

# **Effects of female genital mutilation on women's sexual health**

Creating educational material

LAB University of Applied Sciences

Bachelor of Health care, Nursing

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## Abstract

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Title of the thesis <b>Effects of Female Genital Mutilation (FGM) on women's sexual Health</b> Creating Education Material for Nursing Students		
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<b>Abstract</b> <p>Female Genital Mutilation (FGM) has been defined as consciously and intentionally cutting or partial removal of female external organs for reproduction. Its root causes, practices and the adverse effects on girls and women are hereby presented in this thesis.</p> <p>The low level of awareness and the lack of educational materials for the nursing students, prompted an obligation to develop educational material on the practice of FGM and educate the nursing students and create awareness among the public. The study embraces a crucial, intuitive, and iterative initiative practice based PDSA (Plan, Do, Study, Act) method in studying the effect of the FGM on girls and women and developing useful material for the LAB University, teaching nursing students and creating awareness on how FGM affects Sexual Health. FGM violates the sexual rights and integrity of the victims.</p> <p>Trends in FGM prevalence paint a mixed picture, with some countries in East Asia reporting an increase and vice versa in East, West, Central and North Africa. A notable initiative to control FGM is increasing awareness and education of the public and training midwives on FGM issues and their adverse effects. It was concluded that teaching about female genital mutilation in schools, voluntarily, will help prevent the continuation of such a practice that deprives the human rights of another human being.</p>		
Keywords Sexual Health, Sexuality, Sexual Rights, Female Genital Mutilation, Nursing		

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<b>Otsikko</b> <b>Sukupuolielinten silpomisen vaikutukset naisten seksuaaliterveyteen</b> Opetus materiaalin laatiminen sairaanhoitajaopiskelijoille		
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<b>Abstrakti</b> Naisten sukuelinten silpominen (FGM) on määritelty naisen ulkoisten elinten tietoisesti ja tarkoitukselliseksi leikkaamiseksi tai osittaiseksi poistamiseksi lisääntymistä varten. Sen perimmäiset syyt, käytännöt ja haitalliset vaikutukset tyttöihin ja naisiin esitellään tässä opinnäytetyössä. Uhrien tietoisuus sairaanhoitajien koulutusmateriaalin puutteesta johti velvollisuuteen kehittää koulutusmateriaalia naisten sukupuolielinten silpomisesta ja kouluttaa sairaanhoitajaopiskelijoita ja lisätä tietoisuutta suuren yleisön keskuudessa. Tutkimus kattaa tärkeän, intuitiivisen ja iteratiivisen oma-aloitteisen käytäntöön perustuvan PDSA (Plan, Do, Study, Act) -menetelmän tutkittaessa naisten sukuelinten silpomisen vaikutusta tyttöihin ja naisiin sekä kehitettäessä hyödyllistä materiaalia LAB-yliopistolle, opetettaessa sairaanhoitajaopiskelijoita ja luotaessa tietoisuus siitä, kuinka sukupuolielinten silpominen vaikuttaa seksuaaliterveyteen. Silpominen loukkaa uhrien seksuaalisia oikeuksia ja koskemattomuutta. Sukuelinten silpomisen levinneisyystrendit antavat ristiriitaisen kuvan: jotkin Itä-Aasian maat raportoivat lisääntymisestä ja päinvastoin Itä-, Länsi-, Keski- ja Pohjois-Afrikassa. Merkittävä aloite naisten sukuelinten silpomisen torjumiseksi on lisätä yleisön tietoisuutta ja koulutusta sekä kouluttaa kättilöitä naisten sukuelinten silpomisesta ja niiden kielteisistä vaikutuksista. Todettiin, että naisten sukupuolielinten silpomisesta kouluissa vapaaehtoisesti opettaminen auttaa estämään sellaisen käytännön jatkumisen, joka riistää toisen ihmisen ihmisoikeudet.		
<b>Avainsanat</b> Seksuaalinen Terveys, Seksuaalisuutta, Seksuaaliset Oikeudet, Naisten Sukupuolielinten Silpominen, Sairaanhoito		

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## 1 Introduction

Female genital mutilation, hereafter abbreviated as FGM, presents adverse severe health effects to girls and women, including physical, psychosocial, and sexual complications and negative obstetric consequences (Dawson et al. 2015.) The practice is unethical and lacks any health benefits (Serour, 2013.)

Consequently, the practice involves mutilation or dismemberment or even one that causes injury to women's sexual anatomy for no apparent medical reasons (Reisel & Creighton 2015, 48). Instead, the course exposes women to endless predicaments and health risks. The problems associated with FGM include but are not limited to cysts and genital tissue swelling, fever, massive bleeding (haemorrhage), contagions such as tetanus, urinary difficulties, therapeutic problems, injury to adjacent genital tissue, shock, risks of new-born deaths during childbirth, severe pain and even death. It is worth noting that FGM harms girls and women, involving eliminating and destroying female genital tissue; thus, compromising the victims' natural body functions. (Sarayloo et al. 2019, 2.)

The practice has substantial roots and seems to flourish in Africa, Asia, and Middle Eastern states (Kawous et al. 2020.) Here, the procedure is present mainly for cultural reasons such as social conformity, preparation for adulthood and even marriage, and ensuring premarital virginity and marital fidelity, among other cultural reasons. Traditional birth attendants often believe that the procedure is safer when musicalized in these regions. They, therefore, practice partial, total removal, or another injury on the female genitalia for no known health benefits (Reisel & Creighton 2015, 48.)

The World Health Organization (WHO) categorizes FGM into four, based on the extent of the cut (WHO, 2008.) These are partial or total removal of the clitoral glands and the labia minora, infibulation, and other harmful procedure example Pricking, Piercing, and incising. (Kawous et al. 2020.)

Finally, other related harmful processes performed on the female genitalia for non-medical reasons include piercing, cutting, scratching, and closing the genital area. Studies have associated infibulation with adverse health consequences among women, such as painful sexual intercourse, excessive bleeding, bacterial vaginosis, urinary tract infections, and severe pain (Berg et al. 2014; WHO, 2016; WHO, 2018.)

