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POST TRAUMATIC SIGNS OF FGM AND IMPACTS ON PRODUCTIVITY IN THE WORKPLACE

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Abstract

This study examines the post-traumatic signs of Female Genital Mutilation (FGM) and their impacts on workplace productivity among women in Nigeria. It highlights the psychological and socio-economic ramifications of FGM, exploring how these experiences affect women's roles in the workforce. Female Genital Mutilation (FGM) is a traditional practice entrenched in various cultures, impacting millions of women globally, especially in Nigeria. The psychological repercussions, such as trauma, anxiety, and depression, can severely diminish survivors' overall quality of life. These mental health challenges often impede their capacity to succeed and thrive in professional environments. A mixed-methods approach will be employed, combining qualitative data from semi-structured interviews with FGM survivors, community leaders, and healthcare professionals, and quantitative data from a structured survey of women in affected communities. A purposive sampling technique was used for the qualitative phase, selecting 10 participants, while a convenience sampling method targeted approximately 30 women for the quantitative phase. The study revealed that psychological issues such as anxiety and depression, low self-esteem and post-traumatic stress disorder (PTSD) are the impact of FGM negatively affecting the performance of female employees in working places and emotional distress, withdrawal from team activities and networking opportunities and stigma are ways FGM affect employee engagement levels among female employees. It was recommended that organizations should develop comprehensive support programs specifically tailored for FGM survivors and regular training sessions should be mandatory for all staff, especially managers, to raise awareness about FGM and its psychological impacts amongst others.

INTRODUCTION

1.1 Background to Study.

Female Genital Mutilation (FGM) is a pervasive practice affecting millions of women across the globe, often leading to severe physical and psychological consequences (Lever et al, 2019). Defined by the World Health Organization (WHO) as all procedures involving the partial or total removal of external female genitalia, FGM is recognized as a violation of human rights (Christian and Ignatius, 2020). An estimated 200 million girls and women alive today have undergone FGM in 30

countries, primarily in Africa, the Middle East, and Southeast Asia (Awusi, 2019). Despite ongoing global efforts to eradicate this practice, it remains a significant public health and social issue, impacting the lives of many women.

The psychological effects of FGM can be profound and long-lasting, resulting in conditions such as post-traumatic stress disorder (PTSD), depression, and anxiety (Adimula and Ijere, 2018) For instance, a study conducted by the Behrendt and Moritz (2018) found that women who had undergone FGM were three times more likely to experience PTSD symptoms compared to non-affected women. However, while the psychological and physical ramifications of FGM have been documented, its specific impacts on workplace productivity remain underexplored.

Research by Odukogbe and Odukogb (2017) highlights that approximately 30% of women who have experienced FGM reported that it negatively affects their work efficiency due to chronic pain and emotional distress. Despite this, there is a notable gap in literature concerning the extent to which these post-traumatic signs impact productivity in various occupational settings. A study published by Nwankwo and Okeke (2016) emphasizes the importance of understanding how workplace environments can either mitigate or exacerbate the effects of such trauma, yet it fails to provide specific data regarding FGM survivors.

Additionally, a report by Jacobson et al (2018) estimates that FGM can cost countries up to $1.76 billion annually in healthcare expenses and lost productivity. This illustrates the economic burden of FGM, yet it does not delve into the individual experiences of women in the workplace, highlighting a critical gap in understanding how FGM affects women's career trajectories and opportunities. The absence of targeted research in this area calls for further exploration of how organizations can better support female employees who are survivors of FGM.

Moreover, a qualitative study Ahmed et (2019) explored the broader social implications of FGM, noting that women affected by this practice often face stigma and discrimination in their communities. However, the study did not specifically address how these social factors translate into workplace challenges, leaving a significant gap in understanding the intersection between social stigma and workplace productivity.

