



PERCEPTION OF FEMALE GENITAL MUTILATION AND SEXUAL RELATIONS OF MARRIED COUPLES IN ONDO STATE, SOUTHWESTERN NIGERIA

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ABSTRACT

Female Genital Mutilation (FGM) is still practiced and prevalent despite its effects in the Southern part of Nigeria. The study examined perception of FGM and sexual relations of couples in Ondo state of Southwestern Nigeria. The study was qualitative due to the culture of silence on sexual matters in Nigeria and guided by social construction theory. In-depth interviews were conducted with 10 husbands and 12 wives who had experience FGM, while key informant Interviews were conducted with 2 gynecologists and physicians each. Data were transcribed and content analyzed. Most of the respondents (19 out of 22) were aged 30-49 years. Respondents had negative perceptions about FGM but considered it a cultural practice necessary to reduce promiscuity among women. The phenomenon was perceived to have contributed to difficult sexual arousal, low sexual urge and occasional pain for the wives, while some husband experienced pains and injuries in their penile shaft due to non-lubrication. However, some females claimed to have experienced orgasm once in a while and averred that their sexual response was low whenever they had concerns. Some husbands confirmed that sexual responses of their wives were really low, but got better with time and understanding of their bodies. The experience of orgasm was not clearly defined by respondents but was said to depend largely on the woman's psyche, orientation, experiences and disposition towards sexual intercourse. It is recommended that couple's counseling inclusive of sexual health should be incorporated into family medicine in order to improve couples' sexual health.

Keywords: Female genital mutilation, married couples, perception, sexual relations

INTRODUCTION

Female Genital Mutilation otherwise known as FGM or Female Genital Cutting has been defined as "all procedures involving partial or total removal of the external female genitalia or any injury to them for socio-cultural and non-therapeutic reasons" (World Health Organization, 2013). It violates the human rights of girls and women and causes serious and in some cases life-threatening health complications. In 2012, the United Nations General Assembly passed resolution 67/146 on intensifying global efforts for the elimination of Female Genital Mutilation reaffirmed by resolution 69/150 in 2014. Both resolutions affirm that FGM is a harmful practice that constitutes a serious threat to the health of women and girls including their psychological, sexual and reproductive health. According to WHO (2010), ethnologists have come to believe through research that women prefer neutral, non-judgmental words like genital cutting or female circumcision/ Obermeyer (2005) also made this observation in his study on Female genital mutilation (FGM).

Female genital mutilation has long aroused concern to many due its harmful effects on its victims. Despite so, many efforts to eradicate this practice, it persists and seem to transcends culture, religion, educational attainment and socio-economic statuses. The girl-child is most times the victim of this practice which has both immediate and long term consequences, one of which could be loss of sexual function amongst many others (Kandala, Nwakeze and Kandala, 2009). This could affect her sexual relations in her relationships and more importantly, her marital relationship. Sexual relations among couples has always been core in marriage. It is affected by a variant of factors, one of which is the physiological makeup of either of the spouses which can be affected by procedures of FGM which pertains to the woman but affects both spouses when they come together in sexual union. It is widely believed that circumcising girls helps preserve their virginity and ensures faithfulness or fidelity (Taiwo and Ichella 2020). This



is the reason some men get married to circumcised women. It could be assumed that some men do not think of the intricacies of FGM and why the procedure make the circumcised girls uninterested in sex and consequentially virgins till they get married. Furthermore, Abdel-Azim, (2012) explained that sexual pleasure of a woman can be prompted by the stimulation of erotogenic areas; part of which is the clitoris. Sadly, the clitoris is more often than not, removed in the process of circumcision, hence an essential part of sexual stimulation and pleasure ceases. This impairment in the female sexual stimulation most likely has implications for the husband who may have high sexual expectations of his "virgin wife". Sometimes some of the men who enjoy and appreciate the experience of marrying virgins and circumcised wives, lack the patience of coping or managing the consequences (low libido, fear, lack of interest in sexual advances, pride, ignorance, disillusion, sexual immaturity, lack of sexual responses, shyness etc) that go with it. Such men are later tempted or fall prey of infidelity with experienced women, while the women may experience marital frustration and sometimes infidelity with the "patient" men.

Measures to eliminate or eradicate FGM in the recent past have not recorded total but partial successes. There have been failed attempts to eradicate FGM by the UNICEF, WHO, NGOs and the State and Federal governments have not been totally successful. Researches have shown that the practice of FGM transcends, religion, tribe, educational attainment, and is deeply rooted in culture (Mohammed 2000, Rahman and Toubia 2000, Owojuyigbe, Bolorunduro & Busari, 2017, Taiwo and Ichella 2020), which asserted that FGM is a part of societal norms that is handed down from one generation to another and any attempt to discontinue the practice will be met with societal pressure and the risk of isolation. It is however saddening that even medical personnel encouraged and carried out FGM on females (Maurice 2006, Abdel-Azim, 2013; Ahinkorah et al, 2020).