Moreover, FGM has been associated with other negative impacts, including adverse effects on the mental health of the victims (Vloeberghs et al. 2012.)

### **Aim and purpose**

The aim is to develop educational material on FGM and sexual health to help in training the nursing students. The material will shed more light on the effects of FGM on women's sexual health. The commissioning partner, the nursing students, and the teaching staff in the nursing fraternity will utilize the educational material, mainly social and health care.

The purpose of the material is to increase knowledge and awareness, particularly on the FGM and women's sexual rights, sexuality, and sexual health. Students can access credible information on sexual health and FGM from the educational material and expand their knowledge on the subject.

### **Commissioning partner**

In developing the educational material, we met the commissioning partner during our supervision meetings to provide feedback on the process. We partner with LAB University of Applied Sciences (LAB Lahti Campus) in formulating the educational material on the effects of FGM on women's sexual health. LAB University is a public university in Finland that offers global education services in multicultural environments. It operates in Lahti and Lappeenranta and offers online education (LAB 2021). As a commissioning partner, LAB provided timely, technical, and professional inputs to support the project through our course lecturer in sexual health studies. The anticipated role of the commissioning partner is to assess the educational material against the needs and provide feedback. The feedback will guide us in making relevant changes to the material and aligning the document to the primary objectives.

## 2 Literature on FGM and sexual health

### 2.1 Sexual health and sexuality

WHO vaguely defined sexual health as *a state of physical, emotional, mental and social wellbeing in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity.* (WHO 2006.)

Sexual Health is integral to human health that cannot be separated, and it is based on an approach that is positive, not biased, force, fear, discrimination, and stigma. Sexual health can be achieved by protecting and upholding the sexual rights of women and girls. Most women's sexual Health remains at risk due to FGM. It affects sexual sensitivity and creates problems such as the reduced sexual desire for pleasure, and to some, it causes pain during sex. (WHO 2021.)

According to WHO, sexual health encompasses persons' emotional and physical well-being and their social and economic welfare. (WHO 2015, 1.)

Those who cannot access sexual health services and information are prone to sexual ill Health. Such services are vital in protecting the sexual health of individuals, especially women. As a result, they can make informed decisions concerning their reproductive health. Evidence suggests that elaborate education on sexuality and access to sexual health services helps build personal communication skills, yielding positive health outcomes. (WHO 2015, 2.)

WHO defines sexuality as, *a central aspect of being human throughout life [that] encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction* (Macleod & McCabe 2020, 6.) There is a need to consider various factors, including a partner's communication issues, ability to function sexually, marital stresses, and the couple's sexual history. Obermeyer and Reynolds (1999) noted that the current evidence contradicts optimal sexual pleasure hinges on an intact clitoris. Only orgasm depicts 'healthy' sexuality (according to Fahmy et al. 2010, 182.)

Studies show that FGM women often experience adverse consequences, especially during sexual intercourse, including reduced sexual desire, satisfaction, and pain (Berg & Denison 2012, 41).

Sexuality is a crucial aspect of women's health and their wellbeing, most people, including professionals and patients alike, find this topic uncomfortable to discuss. For example, in Arab culture, specific sexual thoughts and practices are taboo, particularly for women. There might be

mixed feelings about discussing such issues with a health professional by disclosing their sexuality. It may not be well-received, upsetting, or harmful (Holmes et al. 2020.)

While studies have reported that families cite religious reasons for carrying out FGM, there is no evidence in the Quran to support such claims. Indeed, Islam forbids such a practice and any other activity that mutilates the human body. (Jones et al. 2004 according to Biglu et al. 2016, 5.)

## 2.2 Sexual Rights

From the cultural perspective, the practice of FGM elevates women/girls to the next stage of adulthood and not a surgical manipulation of the sexual organs. Ideally, FGM violates the human rights and integrity of the victims. The major conferences in the mid-1990s achieved critical milestones in acknowledging women's sexual rights as human rights. Various conventions have ensued, and FGM is currently categorized as violating women's sexual rights globally. It is a harmful traditional practice and an archaic initiative prohibited by legislation across the most affected countries globally. The Beijing declaration on sexual rights drew much attention, especially concerning the protection of the rights of women. It noted that the human rights of women encompass their right to make solemn decisions and take responsibility on matters of sexuality, devoid of coercion, violence, and discrimination (Ford et al. 2019, 219.)

The term *sexual rights* have increasingly been used in different groups and areas, including public health clinics, family planning, advocacy campaigns for groups working on expanding sexual health services, and promoting non-discrimination policies. Organizations such as the World Association of Sexual Health, World Health Organization, and the International Planned Parenthood Federation have all handed over lists of sexual rights and given their differences in opinions as to why sexual rights are human rights. It is believed that the overall understanding of sexual rights is lacking not only by the majority in sexuality fields but also by many public people. This is so because applications of sexual rights are not precise. (Lottes 2013, 1.)

Sexual rights are one of the many human rights we have in this world. Everyone has the right to make decisions for themselves; that is personhood. However, there is a vast need for education and resources to make informed choices. Dignity is one aspect of human rights that also falls under sexual rights. The dignity of all people is worthy of respect despite their age, gender, class, sexual orientation, preferences, religion, and other determinants of status. People differ in their expressions and values of self, and such differences should be accepted. Human rights



are interconnected and or interdependent. It is challenging to attain one human's freedom without the others; again, violating one human right gives rise to the violation of other human rights. Every human right is closely related to each other and dependent upon realizing other human rights. (Lottes 2013, 369.)

In the case of FGM, women must be able to say no to violation of their sexual rights. If the girls are still young, women must stand on their feet to defend the girl child from such maltreatment, affecting their sexual life in the future. Education on how bad this is must be made available in societies where FGM occurs. There is a probability that even the people involved, both men and women, are not aware of the consequences of their practice, as they do it because of cultural reasons and that it backdated to long ago, so however they should do it anyhow. (Lottes 2013, 369.)

Therefore, authorities, organizations, or even states respect women's rights, including sexual rights. There must always be a support to avoid violation of those rights. Any violation of rights, policies, and legislation must be implemented with the human rights realization. (Wadesango et al. 2011, 122.)