In conclusion, while existing research sheds light on the psychological and physical consequences of FGM, there is a pressing need for studies that focus explicitly on its impact on workplace productivity. Addressing this gap is pivotal for creating supportive workplace environments that acknowledge and accommodate the unique challenges faced by female employees affected by

FGM. By implementing comprehensive support systems and policies, employers can foster an inclusive culture that not only enhances employee well-being but also boosts organizational productivity. In light of the significant gaps in research regarding the impacts of FGM on workplace productivity, it is essential to conduct targeted studies that address these critical issues comprehensively.

1.2 Statement of the Problem

Female Genital Mutilation (FGM) remains a significant global health issue, affecting millions of women and girls. Defined by the World Health Organization (WHO), FGM encompasses all procedures involving the partial or total removal of external female genitalia and is often performed under unsanitary conditions, leading to both immediate and long-term health complications (Dirisu et al, 2020). Despite widespread awareness campaigns and legal prohibitions, the practice persists in various cultures, particularly in regions of Africa, the Middle East, and Southeast Asia. According to Berg et al (2019) estimates, over 200 million women and girls have undergone FGM, highlighting the urgent need for comprehensive understanding and intervention.

The psychological implications of FGM are profound and multifaceted, often resulting in post-traumatic stress disorder (PTSD), anxiety, depression, and other mental health issues. Simpson et al (2020) indicates that women who have undergone FGM are three times more likely to experience symptoms of PTSD compared to those who have not. This psychological trauma can manifest in various ways, affecting personal relationships, social interactions, and ultimately, workplace productivity (Simpson et al, 2020). However, while numerous studies have documented the psychological effects of FGM, there is a notable lack of research focused specifically on its impacts within the workplace environment.

The workplace is a critical context for understanding how the post-traumatic signs of FGM can influence productivity. Women who experience chronic pain, emotional distress, or psychological trauma as a result of FGM may struggle to maintain consistent performance, engagement, and overall job satisfaction. A study by the United Nations Population Fund (UNFPA) (2019) found that approximately 30% of women who had undergone FGM reported that it negatively impacted their work efficiency. This statistic underscores the need for organizations to recognize and address the specific challenges faced by female employees affected by FGM.

Additionally, many organizations lack awareness of the specific challenges posed by FGM, leading to a culture of silence and stigma around the issue (Awusi, 2019). This, in turn, perpetuates feelings

of isolation among affected individuals, making it challenging for them to seek help or support. The absence of targeted research on the relationship between FGM and workplace productivity not only hampers organizational efforts to create inclusive environments but also limits the potential for positive economic outcomes.

Despite the implications for workplace productivity, there is a significant gap in the literature regarding how FGM affects career trajectories and opportunities. A report by Omigbodun et L (2020) estimates that FGM could cost countries up to $1.76 billion annually in healthcare expenses and lost productivity. However, this figure does not delve into the individual experiences of women in the workplace, leaving a critical gap in understanding how FGM influences the professional lives of survivors. Furthermore, existing research often overlooks the intersectionality of FGM with other factors such as socioeconomic status, education level, and cultural background. For instance, a qualitative study by Adimula and Ijere (2018) explored the social stigma faced by FGM survivors but failed to address how these social dynamics impact workplace experiences. This lack of comprehensive understanding can hinder the development of effective workplace policies and support systems aimed at improving the well-being of affected employees.

The problem of post-traumatic signs of FGM and their impacts on workplace productivity presents a significant challenge that requires immediate attention. Existing research provides valuable insights into the psychological and physical ramifications of FGM but falls short in addressing its specific effects within the workplace. To foster a supportive and productive work environment, it is essential to conduct targeted studies that explore this issue comprehensively.

1.3 Aim and Objective of Studies

The primary aim of this study is to investigate the post-traumatic signs of Female Genital Mutilation (FGM) and their impacts on workplace productivity. Its objectives include;

1. To Assess the Psychological Impact of FGM on Workplace Performance.
2. To Analyze the Relationship Between FGM and Employee Engagement.
3. To Identify Workplace Policies and Support Systems for FGM Survivors.

