increasingly becoming a significant element of personal health, and studies have established that sexual dysfunction significantly heightens women's sex-related stress [2, 5, 7, 8, 9, and 10]. The studies assert that the mere idea of female genital interference, especially with the highly sensitive parts, poses a severe threat to women and the painful operation is the main source of psychological as well as physical trauma which reduces the women desire for sex [6, 7, and 10].

The women with FGM were found to have higher rates of dyspareunia and lower levels of sexual desire which could be explained by rigid scar tissues and the fibrosis which follow the FGM process that predisposes the tightening of the muscular spasm and the vaginal orifice which makes sexual intercourse difficult and painful [3, 5, and 7]. Some studies note that FGM results to nightmares with panic, anxiety and the resulting sense of humiliation and being betrayed by one's parents [7and 8]. Societies who put sufficient pressure on women and girls have them believe that their clitoris or genitals are dangerous, dirty or a root of temptation, which makes psychologically affects them [3, 8, and 9]. Un-excised non-infibulated women are despised and made the target of ridicule which reduces their desire for sexual intercourse with men [9]. The cutting of women's sexual parts such as clitoris and other sensitive parts reduces their sexual response which often leads to anorgasmia, frigidity, and tight infibulations making their husbands unable to penetrate their vagina which forces them to use other openings for penetration [1, 4, 6, 9, and 10]. The infibulation process becomes painful, and the

women may take up to two years to consummate the marriage which forces the women to seek medical attention owing to the distress that results from them being unable to satisfy their husbands [8 and 9] sexually. The extreme sexual dysfunction can lead to instances of sterility in women which consequently affects their marriage [8 and 9].

Genital cutting affects women's sexual function by causing pain during intercourse [2, 3, 5, 7, and 8]. The FGM practice damages the clitoral nerves and other sensitive receptors resulting in damage to nerve senses that send incorrect signals to other pain receptors [2, 4, 7, 8 and 10]. Moreover, healing from such FMG related pains entails adhesives and scar development which decreases the sensitivity and flexibility of the genital tissues which result to tearing up of the genitals during intercourse [7, 8 and 9]. Burning, stinging, and the pain was reported when the penis was rubbed against the healed tissue of the genitalia and vagina during sexual intercourse owing to the destruction of the nervous tissues at the place of the excision [7, and 8].

6.2 Nature of the relationship between FGM and women's sexual function and management

Analysis of the articles showed a significant relationship between sexual function and management and FGM, whereby reduction of all elements was gathered, -majorly pain, satisfaction, orgasm, lubrication, arousal and sexual desire [1, 2, 3, 4, 5, 6, 7, 8, 9, and 10]. Women with FGM had lower total scores of female sexual functions compared to those who had not undergone the life-threatening practice [2, 7, 8, and 9]. Women and girls with FGM had higher sexual adverse effects [2and 8]. Girls and women who had been exposed to the cultural practice had reduced sexual desire which was found to be lower than those for the uncircumcised counterparts [2, 5, and 10]. The study shows that FGM is correlated with the lowering of lubrication and arousal domains in women.

Women with FGM were also found to have critically lower orgasmic domain scores and to experience increased dryness as compared to women or girls without FGM [2, 3, 5, 7, and 8]. In addition, women with FGM had significantly lower sexual satisfaction levels and desire for sex compared to the uncircumcised women [1, 7, and 8].

6.3 Role of nurses on the impacts of FGM on women's sexual function and management

Healthcare professionals such as nurses and gynecologists have been noted to play an important role on the impacts of FGM on women's sexual function and management [2, 7, 8 and 9]. They have to inquire from women with FGM about their sexual functioning and offer quality care upon the detection of any dysfunction [7 and 8]. Since early management of women with sexual dysfunction is essential, nursing professionals should be trained to become better at identifying FGM-related problems [2, 7, 8, and 9]. The nurses should offer personalized care to FGM affected women including psychological counseling, and educating them on the female anatomy, defibulation, as well as physiology and sexuality [2, 7, 8, and 9]. Other interventions that may be offered may involve reconstructive surgery to the sexual organs, all of which aim to lessen sexual pain and enhance sexual function in females with various forms of FGM [2, 7, 8, and 9]. Most significantly, proactive mechanisms in which practicing societies are dissuaded from continuing the culture of FGM as this could safeguard women and girls against the dangers of FGM [2, 7, 8, and 9].