### 2.3 Understanding the concept of female genital mutilation (FGM)

FGM can be defined as consciously and intentionally cut or partial removal of female external organs of reproduction. It is touted as one of the practices used to control women's sexuality. The practice presents enormous consequences on the sexuality of women, as reported in the most affected countries globally. The concept can also refer to female circumcision or cutting. FGM is usually performed on young females. (NHS 2019.)

Estimating the global number of FGM victims remains a challenge. However, according to IPPF, approximately 100 million to 140 million females have been subjected to such operations throughout the globe, with up to 3 million women at risk of exposure to FGM every year. (IPPF 2008, 4KING.)

There are no recognized health advantages associated with FGM. It is well-documented that it is detrimental to women and girls in various ways, notably direct adverse effects on sexuality and reproductive health (Fahmy et al. 2010, 181.)

Nonetheless, according to Ismail et al. (2017, 2), the impact of FGM on sexual desire and function remains unclear. The first type is the ablation of the clitoris or the surrounding clitoris region, which may be partial or complete. The second type is total or partial excision of the labia and clitoris.

The second form of FGM is the most prevalent, accounting for up to 80% of reported cases in certain countries. (IPPF 2008,1.) The third type of FGM includes the constriction of the vaginal opening by forming a covering seal with the labia through cutting and apposition. This may be accomplished without or by removing a portion or all parts of the clitoris. (IPPF 2008,1.)

Finally, WHO considers any additional damaging operations performed on the girl's and women's genitalia for non-medical reasons in this category; these include incision, pricking, burning, piercing, incision, scraping, and branding. (WHO 2016, 2-5.) While the scourge of FGM continues to bite, there are spirited efforts from multiple stakeholders, including government authorities and advocacy groups to curb the repugnant activity. Fig 1 below is an example of a campaign initiative against FGM in 2018.



Fig 1: Campaign against FGM (Source: Options 2018)

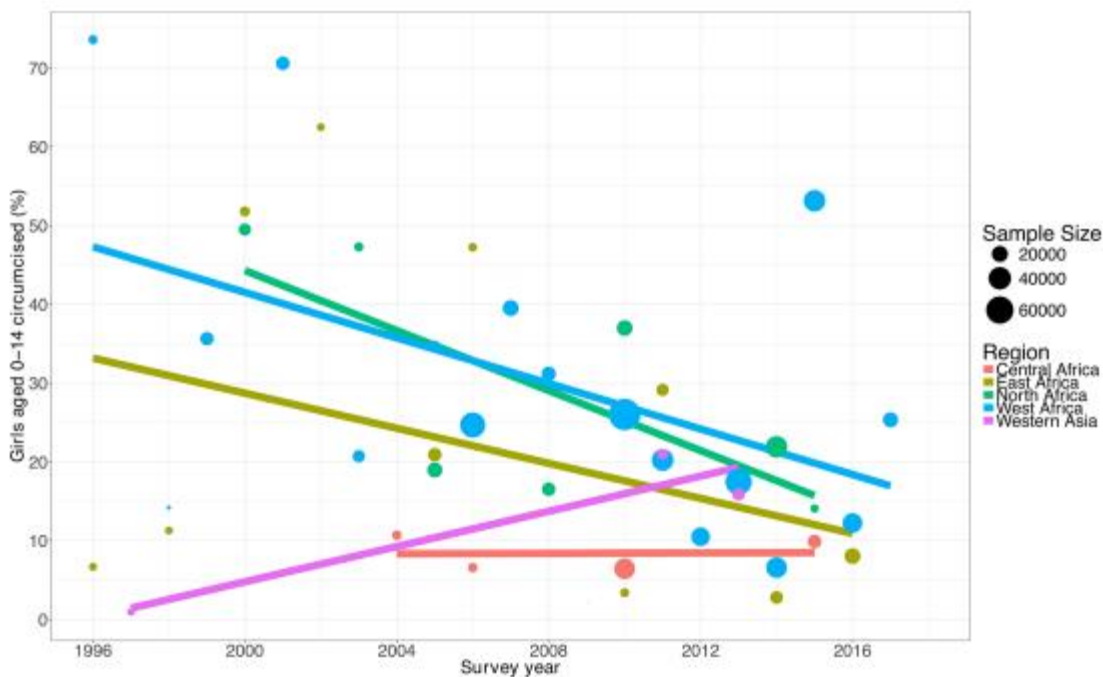
## 2.4 The history of FGM and justification

Previous studies in ancient Egypt indicate that Egyptians practiced FGM approximately 5000 years ago. Ancient Rome also practiced FGM by inserting metal rings through the labia of enslaved women to deter pregnancies and births. In the nineteenth century, society recognized the surgical excision of the clitoris as a method for masturbation, epilepsy, and sterilization in the United Kingdom. (IPPF 2008, 2.)

The explanations about the usefulness and purpose of female genital mutilation (FGM) are often ingrained in economic, political, social, economic, and cultural institutions. The practice is frequently accepted without challenge. (Said & Simunovich, n.d,1.) Paslakis et al. (2020, 2.) stated that society uses FGM to commemorate a girl's transition into womanhood, with religious motives also being used to elaborate the practice. However, WHO argues that such an activity infringes on the victims' rights. Thus, various efforts and regulations are in place in Europe to address such violations. (Baillot et al. 2018, 13.)

### **Trends in FGM prevalence**

Trends in FGM prevalence paint a mixed picture, with some countries reporting an increase and vice versa. However, there is a general decline in the prevalence of FGM/C among women. For instance, figure 2 below highlights the variations in the prevalence of FGM among children in different countries. Countries in the East, West, and North Africa, such as Gambia, Mali, Guinea, Mauritania, and Sudan have reported FGM prevalence of over 40%. Such a rate is attributed to predisposing factors, including socioeconomic, geographical mobility, and cultural factors. However, the study by establishing a general decline in FGM prevalence among children aged 0-14 years in most of the nations and regions. (Kandala et al. 2018, 5.)



Secular trends in prevalence of female genital mutilation or cutting among children.