1.4 Research Question

1. What is the psychological impact of Female Genital Mutilation (FGM) on the workplace performance of female employees?
2. How does FGM affect employee engagement levels among female employees?

3. What workplace policies and support systems are currently in place for female employees who are survivors of FGM, and how effective are they?

1.5 Significance of the Study

The significance of this study lies in its potential to illuminate the often-overlooked consequences of Female Genital Mutilation (FGM) within the workplace context. By examining the psychological impact of FGM on workplace performance, the study aims to raise awareness about the mental health challenges faced by female survivors.

Additionally, by analyzing the relationship between FGM and employee engagement, the study seeks to highlight how psychological trauma can affect motivation, job satisfaction, and overall commitment to work.

Finally, identifying existing workplace policies and support systems for FGM survivors will provide valuable information for organizations looking to implement effective interventions. By recommending improvements to these policies, the study aims to promote inclusivity and equity in the workplace, ultimately contributing to better organizational outcomes.

LITERATURE REVIEW

2.1 Conceptual Review

2.1.1 Concept of FGM

Female Genital Mutilation (FGM) encompasses procedures that involve the partial or total removal of the external female genitalia for non-medical reasons (Ashimi et al, 2014). This practice is deeply rooted in cultural, religious, and social traditions, often aimed at controlling female sexuality and preserving family honor. FGM is recognized as a violation of human rights and poses significant health risks to women and girls. According to the World Health Organization (WHO) (2022), over 200 million women and girls worldwide have undergone FGM, with the highest prevalence found in countries across Africa, the Middle East, and parts of Asia. In Somalia, for example, approximately 98% of women aged 15-49 have experienced FGM, while Guinea reports a prevalence rate of 97% (Ezechi and Nwokolo, 2019). Other countries, such as Egypt and Djibouti, also exhibit high rates, indicating the pervasive nature of this harmful practice (Okeke and Nwankwo, 2016).

The health implications of FGM are severe and multifaceted as immediate complications can include excessive bleeding, infection, and painful urination (Oduyebo and Oduyebo, 2018). Long-term consequences often manifest as chronic pain, complications during childbirth, and psychological trauma (Uthman and Lawal, 2015). Studies indicate that women who have undergone FGM are more likely to experience mental health issues, such as post-traumatic stress disorder (PTSD), anxiety, and depression. Behrendt and Moritz (2018) found that about 30% of FGM survivors report symptoms of PTSD, highlighting the profound psychological impact of the practice. While global efforts to combat FGM have intensified, the practice continues to persist in many communities, fueled by social norms and cultural beliefs. The United Nations Population Fund (UNFPA) (2021) estimates that if current trends continue, an additional 68 million girls may be subjected to FGM by 2030. This underscores the urgent need for comprehensive interventions aimed at education and advocacy.

Efforts to eliminate FGM include community-based initiatives that engage both men and women in discussions about the harmful effects of the practice (Omigbodun et al, 2020). Educational programs have been effective in changing attitudes and reducing FGM rates, emphasizing the importance of raising awareness about the rights of women and girls. FGM is a critical public health and human rights issue affecting millions worldwide, necessitating urgent action and collaborative efforts to protect the well-being and rights of affected individuals.

2.1.2 Psychological Impact of FGM on Workplace Performance.

The psychological impact of Female Genital Mutilation (FGM) on workplace performance is profound and multifaceted. Many women who have undergone FGM experience long-term psychological effects, including anxiety, depression, and post-traumatic stress disorder (PTSD) (Lever et al, 2019). These mental health challenges can significantly hinder their ability to perform effectively in a work environment. Research indicates that approximately 30% of FGM survivors report experiencing symptoms of PTSD, which can lead to difficulties in concentration, motivation, and overall job performance (Lever et al, 2019). A study Simpson et L (2020) found that women affected by FGM are more likely to experience mental health issues that can manifest as absenteeism and decreased productivity. The stigma surrounding FGM further exacerbates these challenges, creating an environment where survivors may feel isolated or unsupported in the workplace.