7 DISCUSSION

FGM has been described as all procedures entailing the total or partial elimination of vulva or any damage to the women's sexual organs for either traditional reasons or other nonmedical reasons (WHO, 2013). This practice results in sexual dysfunction which has been seen to pervade women with FGM all over the world. The practice has moved to the developed countries such as United States, Europe, and Asia due in large part to immigration (Gupta, 2013). This literature review sought to address the impacts of FGM on women's sexual functioning and management and the role of nurses in the impacts of FGM on women's sexual function and management. Data was collected from a total of ten articles which were selected based on a predetermined including and excluding criteria in chapter two. The outcome of the ten scholarly articles has established that FGM has adverse effects on females' sexual function and management.

The FGM practice itself goes against women and girl's rights, and it is a significant threat to their wellbeing (Goldberg et al., 2016). The study noted that the consequences of FGM, sexual, psychological and physical, are deadly and as such require competent and sensitive management by healthcare practitioners, even though it is seldom mentioned, leave alone being covered in finer details, in training manuals for midwives, nurses and other healthcare practitioners (WHO, 2013). Women have had to bear the disorders that come with the FGM practice such sexual pain, arousal disorders, orgasm disorders, and reduced sexual desire that leads to significant personal distress. The research found out that there is a strong connection between sexual dysfunction and FGM/M. The author noted that sexual dysfunction significantly heightens women's sex-related stress which interferes with women's well-being. The study outcome asserts that the mere idea of female genital interference, especially with the highly sensitive parts, poses a serious threat to women and the painful operation is the primary source of psychological as well as physical trauma which reduces the women desire for sex.

7.1 Female Genital Cutting and Female's Sexual Function

The analysis of the ten scholarly articles indicates that FGM has an adverse effect on women's sexual functionality and management. Undergoing the practice leads to sexual dysfunction among women and girls. The research found ladies with FGM to have

increased rates of dyspareunia and lower levels of sexual desire. This was largely due to the rigid scar tissues and the fibrosis which result from the FGM process that predisposes the tightening of the muscular spasm and the vaginal orifice which makes sexual intercourse difficult and painful.

The study also finds that FGM practice results in nightmares with panic, anxiety and the resulting sense of humiliation and being betrayed by one's parents. The cutting of women's sexual parts such as clitoris and other sensitive parts reduces their sexual response which often leads to anorgasmia, frigidity, and tight infibulations making their male partners unable to penetrate their vagina which forces them to use other openings for penetration (Insight, 2010). The sexual process may be unbearable or traumatizing for them which may interfere with their sleep patterns. In addition, the infibulation process tightens women's sexual organs and as such may take up to two years to consummate the marriage which forces the women to seek medical attention owing to the distress that results from them being unable to satisfy their husbands sexually. The extreme sexual dysfunction can lead to instances of sterility in women which consequently affects their marriage.

Moreover, genital cutting practice damages the clitoral nerves and other sensitive receptors resulting in interference with the nerve senses that send incorrect signals to other pain receptors. Also, the healing from such FGM related pains entails adhesives and scar development which decreases the sensitivity and flexibility of the genital tissues which result in tearing up of the genitals during intercourse. Burning, stinging, and the pain was reported when the penis was rubbed against the healed tissue of the genitalia and vagina during sexual intercourse owing to the destruction of the nervous tissues at the place of the excision. Undergoing the practice leads to sexual dysfunction among women and girls and as such FGM can be said to be negatively correlated with female's sexual function and management.

The study notes that healthcare professional such as nurses and gynecologists can play an important role on the impacts of FGM on women's sexual function and management. They can inquire from women with FGM about their sexual functioning and offer quality care for the detection of any dysfunction. Since early management of women with sexual dysfunction is essential, nursing professionals can be trained to become

better at identifying FGM-related problems. The nurses were found to offer personalized care to FGM affected women including psychological counseling, and educating them on the female anatomy, defibulation, as well as physiology and sexuality. These roles or intervention had the effect of lessening sexual pain and enhance sexual function in females with various forms of FGM.

7.2 Implying nurses' role through theoretical framework

As indicated in figure 6 in the methodology section, only four of the ten articles include a direct suggestion on the role of nurses on the impact of FGM on women's sexual function and management. The rest of the articles make the general suggestion on the importance of intervening measures on the adverse effects of FGM.

