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## **Sexual disorders among Kurdish married women with female genital mutilation (FGM) in Kurdistan Region of Iraq**

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**Abstract**--Introduction: Female genital mutilation (FGM) refers to removing female genitalia for no medical reason. FGM is still prevalent and practiced in traditional societies like the Kurdistan region of Iraq. It is associated with numerous negative psychological and physical consequences. The present study was an investigation into the lived experiences of Kurdish women and girls who have undergone FGM to figure out their sexual disorders. Methods: Using Van Manen's (1990) hermeneutic phenomenological method, a qualitative study was conducted on 20 Iraqi-Kurdish circumcised women in Mala Afandi Health center in Erbil city from July 2021 to November 2021. Required data were collected through in-depth semi-structured interviews with the women. Data analysis was conducted through the six methodological activities proposed by Van Manen, and relevant themes were extracted. Results: Based on the analysis of the transcriptions of the interviews, the women stated that they were circumcised because of tradition and religion. This theme was labelled as "victims of tradition and religion". They also revealed their failure to enjoy their sexual intercourses with their husbands, which was labelled as "sexual dysfunction and disinterest". Finally, they referred about the pain and the mental and emotional effects of FGM, which was labelled as "physical and psychological trauma". Conclusion: FGM is associated with numerous psychological and sexual disorders; therefore, required measures should be taken by the lawmakers, religious leaders, and social media managers to raise people's awareness of such adverse consequences in order to reduce FGM prevalence.

**Keywords**--female genital mutilation (FGM), sexual disorder, Kurdish married women, qualitative study.

## **Introduction**

The partial or complete removal of the female genitalia for no medical reason is called female genital mutilation (FGM) [1,2]. As a form of violence against women and girls, FGM is tragically performed by mothers, aunts, and other women who want the best for their female children. In complying with the tenets of Islam in Kurdish society, FGM is has been long practiced in order for the girls to be marriageable. Although there has been relative decrease in the number of FGM around the world, there is an increasing number of circumcised women who are suffering from this tragedy particularly in some countries in Asia, Europe, and North America [1,3].

As reported by robust studies, women health is directly and indirectly affected by FGM [2,3]. Reviewing related literature reveals that FGM is associated with short- and long-term gynecological and obstetric complications, including hemorrhage, hemorrhage-induced shock, urination difficulty, HIV/AIDS, psychological consequences, infection, increased risk of sexually transmitted diseases, reproductive tract infections, reduced quality of sexual life, birth complications, danger to the newborns, and death [4-6]. Furthermore, female genital mutilation (FGM) has negative effects on physical, sexual, and psychological health [7].

Statistics has shown that approximately 200 million females in 30 countries throughout the world have undergone FGM and live with its health problems [8]. Women in many countries suffer from FGM [9,10]; however, its prevalence in the Kurdistan region of Iraq is around 40%, which is mostly common in among women aging over 20 years [11]. Since one in every 3 women suffer from FGM in the Kurdistan region of Iraq, the Kurdistan Regional Government (KRG) has set up institutions to investigate and combat domestic violence. In this regard, it is crucial to understand the Kurdish women's experiences of FGM, which helps clinicians and policymakers to better understand what the women experienced and how they feel about the FGM. Therefore, the present study was carried out in order to understand the feelings and assess sexual disorders of Kurdish women suffering from female genital mutilation.

## **Methods**

**Study design and setting:** The present study was conducted through a qualitative design using Van Manen's (1990) hermeneutic phenomenological method [12]. The study was carried out in Mala Afandi Health center in Erbil city from July 2021 to November 2021.

**Participants:** The study sample consisted of 20 pregnant women who attended Mala Afandi Health center seeking for medical care. The sample size was determined based on data saturation. Sample selection was based on three inclusion criteria: women who had a history of FGM, those who were married, those who could speak Kurdish, and those who were willing to share their lived experiences.