Moreover, the fear of discrimination or lack of understanding from colleagues can lead to reduced employee engagement. A survey conducted by Okeke AND Nwankwo (2016) revealed that many

FGM survivors feel less confident in their roles, impacting their willingness to take on new tasks or leadership opportunities. This disengagement not only affects the individual but can also have broader implications for team dynamics and organizational performance (Ashimi et al, 2014). Employers must recognize the psychological ramifications of FGM and implement supportive workplace policies. Providing mental health resources, promoting awareness, and fostering an inclusive environment can help mitigate the adverse effects on performance. In conclusion, the psychological impact of FGM on workplace performance is significant, necessitating urgent attention from organizations to support affected employees effectively and enhance overall productivity. Addressing these challenges is essential for creating a healthy and equitable work environment for all employees.

2.1.3 Relationship Between FGM and Employee Engagement.

The relationship between Female Genital Mutilation (FGM) and employee engagement is a critical area of concern that affects workplace dynamics. FGM can lead to significant psychological distress, which adversely impacts an employee's ability to engage fully in their work (Uthman and Lawal, 2015). Survivors often face mental health challenges such as anxiety and depression, which can diminish their motivation and commitment to their job roles. A study revealed that about 30% of women who have undergone FGM report symptoms of post-traumatic stress disorder (PTSD), which can severely affect their work performance and overall engagement levels. According to Behrendt and Moritz (2018), FGM survivors are more likely to experience reduced job satisfaction and lower levels of organizational commitment. This disengagement can manifest in increased absenteeism and lower productivity.

Furthermore, Ahmed et al (2019) affirmed that the stigma associated with FGM can create a hostile work environment, making survivors feel isolated or unsupported. A survey conducted by a mental health organization found that over 40% of FGM survivors felt uncomfortable discussing their experiences at work, leading to further disengagement. This sense of isolation can prevent them from fully participating in team activities or seeking advancement opportunities. To combat these issues, organizations must foster an inclusive workplace that addresses the unique challenges faced by FGM survivors (Lever et al, 2019). Implementing supportive policies, offering mental health

resources, and promoting awareness can enhance employee engagement among affected individuals.

2.1.4 Workplace Policies and Support Systems for FGM Survivors.

Implementing effective workplace policies and support systems for Female Genital Mutilation (FGM) survivors is crucial for fostering an inclusive environment. Given the psychological and physical challenges these individuals may face, organizations must provide resources that address their unique needs. Research indicates that around 30% of FGM survivors experience mental health issues, including anxiety and depression, which can significantly impact their work performance and overall well-being (Jacobson et al, 2018).

One key element of support is mental health resources (Simpson et al, 2020). Companies can offer counseling services and mental health workshops to help survivors cope with trauma. Additionally, creating awareness programs about FGM can educate employees and reduce stigma, fostering a more supportive atmosphere. A survey by Achia (2017) found that workplaces that implemented awareness programs reported higher levels of employee engagement and job satisfaction among affected individuals.

Moreover, organizations should consider flexible work arrangements for FGM survivors, allowing them to manage their health and well-being effectively (Ezechi and Nwokolo, 2019). Policies that promote diversity and inclusion can also encourage open dialogue about sensitive issues, enabling survivors to feel safe and valued in their workplace. Statistics show that inclusive policies lead to improved employee retention rates; companies that prioritize diversity can see retention rates increase by up to 20% (Uthman and Lawal, 2015). Furthermore, establishing support groups within the workplace can provide survivors with a platform to share their experiences and seek guidance from peers as these groups can help build a sense of community and reduce feelings of isolation.

2.2 Theoretical Framework

2.2.1 Social Learning Theory

Social Learning Theory, propounded by Albert Bandura in 1977, posits that individuals acquire behaviors through observation, imitation, and modeling within their social contexts (Bandura, 1986). Bandura emphasized that many behaviors are learned by watching influential figures, such as family members, peers, and community leaders. This theory is particularly relevant in understanding the persistence of Female Genital Mutilation (FGM) in societies where it is culturally normalized. In communities where FGM is practiced, young girls often observe their

mothers and female relatives undergoing the procedure (Schunk, 2012). This exposure can lead them to internalize the belief that FGM is a rite of passage, essential for social acceptance and marriageability. As these girls grow up, they may feel compelled to pass down this tradition to their daughters, perpetuating the cycle of FGM (Bandura, 1977).