Figure 2: Trend in FGM prevalence (Kandala et al. 2018.)

### Consequences of female genital mutilation

The long-term and immediate health effects of FGM differ on the kind and degree of the surgery. Even if there are no problems, it is impossible to restore the medical procedure once the operator has extracted the tissue, resulting in physical changes that last a lifetime. Complications are frequent since many of the operations are done by untrained family members and practitioners, with non-surgical and non-sterilized instruments such as razors, knives, or broken glass. (WHO 2015, 44.)

Shock, extreme pain, and bleeding are all possible immediate consequences that may result in death. Urination and faeces may be uncomfortable because of swelling. (IPPF 2008, 3.) The effects of FGM may depend on the severity and type of the surgery. While complications may not arise in rare cases, the tissues removed during the procedure cannot be replaced. (IPPF 2008, 3.)

The consequences of FGM are enormous and may cause excessive bleeding, severe pain, trauma, infections, and even death, irrespective of the setting. Other long-term adverse effects

may include chronic pain, reduced sexual pleasure and sensitivity, and psychological effects, such as post-traumatic stress disorder (PTSD). Victims of FGM are likely to be satisfied from sexual encounters compared to their colleagues who have not undergone the procedure. (WHO 2015, 44).

Recurrent infections may cause chronic back and pelvic pain in the pelvis and lower back. Performing female genital mutilation increases the chance of developing UTI, damaging the bladder and kidneys and resulting in deadly consequences. In addition to sexual dysfunction and incontinence, female genital mutilation (FGM) may cause infertility. Accumulation of menstrual blood and urine may occur because of inflammation and irritation. FGM victims are more likely to have problems during delivery, such as obstructed labour, persistent tears, the necessity for a caesarean section, and bleeding after childbirth. (IPPF 2008, 3.)

Researchers have linked various psychosomatic and psychological problems to the FGM procedure (Behrendt & Moritz 2021, 1). These include sadness and indications of decreased cognition, such as insomnia, recurrent nightmares, excessive weight gain, lack of appetite, and panic attacks. Because the consequences of psychological damage are frequently tricky to detect and subtle and complex, determining the degree of the damage may be challenging. (IPPF 2008, 3.)

According to IPPF (2008, 3), opportunity loss is an often-overlooked consequence of FGM's physical and psychological issues. FGM and its ramifications may significantly affect a girl's educational experience, leading to absenteeism, insufficient attention, poor grades, and a general lack of interest in the subject matter. There is a loss of education, career, health, and social engagement possibilities due to female genital mutilation. The effects of these missed chances last for a long time after the mutilation, affecting females throughout their lives.

The economic aspect of FGM is another issue of concern to the global community. A report by the WHO shows that it costs approximately USD1.4 billion annually to treat the health complications arising from FGM in 27 high prevalence countries. (WHO 2020, 2.)

FGM is punishable in Finland under the Criminal Code as an assault or provoking assault. When you are found guilty of performing FGM, the penalty is ten years in prison. This punishment is for Finnish citizens and anyone who has residency in Finland. If FGM has been performed abroad, the act is a punishable offense even if it does not violate the country's legislation in question. (THL 2021.)

## **Culture and FGM**

Culture plays an instrumental role in exacerbating or controlling FGM. According to Divale and Harris (1976, 144):

*Culture is the total socially acquired lifeway or lifestyle of a group of people. It consists of patterned, repetitive ways of thinking, feeling, and acting that are characteristic of the members of a particular society or segment of society (according to Abdulla 2018, 106).*

FGM practice determines who belongs to the community or otherwise as stipulated in specific communities. Cultural identity plays an essential role in propagating FGM practice. Ideally, the cultures that uphold FGM practice value this abhorrent practice to initiate individuals into adulthood. In doing so, a girl only becomes part of the FGM-practicing community after undergoing such an archaic ordeal to become an adult. (AID 2013).

Cultural beliefs, religion, and tradition play a critical role in creating obstacles to the mid-wives while providing healthcare and counselling services to FGM victims. The Somali community perceives FGM as a crucial tenet of the culture, and mid-wives were viewed as foreigners trying to interfere with the cultural norms of families and averting their norms. Moreover, women are unaware of the adverse effects of FGM and believe that midwives are against their cultural practices and beliefs. Also, parents expressed their desire to let their daughters continue with the traditional method of FGM. Indeed, in conjunction with religion, culture was cited as the primary factor mentioned by participants as arguments against FGM counselling. (Isman et al. 2013, 3.)

Since time immemorial, culture has been used to justify archaic and inhuman activities, such as FGM among women. Male dominance remains a controversial issue, especially given the perception that it subjugates a woman's dignity and security. The social acceptance and perception of pleasure can be changed through cultural influence. For complete psychophysical wellbeing, an individual, including a woman, has the right to feel sexual pleasure and sexual health. Studies show that victims of FGM can also achieve optimal sexual pleasure and orgasm. As a result, victims who experience sexual dysfunction have a right to suitable sexual therapy. The perception of a woman on sexuality is hampered by various factors such as cultural values, degree of acculturation, and the extent of Female Genital Mutilation. (Kaplan et al. 2013.)

Studies affirm the persistence in the prevalence of FGM in a socio-cultural context that facilitates gender disparity. There is a general lack of political will in societies that embrace such repugnant and archaic practices, particularly to enforce laws to curb FGM. (Khodary & Hamdy 2019, 252.) There are viable ways to address FGM; the key is increasing awareness, primarily through education. Studies show that there is a positive correlation between FGM and education. Women with high educational achievement tend to show negative attitudes towards the practice, while those with low educational backgrounds embrace FGM. Moreover, the less educated the mothers are, the high likely it is to have their daughters mutilated, and vice versa. (Pashaei et al. 2012, 2.)

### 3 Nursing Perspective on FGM and women's sexual health

#### 3.1 The role of nurses in curbing FGM

Nurses have a role in safeguarding their patients from potential or current harm. There is a standpoint that nurses fear being branded disrespectful to a patient's religious and cultural beliefs, which may cost the nurses their jobs. (Sajid, 2019)

Nurses can then be in ethical dilemmas at work, faced with the challenge of helping the patient and discussing with her and at the same time having difficulties figuring out what can be mentioned and how at the same time trying not to offend the clients. The nurse must report as the affected patient may need therapy or guidance. The patient may also have mental health-related issues, like anxiety disorders from the trauma of experiencing and seeing the terrible effects of FGM. (Knipscheer et al. 2015.)