**Data collection:** In order to collect required data on the women's lived experiences, in-depth semi-structured interviews were carried out. The participants were free

to select the interview venue so they could feel comfortable enough to describe their lived experiences as detailed as possible, as a result, some interviews were conducted in the participants' homes, some in Mala Afandi Health center, and some on the phone. Data collection was continued until data saturation was obtained and no new themes appeared. In the beginning of each interview, some general personal information such as name, age, place of residence, ethnicity, gestational age, parity, and gravidity was collected. The interviews were continued by asking general questions about their experience of FGM, such as "How do you feel about being circumcised?" and "What does being circumcised feel like?" Little by little, questions were directed to more detailed information, such as "How does being circumcised affected your general health?", "Has being circumcised affected your health? If so, how?", and "How has being circumcised influenced your relationship with your husband?" Finally, questions were asked about the effect of FGM on their sexual relationship, such as "Has being circumcised affected your intercourse with your husband? If so, how?", "How has being circumcised affected your sexual relationship with your husband?" Sufficient time was given to each woman, so they could express all their lived experiences with as many details as possible. Each interview lasted for about 40 to 60 minutes. The participants' permission was obtained to audio-record the interviews which were later transcribed and translated for further analysis.

Data analysis: Data analysis was conducted through the six methodological activities proposed by Van Manen (1990) [12] (See Table 1).

Table 1. Six methodological activities in Van Manen's method

#	Van Manen's Methodical Activities	The Researcher's Activities
1	Understanding the nature of the lived experience	The author holds a PhD in nursing and midwifery with many years of experience in both fields, so she is well aware of the nature of the experience.
2	Studying the experience as lived by the participants	Selecting the participants who have the lived experience in question
3	Focusing on the major themes that characterize the phenomenon	Using thematic analysis to extract the themes
4	Describing the phenomenon via the art of writing and re-writing	Creating a phenomenological text through writing and rewriting
5	Keeping a strong and oriented relation to the phenomenon	Discussing the themes in relation to the phenomena
6	Balancing the research context by taking the parts and the whole into account	Moving between transcripts and themes in relation to the pregnant women

Van Manen's six methodological activities were implemented by audio-recording and transcribing the interviews verbatim. By comparing them with the recorded interviews, the accuracy of the transcriptions was ensured. Afterwards, the transcriptions were translated into English by an experienced translator. Then, the themes and subthemes reflecting the pregnant women's lived experiences were extracted by breaking down the transcriptions into words, phrases, and sentences by detailed, holistic, selective approaches. Finally, the transcriptions

were re-read and scrutinized several times in order to come up with a thorough understanding of the women's experiences.

**Trustworthiness:** Trustworthiness refers to the level of adequacy or soundness in qualitative studies [13], which ensured by describing the data analysis procedure and justifying the reliability of the results [14]. In the current study, trustworthiness was ensured through the field experts' complementary comments, building a good relationship with the women and obtaining their trust, conducting the interviews at proper times and places, and reviewing the transcripts for several times. Moreover, the researcher holds a PhD in nursing and midwifery and has many years of experience in both fields; therefore, she has enough experience, which adds to the study trustworthiness and the reliability of the collected data.

**Ethical considerations:** In order to take ethical considerations into account, approval was obtained from the Scientific and Ethical Committee of College of Nursing / HMU and Directorate of Health, Erbil, Kurdistan Region of Iraq. Moreover, the women's informed consent was obtained after they were provided with necessary information about the study's objectives and data collection method. The participants were also made sure about the confidentiality of their information. In addition, they were given the right and freedom to abandon the study whenever they wished to. In order to keep the collected data anonymous, each participant was given a unique code (Participant 1, Participant 2, etc.).

## **Results**

Analyzing the interviews revealed three main themes, namely "victims of tradition and religion", "sexual dysfunction and disinterest", and "physical and psychological trauma".

### **First theme: Victims of tradition and religion**

The first and the most frequently mentioned theme was the fact that the participants were circumcised during their childhood because their families were traditional and religious and thought people would consider their daughters sinful if they were not circumcised. Therefore, the participants found themselves to be the victims of their families' traditions and religion. In this regard, Participant 1 mentioned:

*"I was taken to my grandfather's house and circumcised by my mother's aunt. After I got circumcised, my mother told me that I was a pure girl just like an angel because we followed Islamic tenets."*

In the same regard, Participant 5 revealed:

*"Just like circumcising boys, circumcising girls is regarded to be a kind of worship in our society, especially our elder society members and even middle-aged and elder women strongly believe in this idea, that is why I got circumcised at the age of 6. I got victimized by both religion and tradition. I wish they hadn't circumcised me."*

