ABSTRACT

The prevalence of Female Genital Mutilation and the difficulty in preventing its practice call for a fresh way of resolving the problem. As the availability of medical professionals equipped with the ability to correct clitoral mutilation grows, there is an increasing need for professionals who can help the victims after the reconstructive surgery. Post-operative therapy for victims that have opted to receive reconstructive surgery is necessary in order to fully recover. Furthermore, more research in this area is needed to support the findings of this review and will fill the physical and emotional gap exhibited in prior studies related to Female Genital Mutilation.

INTRODUCTION

Most commonly practiced in Africa, Asia and the Middle East those most at risk are girls from infancy to 15 years old with approximately 140 million girls and women around the world coping with the effects (WHO, 2012). There is a rise in awareness of Female Genital Mutilation (FGM) and initiatives is being taken to prevent its occurrence as well as penalize those who perpetuate its practice. For example, according to the Foreign and Commonwealth Office, the Female Genital Mutilation Act was put into effect in March of 2004 which prohibits the practice of FGM in the U.K., assisting in supporting victims and their families. In the miraculous event that Female Genital Mutilation was to cease spontaneously, there are still millions of women already affected. More measures need to be taken to follow up with these women after they have undergone reconstructive surgery. Therefore, more emphasis needs to be placed on the surgical treatment and the victims coping mechanisms for issues such as self-esteem and relationships with family and friends. Currently, in order to undergo reconstructive surgery through an organization called Chirlow, victims must go through multiple preliminary counseling sessions to ensure they are fully prepared. It is beneficial for these women to have just as much care post-surgery as pre-surgery.

METHODOLOGY

The reconstructive surgery devised to recreate the clitoris, forged by Pierre Foldès MD, is a medical feat. During countless cases of FGM only part of the clitoris is cut off, leaving a stump covered by scar tissue. Only a handful of doctors around the world have the knowledge and ability to remove scar tissue, expose the clitoris, and make sure it is in the correct position. According to “Female Genital Mutilation: Cutting and Organs Before and After Surgical Repair,” reconstructive surgery has four instances; it creates a new clitoris, makes the clitoris more realistic, increases sexual pleasure, and, “resolves pain at the site of excision.” This article also states that having an intact clitoris helps the victims regain their female identity, which was supported by 100% of the people sampled. The thought that a health sexual dysfunction was supported by 90%, and 50% of those sample supported the idea that it reduces pain during intercourse (Paterson, 2011). While there have been a small percentage of cases that reported pain after their surgery, the majority of those who have been fortunate enough to receive the reconstructive surgery have shown great potential for normal sexual functioning. Also, some women prefer not to have the reconstructive surgery. ‘These women often undergo circumcision at the age of 6 to 9’ and are raised in a culture that conditions them to believe this practice is legitimate and necessary. These concerns and beliefs exacerbate the issue and further deteriorate efforts to end this cruel practice.

LITERATURE REVIEW

Despite social pressures and systematic oppression, there are many reasons victims of Female Genital Mutilation may or may not choose to receive reconstructive surgery. Societal oppression can cause depression, anxiety and strife in relationships without the added physical damage of FGM. According to Dr. Larry Ashley, Ed.N., LCADC, and LPC, a leading expert in sexual trauma, age, acculturation, and how a woman feels about her body prior to reconstructive surgery, are of great importance in assessing the mental health of victims. He also stated that women may be opting for surgery due to other motivating factors. There may be pressure from a partner to get the reconstructive surgery, which can lead to discord in the relationship. This affects a victim’s ability to marry, increases the chances of infertility and can affect the quality and stability of a marriage according to Female “Circumcision” in Africa (Shillie Duncan & Herfield, 2006). In most instances women are still ignorant about the surgery but have received proper guidance after surgery to become educated about their anatomy and how that relates to their relationships.

CONCLUSIONS

In conclusion, important aspects affecting a victims complete recovery is the presence of preexisting problems such as depression, trust issues, and/or sexual dysfunction. Despite doctor’s best of forming a plan that is realistic, each individual has to take their role as victims and their families. While it is important to address the physical trauma caused by FGM, these internal battles highlight the significance of the psychological components of Female Genital Mutilation. Providing post-surgical counseling is not only paramount to a victims full recovery, but is important to address the root of societal problems that allow this practice to continue.

REFERENCES