As a matter of emphasis, FGM has been reported to be associated with physical, social, obstetric and psychosexual complications. In marital relationship for instance, the circumcised wife as well as her husband are beset with these complications with the sexual complications being foremost (Elnashar and Abdelhady, 2007). Sex is an act that is legally and morally approved in marriage and as such should be enjoyed by the couple. From time immemorial, societal norms have frowned on premarital sex and extramarital affairs and to curtail these, the institution of marriage was established in which spouses could have sex with their partners and not indiscriminately (Fadipe, 1970). A plethora of research carried out on FGM has revealed that FGM is done primarily to control the woman's sexuality (Mohammed 2000, Rahman and Toubia 2000, Owojuyigbe, Bolorunduro & Busari, 2017; Taiwo and Ichella 2020). This is done to ensure that the girl is not promiscuous.

It is however not clear, whether the reduced libido would remain that way all her life or whether it will grow with time after marriage. One clear fact is that the implication such has for her enjoyment sexual intercourse in marriage is not consider. This is perhaps due to the patriarchal nature of the Nigeria society which leave the idea of sexual advances and enjoyment to the men-folk. The idea of the woman enjoying sexual intercourse should not be discussed or considered. Again, such is embedded in the culture of silence of sexual discourse particularly among the female folks. The frigid experience and lack of interest in sex of the circumcised female which may in turn affect marital stability and family cohesion becomes another social problem that families face as consequence of FGM in the long run.

In a study on the sexual experience and marital adjustment of circumcised women in Sudan, Lightfoot- Klein (1989) revealed that, it is a taboo in some societies for men to get married to women who are uncircumcised due to the notion that circumcised women are more marriageable than the uncircumcised. Amongst the Sudanese of Sub-Saharan Africa, a man who marries an uncircumcised girl faces public ridicule, because such girl is considered unclean. In Nigeria, as a whole, men derive indescribable pride from getting married to virgins and will go any length to marry one. Although times are changing with girls getting exposed to



sex at much younger ages, the subtle reduction on the emphasis on abstinence and the scarceness on the frown against premarital. These however do not rule out the fact, that virginity is still revered in Nigeria and Africa as a whole (Azorbo & Ufford-Azorbo, 2013; Alaba, 2004). Sexual relations as well as topics of sexuality have been cautiously trodden until recent times. In many parts of Africa and Nigeria, topics that connote sexual intercourse are traditionally sacred and taboos hence are not spoken in public (Agbemenu et al 2017; Njiru, 2006). But with modernity, people are beginning to identify more with their sexualities as well as becoming sexually expressive. According to the WHO (2002), all human beings are sexual. Thus, it has become indeed necessary to address any issue that affects our sexuality and sexual relations especially in marriage. Several studies on FGM have focussed on the reasons and ills of the practices, dearth of information exist on the perceived effect of this phenomenon on sexual relations particularly among married couples in locations where the phenomenon is prevalent. This study therefore examined the perception of FGM and sexual relations among couples about in southern Nigeria

THEORETICAL FRAMEWORK

The Social construction theory was employed herein to shed light on how the society constructs our perceptions of FGM and how these perceptions influence sexual relations among married couples. Social construction theorists argue that the idea of an objectively knowable truth does not exist. To the Social construction theorist, knowledge is constructed through social interpretation and the intersubjective influences of language, family and culture (Hoffman, 1990). Social construction theory provides an explanation as to how the society helps construct our ideas and beliefs about sexuality which in turn affects sexual relations in marriage. In other words, a man or woman's sexual experiences are shaped by the dictates of a society. In a society where it is believed that a woman should not be sexually expressive, a woman would not have certain expectations of sexual relations with her husband, hence the experience of orgasm may be nonexistent neither may her sexual satisfaction or dissatisfaction be an issue. From literature, it has been proven that FGM, more often than not has an untold effect on a woman's sexuality. However, SCT prompts us to consider more importantly the social and cultural influences on both a man and woman's sexual expectations, behaviours and experiences. The society through religion, customs, values, beliefs make the woman believe her husband's needs should be put first, this becomes her reality, and thus she goes the extra mile to please her husband and gets herself to think that her sexual pleasure is derived from his (Nour, 2008).

