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José Siles-González, María Reig-Alcaraz, Ana L. Noreña-Peña
and Carmen Solano-Ruiz

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Critical Thinking and experiences of women who have suffered female genital mutilation: A case study

José Siles-González¹, María Reig-Alcaraz, Ana L. Noreña-Peña¹, Carmen Solano-Ruiz¹,

¹ Department of Nursing, University of Alicante, Spain. Jose.siles@ua.es; mariareigalcaraz@gmail.com; ana.norena@ua.es; carmen.solano@ua.es

Abstract. Identifying the factors that affect FGM and its impact through the experiences of women who have suffered it is our objective. The paradigm of departure is the sociocritical. Methodologically, the in-depth interview and Dialectical Structural Model of Care were used. Results: the patriarchally regulated culture is the breeding ground of this "tradition" that has a very marked socializing component in diverse cultures and religions. The option of refusing to experience this practice leads to the absolute marginalization of the "rebellious" woman and also her family. The habitus and the logical conformism facilitate the maintenance of female genital mutilation as a rite of passage with an institutional character that is subjectively and socially accepted. Conclusions: the essential tool to combat female genital mutilation is the critical thinking in the context of transculturality that favors the opening of the feminine world to plural ways of thinking.

Keywords: Dialectical structural model of care, Qualitative research, Female genital mutilation, Critical thinking.

1 Introducción

The WHO estimates that between 100 and 140 million girls and women around the world have been subjected to one of the first three types of FGM. Estimates based on the most recent prevalence data indicate that 91.5 million women and girls over 9 years of age in Africa are currently suffering the consequences of mutilation. It is estimated that in Africa, 3 million girls are at risk of being subjected to female genital mutilation every year. There are different terms for naming FGM:

Ablation / Excision: these are the terms most commonly used in the population, however, it only refers to one type of FGM, excluding the other three and hiding the aggression and violence associated with the practice of FGM.

Female Circumcision: The term female circumcision can lead to an analogy with male circumcision, when in reality, FGM supposes a greater degree of aggression.

Female Genital Surgery: euphemism used in healthcare, as a way of claiming by some sectors its medicalization (as in Egypt). **Female Genital Cortes:** used in academic settings as a neutral term, to avoid stigmatization or value judgments towards the populations that practice it.

Sunna: is used in the Islamic world and refers to the code of behavior of the Islamic population. Although FGM does not have a mandatory character in the Koran, it has become a social obligation, coming to consider it as Sunna.

Female Genital Mutilation (FGM): It encompasses all types of FGM and emphasizes the act of "amputating" a functional and healthy part of the female body and the fundamental rights it violates. It is also the expression promoted by the United Nations and WHO to name this

practice, also approved by the Inter-African Committee for Traditional Practices Affecting Women's Health and Children and used in numerous international forums.

1.1 Justification and motivations of the study

This project is part of the "Social Challenges Europe 2020 strategy" program, which considers the current political priorities in the field of European strategy, constituting a priority line: health, demographic change and well-being, integrating a gender analysis which is inherent in the subject treated: Female Genital Mutilation.

The growing process of globalization affects the reordering of lifestyles and customs, migratory dynamics constituting the most evident dynamic element of a dialectical process "location-globalization" that confronts traditions of different cultures resulting in a highly conflictive and complex synthesis (Siles-González, 2010). Globalization is decisive in the incorporation of new practices that, as in the case of Female Genital Mutilation, has "traveled" together with the cultural groups that carried out this practice in their countries of origin (Siles-González, 2010). That is to say, what once meant a cultural practice geographically limited to the limits of certain countries, today they have expanded to the point of covering a large part of the Western world, constituting a problem without clear borders.