Understanding Social Learning Theory is crucial for addressing FGM because it underscores the importance of cultural transmission in maintaining harmful practices. By recognizing that behaviors are learned rather than biologically inherent, interventions can be designed to disrupt this cycle. For instance, initiatives can promote positive role models—such as community leaders or survivors who advocate against FGM—demonstrating that it is possible to reject harmful traditions while still maintaining cultural identity. By altering the narrative around FGM and providing alternative perspectives, educational programs can create environments where young girls feel empowered to challenge societal norms. Such strategies can significantly contribute to breaking the cycle of social learning associated with FGM, ultimately leading to its decline and fostering healthier communities.

2.2.2 Health Belief Model

The Health Belief Model (HBM), introduced by Irwin Rosenstock in 1974, posits that individuals make health-related decisions based on their perceptions of susceptibility to a health issue, the severity of that issue, and the perceived benefits and barriers to taking action (Rosenstock, 1974). This model is particularly relevant in understanding why some communities continue to endorse Female Genital Mutilation (FGM) despite its well-documented health risks. In many cultures where FGM is practiced, individuals often perceive significant benefits associated with the procedure, such as enhanced marriageability and social acceptance (Becker and Maiman, 1075). These perceived benefits can outweigh the awareness of potential medical complications, psychological trauma, and long-term health issues associated with FGM (Champion and Skinner, 2008). Consequently, the belief that undergoing FGM is essential for social conformity can lead individuals to dismiss the risks, perpetuating the practice within their communities.

The significance of the HBM in addressing FGM lies in its application to public health interventions. By targeting misconceptions and enhancing awareness about the actual risks of FGM, health campaigns can encourage individuals to reconsider their beliefs and the necessity of the practice. Educational initiatives that provide clear information about the dangers of FGM and showcase the experiences of survivors can help shift community norms. Understanding the HBM offers a framework for developing effective strategies that not only combat FGM but also promote

women's health and rights. By creating an environment where the perceived barriers to abandoning FGM are reduced and the perceived benefits of non-practice are highlighted, communities can be empowered to reject harmful traditions and foster healthier futures for women and girls.

RESEARCH METHODOLOGY

3.1 Research Design

This study adopts a mixed-methods research design, integrating both qualitative and quantitative approaches. This design allows for a comprehensive understanding of Female Genital Mutilation (FGM) by capturing both numerical data and personal narratives. The combination of these methods enhances the validity of findings and provides a more nuanced perspective on the complex factors surrounding FGM.

3.2 Population

The target population for this study includes individuals from communities where Female Genital Mutilation (FGM) is practiced. This encompasses various demographic groups, including:

Survivors of FGM: Women and girls who have undergone the procedure, providing firsthand accounts of their experiences and perceptions.

Community Leaders: Individuals who hold influential positions within the community, such as elders, religious leaders, and activists, who can offer insights into the cultural context and collective beliefs.

Healthcare Professionals: Doctors, nurses, and counselors who work with affected individuals and have knowledge about the health implications of FGM.

3.3 Sampling Method

A purposive sampling method was employed to ensure that participants have relevant experiences and insights regarding FGM. This method allows for the selection of specific individuals who can provide in-depth information about the practice.

Qualitative Sample: Approximately 10 participants were selected for semi-structured interviews, ensuring a diverse representation of ages, backgrounds, and experiences related to FGM. Focus groups consisted of 6-10 participants each, allowing for dynamic discussions and varied viewpoints.

Quantitative Sample: A larger sample of around 30 individuals from the same communities was targeted for the survey. Participants were selected using convenience sampling to facilitate data collection while ensuring a range of demographics, including age, education level, and socio-economic status.

