

Female Genital Mutilation and sexual behaviors: age at first sex and number of partners, among women in Ekiti State

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ABSTRACT

Background: Female genital mutilation (FGM) is a deeply rooted harmful practice with significant negative health consequences. While FGM is often believed to control female sexuality, its specific relationship with sexual behaviors such as age at first sex and the number of sexual partners remains understudied, particularly within the Nigerian context. This study investigates the association between FGM and these two key sexual health indicators.

Methods: This study used a cross-sectional design (open ended questionnaire) to analyze data from some women of child bearing age attending Federal Teaching Hospital, a tertiary referral center in Ekiti state, Southwestern part of Nigeria. The relationship between FGM and age at first sex, as well as FGM and the number of sexual partners, was examined using Pearson's chi-square test. A p-value of less than 0.05 was considered statistically significant.

Results: A statistically significant association was found between FGM and age at first sex ($\chi^2 = 34.165, p < 0.001$).

A striking finding was that 100% of participants who had their first sexual experience between the ages of 11 and 15 years had undergone FGM. A significant relationship was also found between FGM and the number of sexual partners ($\chi^2 = 25.434, p = 0.003$). FGM prevalence was highest among participants with two (81.8%) and more than two (90.9%) sexual partners. **Conclusion:** The findings demonstrate a strong association between FGM, early age at first sex, and a higher number of sexual partners. These results challenge the conventional belief that FGM effectively controls female sexuality and highlight a complex relationship between traditional practices and sexual behaviors. Absence of FGM does not necessarily make a girl child promiscuous. The study underscores the need for targeted interventions that address the social and cultural factors linking FGM to sexual norms.

Keywords: Female Genital Mutilation, Sexual Behaviors, Age at First Sex, Number of Sexual Partners

Introduction

Female genital mutilation (FGM), also known as female genital cutting (FGC), is a deeply rooted, harmful traditional practice involving the partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons [7]. The practice is a severe violation of human rights, driven by various social and cultural factors, including beliefs about female purity, hygiene, aesthetic appearance, and the control of female sexuality.

Despite concerted global and national efforts to eliminate the practice, FGM remains prevalent in many parts of the world, including Nigeria, which has one of the highest burdens globally. FGM is often an integral part of traditional beliefs and rites of passage, serving as a social norm that regulates a girl's transition into womanhood and prepares her for marriage. The practice is often performed with the belief that it curbs a woman's sexual desire, ensuring fidelity and making her more "marriageable" [6].

The physical, psychological, and sexual health consequences of FGM are well-documented, including chronic pain during intercourse (dyspareunia) and reduced sexual desire [1]. However, the specific relationship between FGM and sexual behaviors, such as age at first sex and the number of sexual

partners, remains an area that requires further exploration. This study aims to address this knowledge gap by analyzing the relationship between FGM and these specific sexual behaviors among a cohort of participants in Ekiti state. By investigating these associations, we can provide valuable evidence to inform public health interventions and challenge the cultural justifications that perpetuate this harmful practice.

Methods

This study employed a cross-sectional design to investigate the relationship between female genital mutilation and specific sexual health indicators. The study population consisted of women of child bearing age attending Federal Teaching Hospital, Ido Ekiti, Ekiti State, Nigeria. Data was collected through a self-administered questionnaire that included questions on participants' FGM status, age at first sexual experience, and the number of sexual partners.

The data were analyzed using statistical software SPSS version 27. The relationship between categorical variables—FGM status versus age at first sex, and FGM status versus number of sexual partners was assessed using Pearson's chi-square test (χ^2). The frequency and percentage of participants in each category were calculated to describe the sample characteristics.

A p-value of less than 0.05 was considered statistically significant.

Results

Table 1 shows the relationship between Age at First Sex and Female Genital Mutilation

A hundred and ten (110) women of childbearing age were recruited for this study. The analysis of the relationship between age at first sex and female genital mutilation (FGM) revealed a statistically significant association ($\chi^2 = 34.165$, $p < 0.001$). Among participants with no experience of sex, FGM was reported in 3 (15.8%) cases. A striking finding was observed in the group who had their first sexual experience between the ages of 11 and 15 years, where 100% (n=8) reported having undergone FGM. In contrast, among those who had their first sexual experience between 16 and 20 years of age, 44.4% (n=24) had undergone FGM, while 33.3% (n=18) had not. In the group who were older than 20 years at their first sexual encounter, 48.3% (n=14) reported FGM, while 41.4% (n=12) reported no response to the question.