METHODS

The study was conducted in Akure town, an urban centre and the capital of Ondo state, it was selected because of its high prevalence rate (45% at 2013) of FGM. The study adopted cross-sectional research design which is descriptive and explanatory in nature, using only qualitative method due to the sensitive nature of the phenomenon being studied. The study population included married women had undergone FGM, husbands of circumcised wives, gynaecologists and physicians. In-depth interview guides were utilized to elicit information from the women and men, while the key informant interview guides were utilized for the medical practitioners (gynaecologists and physicians). In-depth interviews were conducted on 22 respondents (10 husbands and 12 wives to elicit information on the socio-cultural justification for FGM; their perception about FGM and perceived effect of FGM on their sexuality; managing contrivance supplemented by both the victims and their spouses to deal with the consequences of FGM. The interviews were conducted by the researchers in either English or Yoruba (the dominant language in the region) depending on the respondents' level of education and grasp of the language. Furthermore, these interviews, consisting of 12 married women whose husbands were accessed for interviews as well as two women whose spouses were unavailable, were conducted separately



for each individual. The study was made easy through the help of a relationship and marital counsellor who had worked and was still working with the couples.

Data collected were interpreted (for those collected in local language) by experts, transcribed, and analyzed using Atlas.ti version 7.5.7, and correlating basic themes were identified using open coding in the same software. In order to adhere to ethical considerations, written informed consent was sought by all respondents, anonymity and confidentiality, voluntary participation and withdrawal were ensured. Furthermore, appointments and interview with couples were booked separately by the coach who gave their consent after being told the purpose of the study. Introductory letter was provided by the department of sociology giving clearance for the study to be conducted and clearance was also received from the relationship and marriage counselling coach who provided the link to the couples that were interviewed separately.

RESULTS

The table below presents the socio-demographic characteristics. The modal age of female respondents was 30-39, while for male respondents, the age group with the highest frequency 6 out of 10 males was 40-49.

Variables	Frequency (N=22)	
	Males	Females
Sex	10	12
Age	0	1
20-29	3	6
30-39	6	4
40-49	1	1
50-59		
Religion		
Christianity	10	10
Islam	0	2
Educational Level		
Primary education	0	3
Secondary education	1	2
Tertiary education	9	7
Occupation		
Civil servant	5	2
Public servant	2	5
Private employment	2	1
Trading	0	4
Artisan	1	0
Membership of Local Community		
Non-indigenes	1	0

Perceived reasons for the continued practice of FGM

In order to elicit information about the perceived reasons for the continued practice of FGM, interviewees' responses cut across, social, cultural, reproductive and religious reasons. Interestingly, all the respondents both male and females opined that FGM was necessary to curb promiscuity among young women before and after they get married. Some expressions of respondents that clearly emphasized the above views are presented thus:

"Incessant sex and promiscuity can ruin a woman's life. Hence the need for FGM. In fact, it is believed that if the female is not circumcised, she will have a strong urge for sex.... It is to curb promiscuity by reducing the libido." (IDI/Male/ Tertiary education 41 years)

The above response reiterates the view that FGM of female genital mutilation is practiced to reduce strong urge for sex and curb promiscuity as it is believed that such strong urge may cause the female child to have "incessant sex which can ruin her life" Thus, promiscuity is curbed by reducing the libido of the woman in sex. Obviously FGM is practiced to perhaps keep the woman chaste, however the decision to reduce the libido of the woman as an act to reduce promiscuity does not consider the effect that has for her sexual responses in marriage. Another respondent corroborates the above view by adding that FGM is done to make the woman avoid "sleeping around" which also means avoid being promiscuous by saying:

It is simply done to make the woman avoid sleeping around... it is expected that many women who are circumcised will keep themselves as virgins until they get married because they will not have desire for sex and even when they are married they will remain faithful to their husbands...(IDI/Male/ Tertiary education 43 years)

A respondent who was bold to inquire from her mother the reason or circumcising her revealed that aside from practicing FGM as a form of tradition, she had no rational reason for the act thus:

"When I asked my mother why she did it for me, she said she did not know, that it is something that has always been done. I can say it is just tradition." (IDI/Female/ Tertiary education 40 years)

"In the olden days, it was compulsory for circumcision to be done for both male and female. It is something we met, our forefathers used to do it and it was handed down to us" (IDI/Female/ Tertiary education /40 years)

It is however interesting to observe the gender differences in the reasons provided for the continuous practice of FGM, so that while the male folks emphasizes that it is practiced to reduce promiscuity, the female folks somewhat had no objective or rational reason but rather stated that it is done in order to conform to custom and tradition which was handed over to them by their fore fathers. Some of the responses given also depict the role of socialization as where the circumcised female explains that the mother explained

circumcising them as part of tradition, a reason which may later be passed on by the girl-child to her own daughter and on and on like that. Further inference from the reasons for making circumcision compulsory for both male and females as expressed by one of the female interviewees depicts some implications in male preference or patriarchal nature of the society. It is imperative to reiterate that while the major reasons for male circumcision are to ensure easier hygiene by making the penis simpler to wash, decreasing sexually transmitted and urinary tract infections, preventing penile problems and decreasing penile cancer, FGM are done male to reduce promiscuity in women. Another reason that was emphasized particularly by the female folks included to avoidance of neo-natal mortality, responses included:

“Also, when a woman wants to give birth, if she is not circumcised the baby’s head may break. This is according to Yoruba tradition.” (IDI/Female/ Tertiary education 45 years)

The compulsion in being circumcised as expressed by a female respondent is corroborated when a respondent added that FGM is also allowed by some females in order to avoid ostracism for failing to observe traditional practices and stereotype of being seen as promiscuous of having tendencies of such. This is buttressed in the views of a respondent who said:

“A girl who was not circumcised was kind of ostracized, she was seen as a promiscuous lady or one who had promiscuous tendencies.” (Female, 50 years)

Another reason passed on through socialization to a circumcised female was to prevent infertility. The respondent emphasized this point when she said:

“According to what I heard from my mother; any woman who is not circumcised cannot give birth. So, it is done to prevent infertility” (Male/ Tertiary education/39 years)

Unfortunately, the responses from the gynecologists and physicians rather contradicted the views that FGM can prevent infertility, but was rather perpetrated to aggravate the consequences of patriarchy and subdue the sexual urges and tendencies rather of the female. These views were expressed thus:

Many societies perform FGM mainly to reduce sexual urges and escapades of the woman. This to me is just a major act to subdue the woman’s sexual tendencies rather than the man’s and is due to the generally feeling that it is a man’s world.....I do not know how it can prevent infertility....it is just a reason given to make FGM acceptable to the mothers who do it as a cultural practice (KII/Gynaecologist/41years)

Perceived effects of FGM on sexual activities

In order to elicit information on the effect of FGM on their sexual relations, the respondents were asked how they would describe their sexual relations and explain their understanding of the purpose of sex, this was done to elicit responses on how they perceived their sexual experiences with their spouses as circumcised females and explain if it could have been difference if they were not. Responses cut across the views that sex was made to be enjoyed by couple and procreate. One of the respondents summarized these views thus:



My sexual life with my spouse?..... well it is okay..... Perhaps, if I was not circumcised I think I would enjoy it better.Sex is for the enjoyment of the couples and to have children.

(IDI/Female/ Tertiary education /32years)

Another respondent gave a varying report by stating bluntly that her sexual relations with her spouse was bad due to the fact that she was circumcised:

I would say it is bad, due to the mutilation. I have no urge and desire to have sex..... Intimacy, bonding, procreation and the fact that it was ordained by God are reasons for sex in marriage.... But I rarely feel all of theseexcept that I gave birth to children. I do not enjoy sex with my hub at all instead it scares me whenever he is coming because I end up getting pained and bruised like a rape victim....

(IDI/Female/Tertiary education/50years)

The above respondent explained that because she was circumcised, she had no urge to have sex and this had a debilitating influence on her sexual relations with her spouse. Abdel-Azim (2012) explained that for a woman to enjoy sex there has to be a sexual drive (libido), but according to this respondent the drive had been destroyed through FGM.

Another respondent described his sexual relations as good:

I can say it is 75% okay. I have no regrets. Marriage is a beautiful thing. But the absence of children makes it terrible. The essence of getting married is to have children. It's basically to have children because if you have sex, you should expect a good result from i

(IDI/Male/ Tertiary education/39years)

Similarly, another respondent averred that:

It is good, but not perfect; but that shows that the remaining job lies in my hand, if I was not an experienced person, I would have given up. But because of my experience, I know how to handle circumcised women. Some reasons for sex in marriage include sexual gratification, it is God's arrangement you get married because of sex, and sex comes before children, no sex, no children and also companionship.

(IDI/Male/ Tertiary education /41years)

Some respondents described their sexual relations as “good”. One of them, rated his as 75% which he stated to be a pass mark. Another respondent said although it was good, it was not perfect, he went further to explain that sex with his circumcised wife would not have been good, if he did not have prior sexual experiences with circumcised girlfriends. This shows that with experience and mastering the art of sexual arousal with a circumcised woman, sexual relations

could improve. It should be noted that individual perceptions of what is good, okay or bad influence their description of sexual relations.