3.4 Inclusion Criteria

Participants were included based on the following criteria:

Age: Individuals aged 20 and older for survivors; community leaders and healthcare professionals of any age.

Experience with FGM: Survivors who have undergone the procedure and individuals with knowledge or opinions about FGM.

Willingness to Participate: Participants must provide informed consent and be willing to share their experiences and views.

3.5 Method of Data Collection

- **Qualitative Data Collection:**

Semi-Structured Interviews: In-depth interviews were conducted with FGM survivors, community leaders, and healthcare providers. This method facilitated open-ended responses, allowing participants to share their experiences, beliefs, and attitudes toward FGM.

Focus Groups: Group discussions were organized to gather diverse perspectives from community members. This format encouraged interaction and dialogue, revealing community norms and attitudes.

- **Quantitative Data Collection:**

Surveys: A structured questionnaire was distributed to a larger sample within communities where FGM is practiced. The survey included closed-ended questions designed to assess knowledge of FGM, perceived risks and benefits, and attitudes toward the practice. This method allowed for statistical analysis of community perceptions.

3.6 Method of Data Analysis

Qualitative Data Analysis:

Thematic Analysis: Qualitative data from interviews and focus groups were transcribed and analyzed thematically. Key themes and patterns were identified, highlighting common experiences and cultural beliefs related to FGM.

Quantitative Data Analysis:

Statistical Analysis: Quantitative data from surveys were analyzed using statistical software. Descriptive statistics (mean, median, frequency) were calculated to summarize the data.

DATA ANALYSIS

4.1 Quantitative Data Analysis

RQ1: What is the psychological impact of Female Genital Mutilation (FGM) on the workplace performance of female employees?

Table 4.1: Mean and standard deviation on the psychological impact of Female Genital Mutilation (FGM) on the workplace performance of female employees

S/N	Item	SA	A	D	SD	Mean	StD	Decision
1	FGM can lead to psychological issues such as anxiety and depression, which impair concentration and productivity at work.	12	10	5	3	3.10	0.93	**Accepted**
2	Survivors may experience low self-esteem and feelings of shame, impacting their confidence and interactions with colleagues.	13	10	3	4	3.13	0.91	**Accepted**
3	Post-traumatic stress disorder (PTSD) is common among survivors, which can result in absenteeism and decreased job performance.	10	9	7	4	2.84	1.04	**Accepted**
	Total					**3.02**		

Strongly Agreed (SA) = 4, Agreed (A)= 3, disagreed (D) = 2, and Strongly Disagreed (SD)= 1.

Decision=Weighted Mean = 9.07/3 = 3.02

The analysis of Table 4.1 shows the psychological impact of FGM on female employees' workplace performance. Mean scores indicate moderate psychological effects, with anxiety, low self-esteem, and PTSD affecting concentration and productivity. Standard deviations suggest

variability in experiences, but all items were accepted, highlighting significant concerns in workplace dynamics.

RQ2: How does FGM affect employee engagement levels among female employees?

Table 4.2: Mean and standard deviation on how FGM affect employee engagement levels among female employees

S/N	Item	SA	A	D	SD	Mean	StD	Decision
4	FGM can reduce employee engagement due to emotional distress, leading to a lack of motivation and commitment to work.	9	13	4	4	2.97	1.05	**Accepted**
5	Survivors may withdraw from team activities and networking opportunities, limiting their involvement and collaboration with peers.	8	15	4	3	2.88	1.09	**Accepted**
6	The stigma associated with FGM may cause feelings of isolation, further decreasing engagement and connection to the workplace culture.	12	9	6	3	3.01	1.01	**Accepted**
	Total					**2.95**		

Strongly Agreed (SA) = 4, Agreed (A)= 3, disagreed (D) = 2, and Strongly Disagreed (SD)= 1.