Table 1: Age at first sex and Female Genital Mutilation among study participants (N=110)

Variable	Category	Female Genital Mutilation				Total	χ^2 , p-value
		No response	Yes	No	PNTA		
Age at first sex	No experience of sex	3(15.8)	3(15.8)	11(57.9)	2(10.5)	19	34.165, <0.001
	11-15years	0(0)	8(100)	0(0)	0(0)	8	
	16-20years	8(14.8)	24(44.4)	18(33.3)	4(7.4)	54	
	> 20years	12(41.4)	14(48.3)	1(3.4)	2(6.9)	29	

*n (%): Frequency (Percentage) χ^2 : Pearson's chi-square, p<0.05 is significant, PNTA: prefer not to answer

Table 2 shows the relationship between the Number of Sexual Partners and Female Genital Mutilation

A statistically significant relationship was also found between the number of sexual partners and female genital mutilation ($\chi^2 = 25.434$, $p = 0.003$). Among participants who reported having no sexual partners, the prevalence of FGM was 27.7% (n=18). For those with one sexual partner, FGM was reported in 52.2% (n=12) of cases. The highest prevalence of FGM was observed in the group with two sexual partners, where 81.8% (n=9) had undergone the procedure. Similarly, a high prevalence was noted in the group with more than two sexual partners, with 90.9% (n=10) reporting FGM.

Table 2: Relationship between Female Genital Mutilation and number of sex partners among study participants (N=110)

Variable	Category	Female Genital Mutilation				Total	χ^2 , p-value
		No response	Yes	No	PNTA		
Number of sexual partners	No sexual partner	19(29.2)	18(27.7)	22(33.8)	6(9.2)	65	25.434, 0.003
	One	3(13.0)	12(52.2)	6(26.1)	2(8.7)	23	
	Two	0(0)	9(81.8)	2(18.2)	0(0)	11	
	More than two	1(9.1)	10(90.9)	0(0)	0(0)	11	

*n (%): Frequency (Percentage) χ^2 : Pearson's chi-square, p<0.05 is significant, PNTA: preferred not to answer

Discussion

The findings from this study suggest a clear and significant association between Female Genital Mutilation (FGM) and key sexual health indicators, namely age at first sex and the number of sexual partners.

The results presented in Table 1 highlight a particularly concerning trend: the prevalence of FGM appears to be exceptionally high, and in some categories even universal, among individuals with an early age at first sexual experience. The finding that 100% of participants who had their first sexual encounter between the ages of 11 and 15 had undergone FGM is a critical insight. This may indicate a cultural or social practice where FGM is linked to rites of passage into womanhood, which are often associated with sexual maturity and readiness for marriage. Early sexual debut or rather too early sexual debut in these communities may be a direct or indirect consequence of these cultural norms, where FGM is performed as a prerequisite for marriage or sexual activity. This finding aligns with previous studies that have linked FGM to social pressures and traditional beliefs surrounding a woman's sexual behavior and eligibility for marriage [5, 7]. And ultimately, this finding totally negates the traditional belief that no FGM makes women promiscuous

Furthermore, the data in Table 2 establishes a significant link between FGM and the number of sexual partners. The prevalence of FGM was notably higher among participants with one or more sexual partners compared to those with no partners. The trend shows an increasing prevalence of FGM with an increasing number of sexual partners, culminating in a striking 90.9% prevalence among those with more than two partners.

This finding could be interpreted in several ways. On one hand, it may suggest that FGM is not a deterrent to sexual activity or having multiple partners. This again challenges the traditional belief in some communities that FGM is a means of controlling female sexuality and ensuring fidelity [2]. On the other hand, it could point to a more complex social dynamic where women who have undergone FGM may be subjected to different social expectations or circumstances regarding their sexual behavior. The data suggest that the practice co-exists with, and may not effectively curb, diverse sexual behaviors.

The "no response" and "preferred not to answer" categories are also important to consider. The high number of these responses, particularly for those with no sexual experience, suggests the sensitivity of the topic and the potential for underreporting or social desirability bias. Future research should explore the reasons behind these non-responses to better understand the full scope of FGM's impact on sexual health.

Conclusion

In conclusion, our findings demonstrate a strong and significant relationship between Female Genital Mutilation, age at first sex, and the number of sexual partners. The high prevalence of FGM among those with an early sexual debut and those with multiple partners underscores the need for targeted interventions. These interventions should not only focus on the physical harms of FGM but also address the complex social and cultural factors that link the practice to sexual norms and behaviors [3, 7]. The findings challenge conventional wisdom and call for a nuanced approach to eliminating FGM by addressing its deeply rooted connections to sexual health and societal expectations.

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