Tackling FGM remains a sensitive issue even for healthcare workers. Previous studies show that most of healthcare workers, especially in the regions highly affected by the scourge are ill-prepared to tackle the menace. Indeed, healthcare workers, nurses included, require advanced skills to curb FGM. Therefore, there is a need to educate and train nurses appropriately to tackle FGM globally. (Obiora et al. 2021.)

#### 3.2 Challenges of FGM and nurses' role in addressing them

Public healthcare nurses are best suited to detect new cases and prevent FGM. Maintaining optimal health is the nurse's duty; anything causing pain or infections deliberately must be stopped. Nurses are to report any form of abuse, FGM in girls is also a form of child abuse. However, if such child abuse has been noticed, it must be reported. There is also a violation of the girl's privacy, which may cause sexual problems in future of the girls. Therefore, nurses must familiarize themselves with and access healthcare resources to fight FGM. (Ruiz & Martínez 2016, 196.)

Sexuality is often a stigmatized topic, which many individuals find uncomfortable or hard to discuss. Nurses and mental health professionals may resist seeing or discussing sexual matters



with patients due to fear of offending patients or making them uncomfortable WHO and Healthy People 2020 stressed the importance of sexual health care. Although the nursing profession can develop an adequate level of sexual education, sexual health care is often ignored in nursing care due to its complexity. Many nurses fail to engage in meaningful interactions about sexual health with their patients, which may lead to adverse health events. However, patients would like dependable and equitable access to education and information about sexual health. (Fennell & Grant 2019.)

### **FGM knowledge among nurses**

Some studies were done, focusing on nurses' knowledge and how it is essential in providing sexual health awareness to patients. A qualitative study of hospital nurses and two partial studies of student nurses advised that nurses with a higher level of knowledge associated with a more positive perspective and were more comfortable discussing sexual health with patients (Saunamäki & Engström, 2013, 534.) Moreover, the research conducted by (Saunamäki & Engström 2013.) increased more depth by describing that understanding gave them a reason to discuss sexuality with patients without any hesitancy.

The other studies used different research methods, including mixed-method and cross-sectional surveys. Nurses who were already providing their patients with sexual healthcare education were asked. They had elevated levels of knowledge regarding sexual health because of work experience and current training within a 5-year time frame. Nevertheless, in the other studies, nurses reported a lack of knowledge and information about sexual health, both in-service and training about the issue. The perspective of nurses shows their willingness to learn, either in-services or training that will help them engage more in meaningful discussions with their patients. (Jonsdottir et al. 2016.)

It is noted that it seems so hard to talk about sexuality women's sexual health. Nurses lack education and training to be well equipped to converse with patients. When sexuality is not discussed, the customer's needs are not met, as most patients might fear asking or discussing with healthcare professionals. FGM affects women and girls who have gone through the process; as we have touched on the effect above, one of the reasons it is done is to stop women from being promiscuity, but in the end, we find that, to some, it takes sexual pleasure as the sensitive parts were cut, this also depends on the type of cut that was done. However, a patient might want to

come and ask for help as she is not aroused sexually even when touched or experiences pain during sex due to the FGM. (Berg et al. 2010, 3.)

There is a realization that education is essential during studies for student nurses and training in-services. Basic knowledge about sexual health must be taught to all student nurses and profound expertise to those who want to specialize in sexual health nurses. (Saunamäki & Engström. 2013, 538.)

### 3.3 How to prevent FGM

Religion, preservation of virginity, cleanliness, control of desire, and marriageability are reasons often cited to justify FGM (Leye & Coene 2017, 94.) The WHO brought up the issue of FGM and its consequences in 1975. Many people have always taken the old tradition for granted by associating it with men's control and domination of women. Some studies show that men's dominance and control have perpetuated the practice. However, except for Nigeria and Sudan, the 2013 UNICEF report showed that a higher percentage of men were more interested in stopping FGM than women in 16 African countries surveyed in this research. (UNICEF 2013, 76.)

Furthermore, the report showed that the number of women who believe men's desire to stop FGM was lower than the actual reality in 8 countries. As highlighted in the UNICEF report, such a discrepancy is attributed to the lack of communication between men and women. (O'Neil et al. 2017, 91.)

Multiple sectors have adopted numerous initiatives to curb FGM and address its consequences. First, it is necessary to acknowledge the barriers to FGM control, including limited cultural competency, socio-cultural challenges, and lack of technical knowledge among the midwives performing FGM. A notable initiative to control FGM is increasing awareness and education of the public and training midwives on FGM issues and their adverse effects. (Dawson et al. 2015, 229.) While UNICEF notes that teaching may not be effective because the child undergoes FGM way before schooling, it is believed that level of education of a mother plays a critical role in determining the status of her daughters' FGM (Mohamud et al. 2016, 3.)

The adverse effects of FGM can be controlled in several ways. The global community now understands the complications associated with FGM; hence parents have started seeking the ser-

vices of health care professionals to carry out the practice in hygienic environments. Such environments facilitate cutting in a controlled, clean environment, thereby reducing infections and harm to the victims, especially the adverse effects of FGM. (Dawson et al. 2015, 230.) Due to the respect that communities accord health care professionals, their advocacy against FGM can help in delegitimizing the practice. World Health Organization also notes that the medicalization of FGM is behind the drive to develop a global plan to deter health care providers from conducting FGM (WHO 2010, 9.)

Also, FGM can be controlled or stopped from a legal perspective. Ideally, many human rights bodies, such as UNOCHR, CEDAW, and other UN human rights monitoring bodies, have formulated initiatives to combat FGM. By recognizing the illegality of FGM, midwives recommended a special task force to curb FGM by pursuing offenders and advising the public to report the violators. (Dawson et al. 2015b, 234.)