Culturally competent nurses may use the Leininger's Culture Care Theory whose constituents were detailed in the theoretical framework section as a guide and framework for dealing with the impacts of FGM on women's sexual function and management. The model suggests a culturally centered care plan in which all FGM-affected women and girls are involved in every process of caring including identification and defining the goals, planning, and decision-making processes. The nurses' role in the Leininger's Culture Care model with respect to the impacts of FGM on women's sexual function and management is majorly a leadership role which helps the affected women reduce the pain and stigma associated with the practice. They should acquire new knowledge of dealing with cultural issues to better help in FGM-related issues.

According to the Culture Care Theory a balanced and equal relationship between women with FGM and nurses, as well as their commitment to the relationship, is highly required to attain better results. The nurses should commit to updating their education knowledge about FGM, its effects and the culture of the affected women to better detect and address and care for such women and girls. The nurses should support and motivate the victims by educating and helping them evolve in various social activities through art and drama, touch and reminiscent. The nurses should also work closely with other medical staff to enhance or reconstruct the victims' social organs and help them regain their state of balance with respect to their emotional and mental states.

The women and girls with FGM have to show commitment which entails cooperation with nurses in defining the objectives such as enhancing their sexual function, cooperation in determining the level of damage to their sexual organs by being truthful and honest in responding to questions and also continuing with a rehabilitation like process until they fully attain a proper sexual function. The nurses and victim's family members have to play a supportive role to the victims to keep them motivated for their quality care. They should provide adequate information and be available at the right place and time to encourage, care and help the FGM victims as the model states.

8 CONCLUSION

This part of the study summarizes the research findings and recommends what policymakers and scholars should do for an informed decision regarding the FGM practice.

8.1 Conclusions

The study found that women with FGM go through a wide range of sexual dysfunctions including reduced quality of sexual life, higher rates of dyspareunia and lower levels of sexual desire. As noted, FGM practice results in nightmares with panic, anxiety and the consequent sense of humiliation and being betrayed by one's parents (Gupta, 2013). The cutting of women's sexual parts such as clitoris and other sensitive parts reduces their sexual response, frigidity, and tight infibulations making their male partners unable to penetrate their vagina, which hurts them very much (Biglu et al., 2016). The sexual intercourse may become unbearable or traumatizing for them and thus interfere with their sleep patterns (Gupta, 2013). In addition, the infibulation process tightens women's sexual organs, and as such, on marriage, it may take up to two years to consummate the marriage which forces the women to seek medical attention owing to the distress that results from them being unable to sexually satisfy their husbands (Mahmoud, 2016).

Furthermore, genital cutting practice damages the clitoral nerves and other sensitive receptors resulting in interference with the nerve senses that send incorrect signals to other pain receptors (Paterson, Davis, & Binik, 2012). Also, the healing from such FMG related pains entails adhesives and scar development which decreases the sensitivity and flexibility of the genital tissues which result to tearing up of the genitals during intercourse (Mahmoud, 2016). Burning, stinging, and the pain was reported when the penis was rubbed against the healed tissue of the genitalia and vagina during sexual intercourse owing to the destruction of the nervous tissues at the place of the excision (Rouzi et al., 2017). The study concludes that undergoing the FGM practice leads to sexual dysfunction among women and girls and as such FGM can be said to be negatively correlated with female's sexual function and management.

The study, however, recommends that constructive surgery and defibulation be offered to the FGM victims to enhance their sexual life. These defibulations have only been noted to improve global sexual functioning but should not be expected to help the ladies reach orgasm. The constructive surgery, on the other hand, can be done on the women with FGM to enhance their clitoral sensitivity as well as help them reach orgasm during sexual intercourse with their male partners. Healthcare professionals such as nurses and gynecologists should also help by playing their important role on the impacts of FGM on women's sexual function and management. They should inquire from women with FGM about their sexual functioning and offer quality care for the detection of any dysfunction. Since early management of women with sexual dysfunction would be essential, the study recommends that nursing professionals be trained to become better at identifying FGM-related problems. The nurses have to offer personalized care to FGM affected women including psychological counseling, and educating them on the female anatomy, defibulation, as well as physiology and sexuality. These roles or intervention, when executed correctly, can go a long way in lessening sexual pain and enhancing the sexual function in females with various forms of FGM.