Also, Participant 7 stated:

*“I was playing outside with my brothers and sisters when my mum and aunt came and took me to our neighbor’s house. I was only 4 years old, so I didn’t know why they did that to me. Later I learned that circumcision of girls is because of our society’s tradition and religion.”*

Participant 11 said:

*“I was 6 years old. One day my mum told me about circumcision of girls and its benefits for my purity. She told me it is recommended by our ancestors and religion, but I don’t think God wanted me to suffer from that terrible pain.”*

Participant 13 pointed out:

*“Even nowadays traditional and religious people think that uncircumcised girls and women are not pure. Like all my sisters and friends in my neighborhood, I was a victim of this traditional and/or religious ideology.”*

Participant 17 revealed:

*“My grandmother used to tell us stories about circumcision of girls at the time of our Prophet Mohammad (PBUH). She also told us that circumcision is a sign of girls’ purity and innocence.”*

Participant 20 stated:

*“All my sisters and I were victimized by tradition and religion. That’s all.”*

### **Second theme: Sexual dysfunction and disinterest**

The second meaning unit that was referred to by almost all of the participants was their inability to reach orgasm and lack of sexual interest in their husband or men. What the participant reveals gives clue to a concept which is called sexual malfunction or sexual dysfunction which can have remarkably negative effects on their health and quality of life. In this regard, Participant 2 said:

*“Unlike my husband, I don’t like our sexual intercourses. Sometimes I hate that side of our life. I feel really awkward.”*

Moreover, Participant 3 revealed:

*“I couldn’t even think about marriage. When I got circumcised, my mum revealed the news to all women and girls in our neighborhood, but she hid it from the males. Since then, I haven’t had a good feeling about men. I’ve heard that women also reach orgasm, but I personally have never experienced it.”*

In the same regard, Participant 8 stated:

*“It’s truly difficult to pretend that you enjoy something while you really don’t. This is the story of my sexual intercourses with my husband. If I don’t pretend that I enjoy our intercourse just like him, he loses all his passion and interest at once.”*

Also, Participant 9 mentioned:

*“In my brain I like sex with my husband, but my body doesn’t help at all. It’s really difficult to be mentally interested in something, but not being able to experience it fully in reality, just because what they did to me in my childhood.”*

Furthermore, Participant 14 pointed out:

*“My husband is well aware of my disinterest in sex, he always blames about my dry vagina, but I can’t help. All my sexual passion and interest have gone away with that damn circumcision.”*

In addition, Participant 15 said:

*“Although I have never enjoyed my sexual intercourses with my husband, I’ve always tried to do my best because I love him and I love my life and children.”*

Moreover, Participant 19 revealed:

*“I wish they hadn’t circumcised me that day, so I could live a happier life now. My disinterest in sex has always been a reason for my argument with my husband. But I can’t simply control my bad feelings toward sex.”*

### **Third theme: Physical and psychological trauma**

The last theme that emerged from the interviews was labelled as “physical and psychological trauma” because almost all of the women talked about the severe pain, stress, and fear they experienced while they were circumcised. They also talked about the negative emotional and psychological effects of their circumcision during their childhood and even adulthood. In this regard, Participant 3 revealed:

*“Even remembering that day hurts my body and soul. Since I got circumcised, I’ve never been that happy energetic girl I used to be. They took away my happiness and childhood.”*

Also, Participant 6 said:

*“The physical pain disappeared in a few days, but the mental pain and effects are still there. I feel they disrespect my body and personality by making me naked in front of a stranger and circumcising me.”*

Moreover, Participant 10 pointed out:

*“After circumcision, I was shocked for a few months. I felt really lonely, I thought even my mum and sisters did not understand what I underwent.”*

In addition, Participant 12 mentioned:

*“I still don’t understand why they’re doing that to girls! They disturb the balance in their life. They rub away their happiness from them forever. I always feel sad whenever I remember that cursed day.”*

Furthermore, Participant 16 stated:

*“Who is responsible for my physical and mental pains? I haven’t even forgotten the physical pain I suffered. After every single intercourse with my husband, I cry stealthily because I feel I’m awkward and invalid.”*