From the above responses, sexual relations of respondents were described as good, okay and bad basically. A fair share of the respondents described their sexual relations as okay, some opined that it was good and a few others expressed that theirs was bad or not good. The reasons for this was not gotten though, however one woman attributed her bad sexual relations to her circumcision while another male respondent alluded to the fact that his sexual experience with his spouse was not good initially but over time through experience it got better. Also responses gotten when asked the reasons for sex in marriage showed that procreation was mentioned by the majority. Other reasons highlighted include: bonding, intimacy, God's ordination, divine commandment, companionship, sexual gratification, and pleasure, fostering love, reassurance of interest in spouse and to prevent infidelity. Rosberg, Rosberg and Kolbaba (2006) stated that sex is the most profoundly satisfying and rich part of a marriage. Sex the way it was divinely intended is to be expressed within the context of a loving, serving relationship between a husband and wife. It is a mysterious and sacred act that knits a couple together in ways that are beyond description. It can lead a couple to the most intense pleasure in marriage. This substantiates the retorts of the respondents on the reasons for sex.

Delving further, respondents were asked how FGM affects their sexual relations with their spouses to ascertain the findings of Ibidapo-Obe (2005) and Broussard (2008) on the effects on FGM on sexuality. These responses were gotten. One respondent said:

Women who are circumcised do not get aroused easily. The man will enjoy the sex, but the woman may not. She could enjoy it at times and at other times she would not. (IDI/Female/3 Tertiary education 47years)

In a similar vein, another respondent said shared the negative effect of FGM on her personal sexual relations which is reflected in the experience of dissatisfaction for both the husband and wife due to the feeling of frigidity resulting from being circumcised. She buttressed her views by making reference to her counsellor thus:

FGM causes frigidity and sexual dissatisfaction for both the husband and wife, I am talking from personal experience and experiences shared with me as a counsellor. (IDI/Female/Tertiary education/50years)

Some of the respondents narrated the perceived effects of FGM on sexual relationships with their spouses by emphasizing that although FGM affects the sexual responses of both male and females, it affects the woman more than the man. A few female respondents reported low sexual urge, difficult arousal and one of them complained of sexual pain. A respondent explained that if a woman did not get aroused easily, the man had to intensify foreplay and this could be stressful for the man. She concluded that many circumcised women give their husbands that stress. Another respondent explained that due to the scarring process sometimes associated with FGM, the vaginal opening may lose its elasticity and this could cause pain and injury to the man's penis. Also, lubrication could be reduced or become totally absent because of FGM and this could make sexual intercourse painful. The finding corroborated those of Obermeyer (2005)

A respondent summarized the above by saying:

FGM has a major effect that serves its intended purpose which is reducing sexual urge and reducing promiscuity because of the clitoris

which is usually removed in the process. Unfortunately, the consequence is more felt during sexual intercourse particularly when the circumcised woman now gets married and is legally allowed to have and enjoy sex. With the low sexual urge comes difficulty in arousal and this gives the husband a lot of stress and work to do particularly if the man is not that experienced and patient enough to understand the body of the woman. For the experienced man, he exercises patience and looks out for the other part of the woman's body to stimulate and arouse her to enjoy sex with him. Otherwise the woman and man will feel pain rather than fun, the woman and man can even get injured due to lack of lubrication of the vaginal which can feel frigid and that is why so many men experience stress making love to their circumcised wives, some even end up buying lubricants and gel to help them out (IDI/Female/3 Tertiary education 47years)

A respondent corroborated the above view by adding that with the removal of the clitoris, some other parts of the body have to be carefully stimulated to arouse and get her set thus:

Cutting the clitoris makes a woman less sexually aroused, some other sensitive parts of the body need to be stimulated carefully to get her aroused.

(IDI/Male/ Tertiary education/38years/)

Another respondent stated that she did not understand how FGM affects sexual relations. However, she had heard people say it affects it negatively, but she enjoys sex with her husband and vice versa perhaps because she was a virgin before she got married or got circumcised thus:

I do not know how FGM influences sexual satisfaction for a woman and I do not think it affects the man..... although I have heard people complain that they do not enjoy sex because they were circumcised... Maybe I enjoy sex because I had no sexual experience before circumcision or because my husbands understands my body and knows how to patiently make me enjoy sex (IDI/Female/ Tertiary education/32years)

A few respondents reported that FGM did not have any influence on their sexual relations with their spouses. Another respondent however had a contradictory opinion when she attempted to give a balanced view by saying that FGM affects sexual relations positively and not negatively because it puts a leash on the woman's sexual urge and makes her sexually contented thus:

It affects sexual relations positively. It reduces a woman's sexual urge. A woman that has been circumcised has control over her sex drive unlike the uncircumcised woman. It is when it is time for herself and her husband to have sex that she becomes responsive. It does not affect sexual feelings. God created humans with instincts. Once you touch the right places the person will get stimulated.