Organizations such as Amnesty International (1998) consider that the practice of FGM infringes the human rights of women. Female genital mutilation (FGM) is defined as the total or partial extirpation of female genitalia for non-medical reasons (WHO, 2008). The World Health Organization (WHO / WHO): "All procedures that, intentionally and for non-medical reasons, alter or injure the female genital organs" (Kaplan, Salas Seoane, and Mangas Llompant, 2015: 5). The WHO estimates that between 100 and 140 million girls and women have been genitally mutilated, and that 3 million girls are at risk of suffering it every year (WHO, 2008). Currently, 29 African countries continue this practice, as well as Southeast Asian countries (UNICEF, 2013). However, at present, migration phenomena have contributed to the fact that this practice has increased in countries where, until now, it was not carried out (Ortensi et al., 2015). The reasons why it is maintained are of a different nature: sexual and reproductive reasons; hygienic and aesthetic; sociocultural religion and myths. It is necessary to clarify that, despite the existing belief that FGM is a religious precept of Islam, it is not reflected in any religious book, and is practiced not only by Muslims, but also by Christians and Jews (Abdulcadir, 2011). There has also been a process of "medicalization" of FGM. Female genital mutilation, not only represents a violation of the human rights of women and girls, but it is also an important health problem that affects the identity of women, with numerous physical and psychological consequences (García & Sánchez , 2013; Kaplan, 2001). As Kaplan states, in the last thirty years, Spain has been one of the destinations of migratory movements from different African countries that travel with their beliefs, traditions and cultural practices.

1.2 Investigation objectives:

General objective: Identify the factors that affect FGM and its impact through the experiences experienced by women who have suffered it.

1.2.1 Specific objectives:

- Know the experiences experienced by women who have suffered from FGM.
- Establish the factors that facilitate or hinder the realization of the practice of FGM currently.
- Assess the continuous impact of FGM on the lives of affected women.

- Identify cultural moments regarding FGM in women who have suffered it: multiculturalism, interculturality and transculturality.
- Examine possible intergenerational differences in attitudes towards the continuation of FGM.

1.3 Research questions:

- What experiences have experienced women who have suffered from FGM?
- What experiences do immigrant women have with the health systems of countries of residence?
- What factors have had a positive or negative impact on the maintenance of the practice of FGM?
- How has the practice of FGM affected the women who have suffered it?
- What cultural moments have women who have undergone FGM experienced?
- Are there intergenerational differences in attitudes toward the continuation of FGM in women who have suffered it?

Are women who have suffered from this practice willing to participate in the eradication of FGM?

2 Background and current status of the subject

At the international level, Namulondo (2009) makes a thesis to study the perceptions of this practice and the different efforts of community-based organizations and the Government to eliminate this traditional practice in the Republic of Uganda. Kerubo (2010) focuses on the experiences of women, examining their memories, the procedure, the consequences involved before and after mutilation, as well as cultural and religious beliefs in practice. Although cultural and religious reasons continue to have an important representation, there is a decrease in the religious motive with respect to the countries of residence. In addition there are references to other reasons such as social pressure, the maintenance of women's virginity, hygiene, as well as economic in (Ali 2012).

Several articles value the attitudes of immigrants residing in European countries, before the FGM such as Gele (2012), Berg & Denison (2012) and Isman (2013), in which a change of behavior against this practice is evident after a process of acculturation (transcultural adaptation to the new democratic values in which women have the same rights and duties as men). The practice of FGM is used in Europe as a basis for the so-called "cause of asylum" for women who are at risk of suffering from it or who have already suffered it: "UNHCR estimates that 18,500 of the 25,855 women and girls from countries that FGM who applied for asylum in the EU in the first three quarters of 2014 may be survivors of female genital mutilation (FGM), which translates into an estimated prevalence rate of FGM of 71% in the asylum systems of the EU "(Novak-Irons, 2015: 77-78). Another of the novel factors that are modifying FGM is the medicalization of it, both in the countries of reference: "It is a more recent phenomenon emerging in western Africa, where a growing number of professionals in nursing, midwives and are involved. midwives (traditional birth attendants) - and also doctors or surgeons - in Côte d'Ivoire, Mali and the rest of the subregion. Clinics that practice FGM / C have been identified in Kenya and Guinea "(Foldes & Martz, 2015: 82).