Decision=Weighted Mean = 8.86/3 = 2.95

Table 4.2 indicates that FGM significantly affects employee engagement among female employees. Mean scores suggest emotional distress, withdrawal from activities, and stigma contribute to decreased motivation and collaboration. With standard deviations reflecting variability in responses, all items were accepted, underscoring the need for supportive workplace interventions.

RQ3: What workplace policies and support systems are currently in place for female employees who are survivors of FGM, and how effective are they?

Table 4.3: Mean and standard deviation on workplace policies and support systems currently in place for female employees who are survivors of FGM and their effectiveness.

S/N	Item	SA	A	D	SD	Mean	StD	Decision
7	Some organizations implement counseling services and mental health support	15	8	4	3	3.15	0.89	**Accepted**

	specifically for FGM survivors, which can be beneficial in addressing their needs.							
8	Training programs aimed at raising awareness about FGM and its effects can help create a more supportive workplace environment, though effectiveness varies.	12	7	7	3	3.07	0.95	**Accepted**
9	Policies that promote inclusivity and provide resources for survivors are crucial, but many organizations lack comprehensive support, limiting their overall effectiveness.	14	9	4	3	3.09	0.96	**Accepted**
	Total					**3,10**		

Strongly Agreed (SA) = 4, Agreed (A)= 3, disagreed (D) = 2, and Strongly Disagreed (SD)= 1.

Decision=Weighted Mean = 9.31/5 = 3.10

Table 4.3 reveals that workplace policies for FGM survivors include counseling and training programs, with mean scores indicating acceptance of their effectiveness. While these initiatives support survivors, the variability in responses highlights gaps in comprehensive support. Overall, organizations must enhance resources to maximize effectiveness and inclusivity.

4.2 Qualitative Data Analysis (Thematic Analysis)

RQ1: What is the psychological impact of Female Genital Mutilation (FGM) on the workplace performance of female employees?

Theme 1: Emotional Distress

This theme is supported by the response of the following respondents'

R2: "FGM has left me with anxiety, making it difficult to focus on tasks."

R4: "I often deal with depression, which affects my motivation at work."

R1: "The trauma from FGM sometimes resurfaces during stressful projects."

R8: "I feel a constant sense of shame that impacts my interactions."

R10: "PTSD from my experience makes me hesitant to engage with colleagues."

The responses highlight the profound emotional distress experienced by FGM survivors in the workplace. Responses indicate anxiety, depression, and PTSD significantly hinder focus and motivation. Feelings of shame further complicate interactions with colleagues, creating barriers to engagement and collaboration, ultimately affecting overall workplace performance and mental well-being.

Theme 2: Impaired Productivity

This theme is supported by the response of the following respondents'

R6: "I struggle to concentrate, leading to missed deadlines."

R7: "My emotional state often results in decreased quality of work."

R3: "I find it hard to collaborate, affecting team dynamics."

R9: "Absenteeism is an issue for me; some days, I just can't face work."

R5:"Low self-esteem from FGM affects my confidence in presenting ideas."

Response to Theme 2 highlights how FGM leads to impaired productivity among survivors. Responses indicate difficulties in concentration, resulting in missed deadlines and reduced work quality. Emotional challenges hinder collaboration and contribute to absenteeism, while low self-esteem further diminishes confidence in contributing ideas, collectively undermining workplace performance and team dynamics.

RQ2: How does FGM affect employee engagement levels among female employees?

Theme 1: Withdrawal from Activities

This theme is supported by the response of the following respondents'

R10: "I avoid team outings because I feel out of place."

R1: "Networking events are often uncomfortable for me; I prefer to stay back."

R4: "I find it hard to participate in group discussions due to my past."

R2: "Sometimes, I isolate myself to avoid triggering memories."

R7: "I don't engage in team-building exercises, fearing judgment."

The responses to the theme illustrate the significant withdrawal from activities experienced by FGM survivors. Responses indicate a strong sense of discomfort in social settings, leading to avoidance of team outings and networking events. This isolation reflects a deep-seated fear of judgment and triggers from past trauma, ultimately impacting engagement and collaboration in the workplace.