8.2 Critical Evaluation

FGM has been seen to impact on women's sexual function and management negatively. However, these impacts may be not adequately noted especially when a researcher collects data from unwilling respondents who may be not free to share on what they go through after such an ordeal. This may result in the researcher arriving at unreliable results which may be misleading. The research to eliminate these instances of getting wrong results used only evidence-based scientific literature to respond to the formulated research questions. The impacts of FGM on the sexual function of women are many and therefore cannot be contained in a single article. This meant that the researcher had to assess many different articles before coming up with a relevant list of articles for the research.

The research topic is vast and extensive, involving a background evaluation of what FGM and women's sexual function are and what aspects of women's sexual function needed to be addressed. Most of the articles handled the general effects of female circumcision on women's well-being and in that regard the author had to consolidate

most of the information and come up with a unified set that addressed the topic under study. Which undertaking the literature search for the articles, the researcher could not find recent articles that exclusively talked about the nature of the correlation between FGM and women's sexual function and management. The research was limited to scholarly articles published between 2005 and 2017 from only academic databases. Most recent articles from 2010 and present did not have all the relevant information required to undertake the research, and therefore the researcher had to prolong the search criteria to 2005.

The researcher gave equal attention to all evolving themes and subthemes to eliminate research bias and achieve objectivity in the research and its outcome. The author however encountered some problems, particularly during the search process. The articles that seemed conclusive with relevant and recent information was locked and had to be purchased at high prices. Could these articles have been accessed, the researcher would have better dealt with the research questions with respect to answering them adequately. This, however, does not mean that the answers provided are not satisfactorily as the researcher entirely used the available articles and is therefore confident that the responses for the research questions are adequate, reliable and satisfactory.

Validity and reliability aspects were taken into consideration throughout the research. The selection of the most relevant articles was the basis of attaining credibility for the study. The author relied on articles that have relevant information and disregarded those articles whose information was either irrelevant or was not current. Dependability which is seen to be the extent to which data varies over time was attained through the use of data from different time periods. The researcher also explicitly described the selection of units, data gathering and the analysis process to ensure transferability of the research outcome.

The validity of this research was taken to mean the extent of the truthfulness of the research, which could be determined by whether the study measured what it intended to measure. It determines whether data collection tools correctly and accurately measure what is supposed to be measured. The study aimed at eliciting an understanding and knowledge of the interventions that could help women with FGM enhance their sexual

function and management. The author is confident that the use of understanding and knowledge from scientific articles assisted attain validity in the research. In addition, the researcher is of the view that this paper is reliable and dependable as it used scientific papers from academic databases as recommended by the Arcada University of Applied Sciences.

8.3 Recommendations for Further Research

Further, the researcher recommends future research to be conducted to establish the harmful effects of FMC on other elements of girls' well-being, such as the relationship between GM and the fertility of women. Such kind of research would help governments and policymakers in making more informed decision regarding the FGM practice. Also, more research should be conducted to establish the extent to which FGM negatively affects women's sexual functioning and management.

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9 APPENDICES

Appendix 1: List Of Articles Used For The Study

Article No	Author and Year	Article Name	Publisher
1	Rouzi, Berg, Sahly, Alkafy, Alzaban, FandAbduljabbar (2017)	Effect of female genital mutilation/cutting on the sexual function of Sudanese women: a cross-sectional study	American journal of nursing studies.
2	McCrae and Mayer, (2014)	The role of nurses in tackling female genital mutilation	International journal of nursing studies
3	Abdel-Azim, (2013)	Psychosocial and sexual aspects of female circumcision	African Journal of Urology
4	Paterson, Davis, and Binik, (2012)	Female genital mutilation/cutting and orgasm before and after surgical repair	Sexologies
5	Biglu, Farnam, Abotalebi, Biglu, and Ghavami, (2016)	Effect of female genital mutilation/cutting on sexual functions.	Sexual & Reproductive Healthcare

6	Mahmoud, (2016)	Effect of female genital mutilation on female sexual function	Alexandria Journal of Medicine
7	Terry and Harris, (2013)	Female genital mutilation: a literature review	Nursing Standard
8	Abdulcadir, Margairaz, Boulvain, and Irion, (2011)	Care of women with female genital mutilation/cutting.	Swiss Med Wkly
9	Bikoo (2007)	Female genital mutilation: classification and management	Nursing Standard
10	Alsibiani and Rouzi (2010)	Sexual function in women with female genital Mutilation	Fertility and sterility