Regarding the problems derived from this practice, infections occupy a first plane, given the frequency of them (Iavazzo, Gkegkes & Sardi, 2013). On the other hand, organizations such as *Medicus Mundi Andalucía* (2008) consider that FGM goes beyond a mere health problem given its implications in gender violence and fragrant inequality in human rights. Likewise, works focused on obstetric consequences can be consulted (Berg, & Underland, 2013), while other studies have focused on analyzing the psychological effects of female genital mutilation: post-traumatic stress, disorders and memory problems, etc. (Behrendt & Moritz, 2005), while Chibber, El-Saleh & El Harmi, (2011) jointly address the psychological and obstetric problems of women who have suffered FGM. Siles and Solano (2009) describe the three cultural moments that identify the level of acculturation or social and communicative integration analyzing the impact of each one of them (multicultural, intercultural and transcultural) in the maintenance, questioning or abandonment of traditional rites and practices as the case of FGM. In Spain, work has been carried out in which women who have suffered FGM are given voice and visibility, such as the Pastor thesis (2014) or the work carried out in Murcia by Ballesteros et al (2014). Jiménez Ruiz (2015) analyzes FGM from the perspective of men focusing on ethnomethodology and also in the same geographical area. Ana Silva Cuesta, meanwhile, addresses in his doctoral thesis this problematic issue from the perspective of legal and criminal treatment in Spain (Silva Cuesta, 2017). Also in Reig Alcaraz, Siles and Solano (2014) it is concluded that health professionals in Spain lack the necessary knowledge to treat these women and offer culturally adapted care.

3 Paradigm and theoretical methodological framework

3.1 Paradigm and theoretical approach:

It is part of the hermeneutical paradigm for the first phase of the project, given that it is about interpreting, understanding and describing the characteristics of the problem in question (Siles-González, 2016). Likewise, it has been considered appropriate to use the principles of the socio-critical paradigm since it is expected to integrate both women subject of research and health professionals in the active fight against FGM. The phenomenological theory and those theories integrated in "Culture of Care", understanding by culture the set of behaviors, ideas, beliefs, feelings and meanings that a human group develops in the course of its process of satisfaction of needs (Siles, 2001, Siles and Solano, 2009). In this sense, phenomenology so linked to hermeneutics (Solano, 2006), is essential to interpret and understand the experiences experienced by women who have suffered FGM as a result of beliefs, feelings, values and symbols that support this ancestral practice

All this process will be developed maintaining the gender perspective inherent in the nature of the problem. In order to provide a proper gender approach to this study, it has been considered as a consequence of the processes of social construction of reality (Berger & Luckman, 1995).

3.2 Cultural moments and practice of the M.G.F.

Likewise, from this theoretical perspective, the cultural moments in which the participants in the study are considered considering the gender perspective will be identified and analyzed (Pacquiao, 2003). The cultural moments in which the migrant women who have suffered from FGM determine different ways of interpreting FGM. Basically there are three phases that are called "Cultural Moments" and that respond to differentiated sections within the situational process that occurs in the interpretation of FGM and that is related to the level of social interaction and communication of migrant women with the community. .

3.3 The Dialectical Structural Model of Care

This model has been used to analyze the data by dividing it into three broad categories: functional unit (beliefs, values, myths, norms, traditions) that motivate the practice of female genital mutilation; functional framework (spaces, places or scenarios where the socializing process is practiced and developed); functional element (actors involved in the practice).

3.4 Ethical considerations of research

This study was approved by the Ethics Committee of the University of Alicante, meeting on January 29, 2018, after studying the documentation with the file number UA-2017-12-15. Likewise, an informed consent document has been drawn up, which contemplates the rights of citizens before the research processes in which the characteristics and objectives of the study are specified, guaranteeing the anonymity of the participants in the same.

4 Results and its discussion

4.1 Causes and consequences of Female Genital Mutilation

The woman interviewed lived in Guinea Bissau and was the eldest of her brothers. He suffered "tradition" at age four because:

"It was normal in my community and if my mother wanted others to respect me as a woman, then that was the right thing to do." TO

Ali (2012) adds to the cultural factor, virginity and hygiene, the economic factor as the foundation of tradition. The consequences of tradition often go beyond the problems of hygiene and infection: "It can influence the idea you have about yourself" This is what García & Sánchez (2013) and Kaplan (2001) say, given that tradition causes psychological problems, identity, stress, memory disorders (of women, especially when they access another culture (Behrendt & Moritz, 2005).