(IDI/Male/ Tertiary education 55years)



From the foregoing, more (6 males and 7 females) of the respondents claimed that FGM had negative influence on their sexual relations with their spouses. Some mentioned reduced sexual urge, difficult arousal, frigidity and sexual pain known as dyspareunia as some of the effects of FGM on their sexuality. However, a few respondents claimed it had no effect on their sexual relations, some even claimed it helped them enjoy sex better by ensuring easy sexual satisfaction. Respondents were also requested to affirm or debunk the assertion that uncircumcised women enjoy sex better than circumcised women. The number of respondents who affirmed the assertion was same as those who debunked it. While trying to link the respondents' sexual description and their responses on the assertion, there was a no difference perhaps due to shyness or culture of silence regarding sexual discourse. This is because the researcher observed that the women felt a bit shy to answer some of the interview questions sincerely because they were shy.

Despite the fact that some of the respondents admitted to some of the negative influences mentioned earlier, they still discredited the assertion. A particular respondent who stated that she didn't like sex, still debunked the assertion and when asked if she attributed her dislike for sex to the circumcision, she said she did not and that she was created that way. Another respondent affirmed the assertion but claimed she enjoyed sex, because she was not as affected as other women are.

After respondents were asked to describe their sexual relations and also their take on the assertion (uncircumcised women enjoy sex better than circumcised women). They were further asked their understanding of sexual satisfaction. This was intended to further construe their earlier description of their sexual relations. Some of the responses gotten are below:

One respondent said:

Sexual satisfaction means enjoyment of sex, especially when it is mutual but most of the time I get to my peak before my wife and then I have to rest for a while before trying again, so that she can attain her own satisfaction.

(IDI/Male/41years/) Another respondent said something similar:

It is when both spouses mutually enjoy the sex and find it fulfilling.

((IDI/Female/ Tertiary education/50years

Some (4 male and female each) respondents construed sexual satisfaction to mean mutual enjoyment of sex. They explained that when only one spouse enjoys the sex, then it cannot be fulfilling because it is selfish, but when both of them enjoy it, then there is satisfaction. Since, sex involves two people, it is only ideal for both of them to enjoy it mutually especially within marriage. A man who patronizes a prostitute may not be concerned if she enjoys the sex or not because she has commercialized it. But a husband and wife should seek each other's satisfaction. A woman should not feel she is in slavery when it comes to sexual matters in marriage, this was the opinion of one of the respondents.

Furthermore, another respondent stated:

I know I am sexually satisfied when I attain orgasm

(IDI/Female/Tertiary education 38years)



Similarly, another respondent maintained:

When a woman attains orgasm or comes is when she is satisfied.

(IDI/Female/Tertiary Education/37years)

Many (7 males and 6 females) respondents equated sexual satisfaction with the attainment of orgasm. They expressed this in different terms such as, when I reach my peak, when I reach my climax, when I release/discharge, when I come, when I have had it to the fullest. They reported that whenever they reached orgasm they were satisfied. WHO (2010) reported that for women sexual satisfaction comes from other things such as care, romantic gestures and not necessarily from sex while men rate sexual satisfaction from sexual prowess but this view from the female respondents contradicts that report but affirms the view from male respondents. To further buttress this view from the female perspective, a woman said this:

Sexual satisfaction is when you are okay with the way your spouse handles you even if you don't want to have sex, the way he handles you motivates you to do it.

(IDI/Female/Tertiary education/24years)

The above expressing corroborates the views of the other respondents and confirms Offmann and Matheson (2005) definition of sexual satisfaction as the affective response arising from one's evaluation of his or her sexual relationship. It could be said that their understanding of sexual satisfaction was derived from their personal evaluations of their sexual relations. Very importantly is the views of social construction theory which states that peoples experiences become their realities, hence despite what medical science defines of sexual satisfaction and dissatisfaction, the individual's understanding of his / her own experience is given priority.

Using a sexual satisfaction index, respondents were asked questions about the frequency of sexual activity, sexual responsiveness, sexual desire and arousal, orgasm to know if they experienced pain during sex and satisfaction with emotional closeness during sex. The Female Sexual Function Index (FSFI) was developed as a brief, multidimensional self-report instrument for assessing the key dimensions of sexual function in woman. It meets the DSM-IV criteria for female sexual arousal disorder (FSAD) and has six domains of sexual function (desire, arousal, lubrication, orgasm, satisfaction and pain.)

Many respondents (6 out of 10 male respondents, and 5 out of 12 females), reported that they had sex at least twice or thrice a week on sexual frequency. A few other respondents said, they had sex, every two days (2 males and females), thrice a month (2 males, 1 male), once in a month (1 male and female each), once in three months (1 male and female each). Reasons given for this sexual schedule was the nature of their job or spouse's job, avoidance of pregnancy, quarrels, lack of urge on the part of the woman etc. A respondent gave another reason; he did not want his wife to get used to having sex every day, so she would not cheat on him, if he was away for a long time. Some female respondents said, they did not have sex often because they did not like sex.