### **Educational Material on FGM and Sexual Health**

An educational material entails learning material used by teachers and students to teach and learn. The educational material aims to aid the teacher in planning the educational process effectively and the students to learn independently by gaining critical information, revising, and reflecting on valuable knowledge. (Mazgon & Stefanc 2012, 174).

However, the educational material is also beneficial to the affected patients, that is, the children and the women in the specific geographical locations where this harmful traditional practice is being practiced. (Kaplan et al. 2013.)

Various education materials exist on FGM and its effects on women's sexual health, sexual rights, and sexuality. According to the WHO, training health care workers on FGM is an essential strategy in eradicating the practice. World Health Organization has provided multiple guidelines and curricula for midwives and nurses in this respect. (Balfour et al. 2016, 3.)

Many professional bodies in high-income countries have formulated education materials on FGM, such as Australia (Australian College of Midwives 2013). Other nations have developed generic educational materials for all healthcare professions, such as the Ministry of Health, Kenya, and New Zealand Ministry of Health (Dawson et al. 2015, 230.)

Education materials vary in breadth and depth, ranging from basic facts about FGM and myths surrounding the traditional practice to more advanced resources for higher education. For instance, ActionAid created educational material for Key stage 3 and 4 Citizenship and PSHE classes to enlighten them about myths around FGM. The resource also covers stories about the patients of FGM and stakeholders who are fighting the outdated practice. (ActionAid 2021.) Also, The Institute of Health and Welfare has produced a report encompassing a discussion on the existing and potential sources of data on FGM In Australia. The report also Identifies opportunities to develop and Improve data collected in a systematic manner. Among data sources highlighted in this report include FGM diagnosis records from the National Hospital Morbidity Database, comprising records between 2015 and 2016, and 2017 and 2018. (Institute of Health and Welfare 2029, 62.)

While education materials exist on FGM, few have tackled its effects on sexuality, sexual rights, and sexual health. Generally, there is little training on FGM, and abandoning the practice remains a challenge, courtesy of socio-cultural challenges, limited cultural competency, and lack of technical knowledge. (Dawson et al. 2015, 229.)

## 4 Methodology

### 4.1 Practice-based Thesis

We utilized the practice-based approach in developing the current educational material. This approach aimed at developing educational material on FGM and women's sexual health. The approach seeks to create an educational material or a report that addresses FGM, sexuality, and sexual rights among women. Practice-based approach is a crucial, intuitive, and iterative initiative often used to develop a process or affect change. (Candy & Edmonds 2018, 64.)

This approach was adopted because it is interactive and efficient, especially in developing educational material. Notably, this framework ensures that a project has a clear focus and would enable us to test the viability of the educational material before it is implemented.

### 4.2 Plan Do Study Act model (PDSA)

The thesis embraced the PDSA (Plan, do, study, act) method. The PDSA model is a regularly evaluated framework to enhance system quality (Aartsengel & Kurtoglu 2013, 53.) This approach is extensively utilized to enhance the health care system. The PDSA approach focuses on developing, testing, and implementing changes. For instance, this approach is used to evaluate modifications on a small scale, followed by a bigger size after that. This process seeks to help health practitioners to understand whether the suggested modifications work.

Also, it is safe, and the health staff and the patients are not harmed. Internal and external clients need to be included when utilizing the PDSA cycle; they may have input on what works and what does not. The client determines quality, and it makes sense to include them in the process to enhance chances of acceptance of the final product, whenever suitable or possible. (Aartsengel & Kurtoglu 2013, 53.) PDSA cycle prioritizes both internal and external feedback, which are essential in evaluating the process. Notably, the responses are essential in improving quality by highlighting what works. (Minnesota Department of Health 2021.)

The PDSA model has four phases, the Plan, Do, Study, and Act stages (Figure 3). The planning stage includes establishing the objective of the study and addressing all the possible questions. The planning phase involves assembling a team that understands the issue or has the potential to do so, considering each team member's qualities – searching for committed and forward-

minded members. The phase also entails defining roles and duties, creating schedules, and scheduling meetings. (Aartsengel & Kurtoglu 2013, 53.)