4.2 Female Genital Mutilation as the spearhead of gender violence

This tradition constitutes a significant sample of gender violence in which physiological, psychological, social and cultural aspects converge. The interviewee strongly states that:

"Female genital mutilation is a particularly cruel and humiliating form of gender violence for women and is accompanied by other forms of abuse or gender violence."

Gender-based violence is defined in the UN Declaration on the Elimination of Violence against Women, 1993 as follows:

"Any act of violence based on gender that has as a possible or actual result physical, sexual or psychological harm, including threats, coercion or arbitrary deprivation of liberty, whether it occurs in public life or in life private "(UN, 1993).

International organizations such as "Medicus Mundi Andaluca" (2008) consider that female genital mutilation goes beyond a health problem, given its implications in gender violence and fragrant inequality in human rights.

4.3 Ignorance and disinformation about the authentic reality of tradition:

"Until I was twelve years old, in the fifth year of primary school" I did not know what the clitoris was and it was thanks to a primary school teacher who had studied in the former Soviet Union, that I could find out something when they explained the female genital tract . It was

difficult to ask the teacher, when I did they all looked as scared as if I had done something wrong. "

4.4 Cultural pressure:

There is great cultural pressure, given that the offender is usually punished with social, family and religious separation:

"Men look away from you and do not talk to you. Women insult you and call you crazy or prostitute. You can not get married and nobody accepts you at home. "

The experiences of women and their memories, which have been studied by Kerubo, (2010), offer similar results to those contributed in this work in terms of cultural pressure, causes and meanings of the tradition.

4.5 Subjective assessment of the ongoing impact of FGM on the lives of affected women

"Although it may not be the most frequent, in my case female genital mutilation and all that it entails, has been like a journey in the desert. Yes, I felt marginalized, disowned, insulted, but in the end I think I came out strengthened ... and here I am (...) of course it has negatively impacted me. I had many doubts when I was alone and when I got pregnant, at the time of delivery I had to have a cesarean section (this is very common in women with female genital mutilation). "

Berg & Underland (2013) have described some of the obstetric problems that occur most frequently in women who have suffered from "tradition". On the other hand, the cases of women who have overcome their "crossing of the desert" coming out strengthened are reflected in autobiographical narrations such as "Mutilada" and "Flor del Desierto" (Khady, 2007; Dirie, 2003)

4.6 Intergenerational differences in attitudes towards the continuation of FGM.

The results show that there may be an intergenerational change of attitude, but above all due to the influence of women who return sporadically from other host countries or the fact of the emigration of young women. Globalization can, therefore, affect both transculturality and the "ad hoc" exportation of the traditions carried by migrants in their suitcases (Siles, 2010).

"When a cousin died, some of the girls were sensitized, but the social and family pressure was overwhelming. I spoke with my younger sisters, nieces and the young people of the community after the death of my sister (with the men it was impossible to talk then) and yes they were afraid of what might happen to them, but they were even more afraid to live marginalized by not to make the tradition ... that is, the thing was more or less the same. They change when they go out like me and can know other cultures and other people "

4.7 Strategies and effective measures in the fight against FGM

"Fundamentally, it is the women who have suffered the most prepared to work in its eradication (...) the associationism is also one of the most effective measures because it unites people"

In these words, the pertinence of the principles of the sociocritical paradigm for the eradication of FGM is appreciated (Siles, et al., 2001).

4.8 Gender and Female Genital Mutilation

Starting from the budgets of Berger and Luckman, (1995) to study a phenomenon as complex as FGM, it is necessary to understand that it is a social construction process in which three large sections are developed that have been analyzed in this work :

a) First, knowledge in everyday life as an amalgam in which customs and traditions crystallized unevenly by gender; that is, the incidence in the normalized life of FGM, its representations (Chartier, 2009) and the core where the integration or marginalization of women is manifested (whether or not they participate in the daily activities of the community based on their acceptance or rejection).

"It is impossible to escape from tradition if you do not leave the community. Otherwise the punishment is terrible "

b) In the second instance, describing society as a reality that can be objectified as a recourse for the institutionalization of FGM, accepting a collective account of its origin and social and historical evolution, establishing regulations that establish the legitimacy of women's roles in base to said practice.