On the woman's sexual responsiveness, these responses were gotten: most (6) men reported that their wives were usually very responsive sexually, some (3) said their wives had to be cajoled before they respond, while one particular man admitted that his wife was always responsive because they did not have sex often; his words were: "she has to be responsive,



she is due for it". While majority (8) of the woman reported that they were not sexually responsive often especially when they had things bothering them, or when they were not in the mood.

Responses gotten from questions on sexual desire and arousal showed that most women do not show sexual desire or interest often, it only occurs once in a while and some reasons attributed to this were: not being in the mood, stress, being preoccupied with the children. Most (8 out of 10) men reported that their wives never expressed their sexual desires verbally or directly, it was always indirect, but they know when the desire is in their wives. A woman said she only expressed sexual desire whenever she was intoxicated but now that she no longer takes alcohol, she does not feel any sexual desire. A few (3) women said they never have any form of sexual desire, reasons for this were their dislike for sex and also the orientation that women should not desire sex like men do. Sexual arousal or stimulation was reported to be a difficult task for most women, they get aroused only after a prolonged foreplay for most women. Some (6 out of 12 females) said they could not be sexually aroused if they had things on their mind, one woman said she could only be sexually aroused when she is intoxicated. Another respondent said she did not get sexually aroused often because it is a thing of the mind and she does not think sex is necessary. A few respondents said they got aroused easily and often, whenever sex was initiated by their husbands.

Discussing pain during sex, half of the respondents both women (6) and men (5) reported that they did not experience any form of pain during sex. Some of the respondents (3 males) and (4 females) stated that they felt some kind of pain whenever lubrication was absent, this made intercourse more painful and difficult. Dorkenoo (1994) stated that having sex with a circumcised woman could be an ordeal for the man, but the responses gotten to a major extent contradict that assertion, only few men attested to that fact and opined that it happened occasionally. A few women claimed they experienced pain but it was not attributed to circumcision. A respondent said she experiences pain most of the time but she thinks it is because she does not perceive sex as something pleasurable. This again counters the assertion that circumcised women suffer dyspareunia (Abdel-Azim, 2012).

Emotional satisfaction during sex was another index to measure sexual satisfaction. Most (8 of the males and females each) respondents were positive on their satisfaction with the amount of emotional closeness they had with their spouses, they felt intimate during sexual intercourse. A respondent said he didn't used to be satisfied with the amount of emotional closeness during sex with his spouse but overtime it got better and now he is. Another respondent said there was no emotional closeness because it was not something she enjoyed as she should. Yet, another respondent said she did not see the need for emotional closeness during sex and that it was not necessary. According to Berman and Berman (2005) emotional closeness with spouse is an essential ingredient in ensuring a woman truly enjoys sex. This gives the woman the assurance that she is not being used as a sex tool but instead she is enjoying intimacy with her spouse. Also, Hall and Finchan (2006) argued that infidelity has also been consistently linked to sexual or emotional dissatisfaction in one's primary relationship. The woman may feel lonely and disconnected because her husband would not talk or care for the woman's feelings.

Earlier, sexual satisfaction was defined majorly as the attainment of orgasm by respondents and also the popular definition. Hence, it is important to discuss the intricacies of orgasm and how FGM could affect its attainment. Orgasm has been defined as the peak or climax of ecstasy during sexual intercourse. The respondents had given their various reports on this topic, but from the Medical practitioners' perspective, a Gynaecologist had this to say about orgasm and sexual pleasure:



The female genitalia is the most sensitive area of the woman's body especially the clitoris which can be likened to a man's penis and is highly enervated. But there are other areas such as the inner thighs, nipples and buttocks. The clitoris is not necessarily solely responsible for orgasm. Orgasm is a thing of the mind. The complex interplay between the mind and several organs. We have seen women who are circumcised and experience orgasm and we have also seen women who are uncircumcised but did not experience orgasm. So it is more of a thing of the mind. This explains why an uncircumcised lady would not reach orgasm if she is raped.

(Gynaecologist/41years/KII)

The above explanation by a medical practitioner summarises the entire experiences of sexual relations as a social construct which makes the construction or mind-set of individuals their realities even as it relates to sexual matters. This explains why some circumcised women report sexual satisfaction and others do not and why some will explain that they cannot experience sexual arousal and satisfaction because of their state of mind.