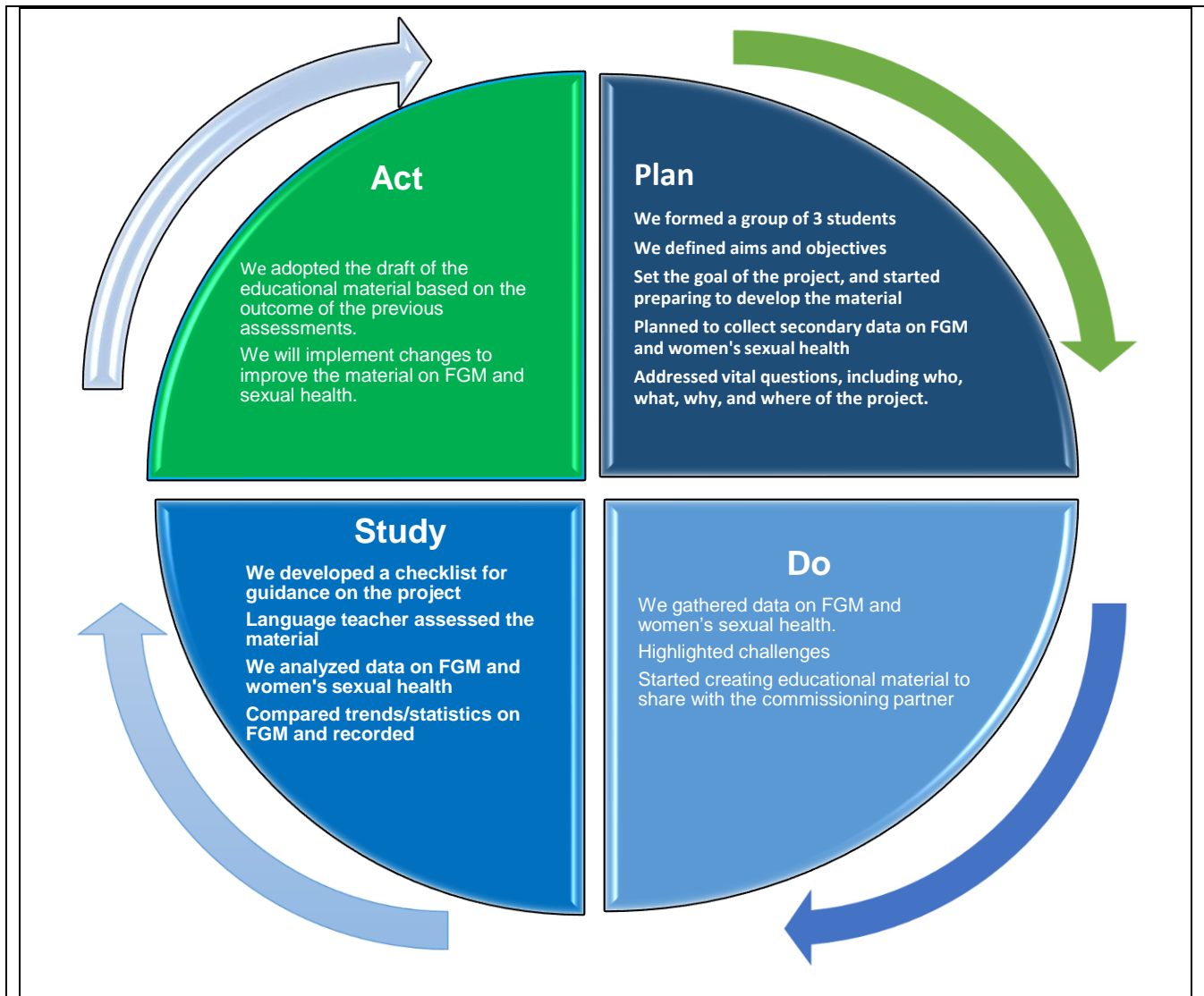


Figure 3: PDSA (plan, do study, act) Developing process of educational material (modified)

## **Plan stage**

The planning stage generally involves designing an approach of intervention and data collection, including specifying the strategy of implementing the intervention. Studies show that failures may arise where the planned intervention, implementation plan, and study protocol are not proportional to one another and the targeted problem. (Card et al. 2014, 1470,) Failing to consult critical stakeholders in a project is another source of failure during the planning stage (National Advisory Group on the Safety of Patients in England 2013).

We began preparing the educational material during the planning stage, highlighting the objectives and study questions. Here, we set the project's goal, notably, to develop educational material on the effects of FGM on women's sexual health. We also planned the cycle of the process.

The educational material is vital for learning purposes and sought to help both the teaching staff and the students, particularly social and health care. The material contains credible literature from reputable organizations like the WHO and the UN. The sources include government databases, especially the social affairs and health and education ministries, peer-reviewed articles, and other publications. The databases utilized in this research consist of PubMed, Cinahl, and the Action plan for FGM prevention.

We sought to formulate educational material on FGM and sexual health under the guidance of our commissioning partner, the LAB-University of applied sciences. We planned to meet with the supervisors and the commissioning partner to discuss FGM and women's sexuality issues.

The purpose of the planning stage in our educational material development was to assess the existing data/materials on FGM and sexual health, understand the nature of FGM in Finland, and come up with potential solutions to the problem around the subject matter. We sought to ascertain the effects of FGM on women's sexual health, sexuality, and sexual rights.

Our lecture is 60minutes long, in a power point form. The lectures learning outcomes are, what are the impact of FGM on women's sexual health, to equip the nursing student to have informed decisions when it comes to helping their future patients, for student nurses be able to attend and to counsel patients who have undergone FGM and discussing general sexual health issues.

We utilized the following checklist for our plan stage: whether there was a representative from the nursing profession to provide input or feedback on our FGM and sexual health project; whether we included non-clinical staff to help us through the educational material development process; if we had an external member/stakeholder on our team; and whether we had an expert in FGM and sexual health to guide us through the project.

By utilizing the rapid cycle PDSA process in our educational development process, we made the changes by incorporating the feedback from students and the supervisor to each step. Such an initiative was essential in helping the students gain the necessary skills and knowledge on the subject matter.

We identified barriers or challenges of the project, including limited literature on similar educational materials, especially in Finland. The sensitivity of FGM and sexual health also presented significant constraints because we could not engage the victims directly to get their perception of the issue. Because we could not assign any specific team member to address the challenges mentioned above, we opted not to interview victims of FGM directly but to pursue research on the existing literature. Each of our three members was assigned roles to research, write, and present or review before incorporating their ideas in the report.

### **Do stage**

The do phase involves implementing the plan of action. (Aartsengel & Kurtoglu 2013, 54.) During the do stage, the key failure modes may include the failure to collect data as planned or capture unanticipated learnings. Also, there is a need to abandon the do phase when the project encounters severe negative side effects or a manifest failure. (Reed & Card 2016, 150.)

We carried out the plan during the do phase while documenting any possible shortcomings or challenges during the research process. In this stage, we gathered the relevant data on FGM and sexual health, as highlighted in the planning stage. We formulated the project goals and objectives to develop educational material on FGM and sexual health.

Subsequently, we developed the plan based on the above purpose. Here, we outlined how we would approach developing the material, including the tasks, schedule, and a list of available resources. We estimated the required time and allocated it to each task throughout the development process. Also, we made a list of other required resources and integrated the assessment protocol. For instance, the educational material would be shared with our commissioning partner for assessment and feedback.



### **Study stage**

The study stage involves analysing and comparing the data on FGM and sexual health, which have been collected in the do stage. These data are essential in making accurate predictions on the topic under review. According to previous studies, inappropriate failure to stick to the study plan or investigate may lead to project failure (Reed & Card 2016, 150). Besides, failure to effectively communicate what has been learned is another factor that may compromise the success of a project during the study phase. (Larson & Mickelsen 2015, 470.)

This was done by assessing the draft and providing continuous feedback to guide the subsequent drafts. We also compared the data to ascertain the trends in the extent of the effects of FGM on women's sexual health in Finland and across the globe. Such a trend was critical in highlighting the magnitude of the problem and assessing the feasibility of the existing mitigation measures.