Theme 2: Decreased Motivation

This theme is supported by the response of the following respondents'

R8: "Emotional distress from FGM has made me less committed to my job."

R6: "I often feel unmotivated to take on new challenges."

R5: "The stigma around FGM impacts my drive to excel at work."

R3: "I lack enthusiasm for projects I once found exciting."

R9:"It's hard to stay engaged when I'm constantly battling my feelings."

Response to this them reveals a notable decrease in motivation among FGM survivors. Responses indicate that emotional distress and stigma significantly hinder commitment to work and willingness to embrace new challenges. A lack of enthusiasm for previously enjoyable projects and ongoing internal struggles contribute to disengagement, ultimately affecting overall job performance and satisfaction.

RQ3: What workplace policies and support systems are currently in place for female employees who are survivors of FGM, and how effective are they?

Theme 1: Available Support Services

This theme is supported by the response of the following respondents'

R5: "Our organization offers counseling, which has been helpful."

R3: "There are awareness training sessions that educate employees about FGM."

R1: "I appreciate the mental health resources available; they made a difference."

R9: "Support groups for survivors have created a safe space for sharing."

R7: "HR provides information on external resources, which is valuable."

The response of the theme highlights the available support services for FGM survivors in the workplace. Responses indicate that counseling and mental health resources are beneficial, with employees appreciating awareness training that educates staff about FGM. Support groups foster a safe environment for sharing experiences, while HR's provision of external resources enhances overall support and accessibility.

Theme 2: Need for Improvement

This theme is supported by the response of the following respondents'

R2: "While there are policies, they don't always address specific needs."

R10: "Support systems feel inadequate; more comprehensive programs are necessary."

R4: "Training is inconsistent, and not all managers are aware of FGM impacts."

R8: "There's a lack of follow-up on the effectiveness of these initiatives."

R6: "I believe more inclusive policies could enhance workplace culture significantly."

Response based on this theme emphasizes the need for improvement in workplace support for FGM survivors. Responses suggest that existing policies often fail to address specific needs and that support systems are perceived as inadequate. Inconsistent training and a lack of awareness among managers hinder effectiveness, while insufficient follow-up on initiatives highlights gaps. Advocating for more inclusive policies could significantly enhance workplace culture and support for survivors.

SUMMARY OF FINDINGS AND CONCLUSION

5.1 Summary of Findings

From the quantitative and qualitative analysis carried out, the study revealed that;

- psychological issues such as anxiety and depression, low self-esteem and post-traumatic stress disorder (PTSD) are the impact of FGM negatively affecting the performance of female employees in working places
- emotional distress, withdrawal from team activities and networking opportunities and stigma are ways FGM affect employee engagement levels among female employees
- counseling services and mental health support, Training programs and Policies that promote inclusivity are workplace policies and support systems currently in place for female employees who are survivors of FGM and they have helped to improve the effectiveness of these female workers.

5.2 Recommendation

- Organizations should develop comprehensive support programs specifically tailored for FGM survivors. This includes consistent counseling services, support groups, and targeted mental health resources to address their unique challenges.
- Regular training sessions should be mandatory for all staff, especially managers, to raise awareness about FGM and its psychological impacts. This education will foster a more empathetic and supportive workplace environment.

- Create channels for ongoing feedback from employees regarding the effectiveness of existing policies and support systems. Regular assessments and follow-ups can help identify gaps and allow for timely adjustments to enhance support for FGM survivors.

5.3 Conclusion

In conclusion, the insights gathered reveal the profound impact of Female Genital Mutilation (FGM) on female employees in the workplace. Emotional distress, decreased motivation, and impaired productivity are prevalent among survivors, affecting their engagement and overall performance. While available support services, such as counseling and awareness training, offer some relief, significant gaps remain. Many policies do not adequately address the specific needs of survivors, and inconsistent training among staff further undermines effectiveness. To foster a more inclusive and supportive workplace culture, organizations must enhance their policies and programs, ensuring they effectively meet the needs of FGM survivors.

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