DISCUSSION

Female genital mutilation is a redundant practice that has persisted despite efforts to eradicate it perhaps due to its deep-rootedness in the culture of the people. In societies where FGM is widely practiced for men and women alike. It can even be supported and upheld by both sexes and passed down from generation to generation without question and therein lies the strength of tradition. As explored in this study, such socio-cultural justifications given for the continuous practice of this phenomenon, range from adherence to tradition, to curbing promiscuity and infidelity, prevention of infertility and infant mortality and fear of being ostracised or criticised. These findings support the National Demographic Health Survey report which noted that the "benefits" of FGM in communities where it is practiced included social approval and acceptance, preservation of virginity, better marriage prospects, rite of passage, and more sexual pleasure for the husband.

Contrary to these supposed benefits of FGM, Nour (2008) reached a conclusion that, the experiences for both the husband and wife creates an unhealthy and distressing sexual relationship between husband and wife; thus putting a strain on their marriage. Sexual dissatisfaction has been linked to infidelity (Allen et al, 2008) and even divorce (Amato and Previti, 2003). Barrientos and Paez, (2006) had indicated that the frequency of intercourse as well as frequency of orgasm is positively associated with sexual satisfaction. Hence, the need for a healthy sex life between married couples for a functional marriage cannot be overemphasized and orgasmic experiences could be construed as sexual satisfaction. According to WHO (2005), Sexual health is a state of physical, emotional, mental and social being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. This indicates that health has sexual dimensions to it and sexual dissatisfaction could be construed as a form of sexual illness.

This study however revealed that most women are sexually repressive and the extenuating factors that influence this are socio-cultural. Unfortunately, innate in a patriarchal society is the subtle practice of excusing or approving the idea that a man can crave for sex or brag about his sexual prowess, while a woman will be labelled promiscuous, loose or a whore in the same instance even in marriage. These double standards in some societies for the male and female gender has untold detrimental effects on the female folk. The practice of FGM (cutting of a main aspect that enhances sexual urges) for the purpose of reducing her sexual urge is a good example of such



gender inequality where a woman's sexual pleasure and health is subjugated where that of a man is enhanced. Women's prescribed role in sexual relations is perhaps to be passive as a sign of sexual chastity. Women are not encouraged to make decisions regarding choice of sexual partners, negotiate timing and nature of sexual activity, protect themselves from unintended pregnancy and disease and list of all acknowledge their own sexual desire (Njiru, 2006).

An account was given that illustrates the effects of Sudanese construction of sexuality on sexual relations between married couples: Lightfoot-Klein (1989) presented a paper on "Orgasm in ritually circumcised African women" at the 1st International Conference on Orgasm in New Delhi, India. In her paper, she said that "the Sudanese women left her with the impression that they have little or no interest in sex themselves. Sex is something for men. Sex is seen as a woman's means of carrying out her real purpose in life, mainly the perpetuation of her husband's patriarchy, for which she must bear sons. Several researches carried out on FGM reveals that the phenomenon is carried out to control women's sexuality (Mohammed 2000, Rahman and Toubia 2000, Owojuyigbe, Bolorunduro & Busari, 2017; Taiwo and Ichella 2020). The study has revealed diverse perception of circumcised women and their spouses about FGM and the perceived effect it has on their sexual relationship while many attest FGM being a contributory factor to their feeling of frigidity and non-lubrication leading to pain and sometimes injury in both husband and wife, some others believe that sexual response and satisfaction is dependent on the state of the mind, experience and desire.

CONCLUSION

The practice of FGM which has been reported to adversely affect the health of women has not been eradicated despite several efforts to ensure such. In the bid to reduce the sexual urge of women to prevent promiscuity and uphold tradition, the underlying patriarchal implication of FGM is aggravated in the numerous reasons presented for the encouragement of the practice of FGM. While it is a known fact that FGM reduces the sexual urges and pleasure of the victims, respondents are still shy to express that the phenomenon has contribute to their lack of sexual pleasure and dissatisfaction. This is perhaps due to the culture of silence of sexual discourse in public or to a third party particularly among the female folks. The role of socialization in the transfer of the reason for the continued practice of FGM has been revealed in this study which has been mainly been attributed to custom and tradition particularly among mothers. Thus, so much still needs to be done to tackle the persistent practice of FGM especially in southern Nigeria.

Recommendations

From the study it is recommended women be empowered with the necessary information about the effect of FGM on the victims so as to erode the lack of knowledge or ignorance about the ills of FGM which makes many people who still practice the act particularly women not to misinform their daughters that FGM is carried out to prevent infertility. Furthermore, the culture of silence on sexual discourse should be looked and broken so that women freely express themselves to avoid sweeping the truth about FGM under the carpet thereby contributing to its continued practices and transfer from generation to generation. Couple counselling and retreat should be encouraged to include detailed and informative interactions on sexual relations in order to ensure improved sexual health and relation particularly among men whose wives are circumcised.

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