Also, we sought to compare the data to our goals. Notably, our goal was to develop educational material on the effects of FGM on women's sexual health. Although data exist on the above topic, the information is scanty, mainly focusing on women's sexual health, sexuality, and sexual rights. We anticipated the existence of FGM; however, the magnitude of the problem was higher than we expected. Indeed, the problem traverses globally, unlike widespread perceptions that it is only in Africa and the Middle East.

### **Act stage**

The last stage in the PDSA model involves the act stage, where, as noted in the previous chapter, consists of adopting, adapting, or abandoning the educational material. To avoid failures, it should be done systematically without moving quickly from small-scale tests to full-scale change implementation. (Taylor et al. 2014, 291.)

During the Act phase, we adopted the educational material based on the assessment outcome. Changes may be required here to improve the educational material on FGM and sexual health, a suggestion that would be provided based on its viability or usefulness. After adopting the educational material, we rolled out improvements to enhance its viability and service for the teaching fraternity and social and health care students.

## **Educational Material Assessment**

During our thesis supervision classes, we had the chance of receiving some feedback from our supervising teachers and our commissioning partner. The assessment was encouraging, and we had to correct some parts of the educational material. In our own analysis, the educational material gave us positive feedback, as it is projecting positively what our thesis's main idea is all about, which is the effects of female genital mutilation on women's sexual health, sexuality, and sexual rights.

## 5 Discussion

### 5.1 Ethical consideration and trustworthiness

We upheld high ethical standards during the study to ensure the integrity of the results. Studies have highlighted concerns revolving around confidentiality, and the risk to informed consent during data collection and analysis. The in-depth nature of the study may expose the identity of respondents, thereby posing ethical concerns. (Ruggiano & Perry 2019, 81.)

The current topic was chosen based on the adverse effects of FGM on women's sexual health, sexuality, and sexual rights. As nurses, we encounter instances of abuse of women based on traditional and religious practices attributed to FGM. Therefore, we feel obliged to develop educational material on the practice to educate the nursing students and create awareness among the public. Moreover, the material attempts to highlight various measures to curb FGM and its effects on women's sexual health across the globe. The most challenging part of this topic is that it is sensitive, thereby it was difficult to find people who are willing to be interviewed directly.

We evaluated FGM and sexual health literature from peer-reviewed, scholarly articles from accredited databases, such as the WHO, Cinahl, EBSCO Host, Web of Science, and PubMed. The activity sought to ensure the credibility, veracity, validity, and trustworthiness of the study outcome. Lastly, articles used in this study were assessed to establish whether the primary researchers considered ethical issues during their research. Such issues may include protecting the anonymity and confidentiality of the human subjects who took part in their study or how they acquired institutional review board (IRB) approval and individual consent. (Ruggiano & Perry 2019, 82.)

We met our aim by producing the educational material that will be greatly beneficial to nursing students and others in the healthcare fraternity. This was done by researching from various authors and other different credible sources. We compared on what has been gathered and taking relevant notes. FGM being a sensitive topic, we were unable to interview those who have undergone the practice. It could have been easier if we had conducted interviews or anonymous questionnaire.

In a nutshell our document did not encompass everything that need to be done to eradicate or terminate this evil practice. However, for future development, it is necessary to have series of interviews with the affected members of the society who are trapped in that cultural belief. This

will help get enough primary sources and get the depth of the effects that the practice has on women's sexual health. Awareness must be created in form of fliers to help the people who are being affected. Teaching about female genital mutilation in schools, voluntarily, will help prevent the continual of such a practice that deprives the human rights of another human being.

## 5.2 How it is usable to the commissioning partner

Having identified the causes, prevention & remedies, LAB university will use the material for teaching nursing students and creating awareness of how FGM affects Sexual Health. It will be accessible in the university's library to everyone who intend to use the library, for example, business students so that they will spread the campaign and help curb female genital mutilation.

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Appendix 1: Sample draft of education material (A training manual on FGM currently under formulation)

<p><b>LECTURE</b></p>	<p><b>Effects of Female Genital Mutilation (FGM) on Women’s Sexual Health</b></p> <p>Nominal Duration: 60 minutes total time commitment</p> <p>It is expected that students will have discussion in small groups on the given case.</p> <p>This lecture covers the Effects of Female Genital Mutilation (FGM) on Women’s Sexual Health, sexuality, and sexual rights.</p>
<p><b>LECTURE PURPOSE</b></p>	<p>The purpose of this module is to help nursing students gain broad knowledge and awareness, particularly on the FGM and women's sexual rights, sexuality, and sexual health.</p>

<b>MODIFICATION HISTORY</b>	Original Version (Ver 1.0)
<b>LEARNING OUTCOMES</b>	<p>On successful completion of this module students will be able to:</p> <ol style="list-style-type: none"> <li>1. To have a better understanding of the negative consequences of genital mutilation and the trauma that comes with the practice.</li> <li>2. To equip the nursing students to have informed decisions when it comes to helping their future patients.</li> <li>3. For student nurses to be able to attend and counsel patients who have undergone FGM and discussing general sexual health issues.</li> </ol>

LEARNING OUTCOMES		ASSESSMENT CRITERIA	
Learning outcomes specify what students will be able to do because of the learning/training.		Assessment criteria provide the criteria by which assessors will evaluate the achievement of the learning outcomes	
1	Outline the effects of FGM on women's sexual health	1.1	<ul style="list-style-type: none"> <li>✓ Highlight the primary effects of FGM on women, including their sexual health, sexuality, and sexual rights.</li> </ul>
		1.2	<ul style="list-style-type: none"> <li>✓ Explain how societies use FGM to control women and girls.</li> <li>✓ Define FGM as a form of sexual violence against women and girls, a harmful practice, and a violation of their human rights</li> </ul>
		1.3	<ul style="list-style-type: none"> <li>✓ Explain the following terms and concepts: <ul style="list-style-type: none"> <li>• FGM</li> <li>• Sexuality</li> <li>• Sexual rights</li> <li>• Power relations in terms of gender</li> </ul> </li> </ul>





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