## **Discussion**

The results of the present study revealed that the participants were circumcised during their childhood because their families were traditional and religious. In line with this finding, research has indicated that female genital mutilation (FGM) has its roots in tradition and religion, and it is still practiced in the Kurdistan Region of Iraq. Therefore, the main provocative factors for continuation of the practice are the dictate of religion and the cultural tradition in the region. As reported by UNICEF, FGM is relatively prevalent in the Kurdish area of Iran and the Iraqi Kurdistan Region [15]. Other studies carried out in the Kurdistan region of Iraq agree on the high prevalence of FGM as a health problem [16, 17]. Similarly, Pashaei et al (2012) conducted a study in Iran and reported high prevalence of FGM among Iranian women in the Kurdish areas [18].

The participants emphasized the terrible experience of going through FGM and the pain and the psychological effects of such an experience. In line with these findings, Berg et al (2013) reported that FGM is a devastating experience, and going through it or even observing the practice at such a young age brings about significant fear and other psychological effects in addition to the immediate consequences of pain and bleeding [19].

Furthermore, nearly all of the participants complained about their inability to reach orgasm and their lack of sexual interest in their husbands or men. In addition to these, the participants stated that they are suffering from sexual malfunction or sexual dysfunction. As reported by similar studies, mutilated women’s sexual functions such as sexual arousal and libido can be remarkably impaired as a result of a traumatic procedure like FGM, which finally inhibits orgasm [20]. In another similar study by Daneshkhah et al (2017), a group of circumcised women were compared with a group without circumcision. The results revealed a significant difference between two groups in all sexual functions like arousal, libido, satisfaction, orgasm, vaginal moisture, and pain, such that the circumcised women had lower sexual function scores. However, the two groups were not significantly different in terms of the quality-of-life scores [21].

However, as reported by the British Medical Association, very few studies have focused on the psychological and psychosexual consequences of FGM. Moreover, few studies have investigated into FGM psychosexual outcomes among different nationalities and ethnic groups [22]. Iraq is a country where quite different religious, racial, and national groups live, and FGM is mainly practiced where most of the people are Sunni or Kurdish [23].

In our study, it was observed that nearly all of the participants experienced physical and psychological trauma and complained about the severe pain, stress, and fear they experienced while they were being circumcised. Moreover, participants complained about the negative emotional and psychological effects of their circumcision during their childhood and even adulthood. Similarly, Ahmed et al (2019) reported that villagers had complains about the lack of education and information about the remarkable emotional trauma and serious health risks that FGM poses [24]. In this regard, WHO (2020) has considered FGM to be a clear violation of women's and girls' rights and an extreme form of discrimination against them. Because FGM is mostly carried out for girls from infancy to 15 years, it has also been referred to as a violation of the children's rights. As a result of FGM, the girls' and women's rights to health, physical integrity, and security are undermined. It is also a severe form of torture and inhuman or degrading treatment toward girls and women [25].

In agreement with the findings of our study, Alinia et al (2020) stated that although FGM at childhood as an overwhelming experience with long-term effects for women, there is still a large number of women who do not oppose FGM continuation, and they require scientific and religious evidence against FGM. Conducting FGM has quite deep roots in culture and tradition, and huge efforts need to be made in order to raise the awareness of the population and change their thoughts and behavior about FGM [26]. Similarly, Ahmed et al (2018) indicated that the lack of sufficient knowledge about FGM-caused health problems is the main reason for continuation of FGM practice, which in turn brings about adverse health consequences. They also reported poor support for having a law banning FGM practice is another reason for its prevalence. In this regard, they recommended enhancing the knowledge of the local religious leaders regarding FGM and its adverse effects on women's health [27]. According to the results by a study conducted by Yasin et al (2013), the high prevalence of FGM among Muslim Kurdish women in Erbil is due to a clear lack of knowledge about the health consequences of FGM, the local tradition, and dictate of religion [28].

## **Conclusion**

Female genital mutilation is associated with numerous psychosexual consequences, including diminished sexual arousal, libido, satisfaction, orgasm, vaginal moisture. In order to reduce the prevalence of FGM, people's awareness of the adverse consequences of FGM should be raised through media. Moreover, law and religious leaders needs to band FGM practice.

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