"In each community the *raison d'être* of the tradition is explained differently, even within the same community the different ethnic groups have different myths to justify it, but it is not only religion, but different cultural variants among which is the religion".

c) Thirdly, the mechanisms of individual internalization of FGM are explained in order to identify themselves as an integral part of social structures: family, school, marriage, and so on. This is a process similar to what for Bordieu would be the socialized subjectivity or "habitus" and for Durkheim the "logical conformism".

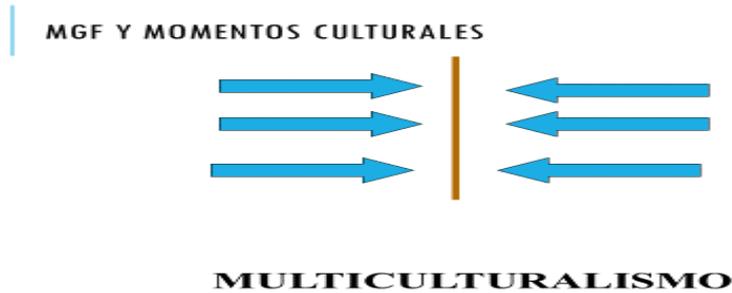
"The women themselves are the most jealous guardians of tradition, because they think they do it well, they want the best for their daughters."

4.9 Female Genital Mutilation and Cultural Moments

Multicultural moment: responds to the phase in which there is a wall between the way of life, expectations and culture prior to the detection of the disease. In this phase, acculturation that puts into question the practice of FGM is almost impossible because the beliefs and identity of women are linked to them. Nor is it possible to socialize in the new democratic values in which the identity of women is projected from gender equality by identifying the beliefs that sustain FGM as an unjust, violent and criminal practice (Fig. I.). The researched woman describes how until she leaves the country of origin she has no chance to compare anything with respect to a socially rooted practice.

"In Guinea we were all convinced that to be a woman ... an honest and respected woman, tradition was necessary".

Figure I: Female genital mutilation and multiculturalism

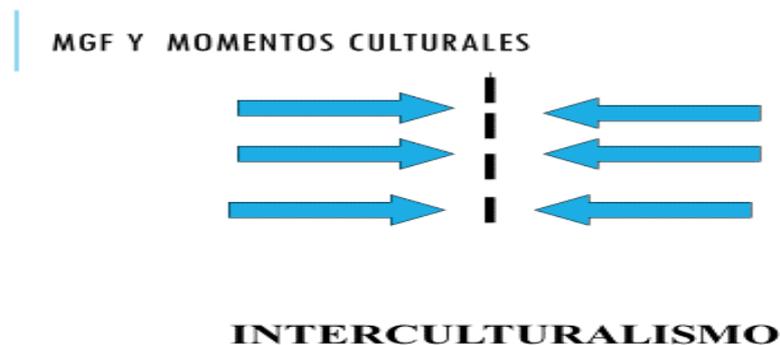


Source: Siles, J., et al. (2001). Fuente: Siles, J., et al. (2001) Una mirada a la situación científica de dos especialidades esenciales de la enfermería contemporánea: la antropología de los cuidados y la enfermería transcultural. *Cultura de los Cuidados*, 5(10), 64-72.

Intercultural moment: in this phase, thanks to the activation of a greater communication and social interaction between the immigrant and native community, a step forward is taken, beginning the process of recognition and conciliation with the new ideas about the role of women in society democratic, which affects an identity transformation. The woman recognizes herself in another way and understands the need to question and abandon the practice of FGM (Fig.2). In the case of the interviewee, this intercultural moment does not begin to arise until her arrival in another country (Cuba).

"It is during the beginning of my stay in Cuba that I begin to have doubts because I see that women behave differently."

Figure 2: Female genital mutilation and interculturalism



Source: Siles, J., et al. (2001). Una mirada a la situación científica de dos especialidades esenciales de la enfermería contemporánea: la antropología de los cuidados y la enfermería transcultural. *Cultura de los Cuidados*, 5(10), 64-72.

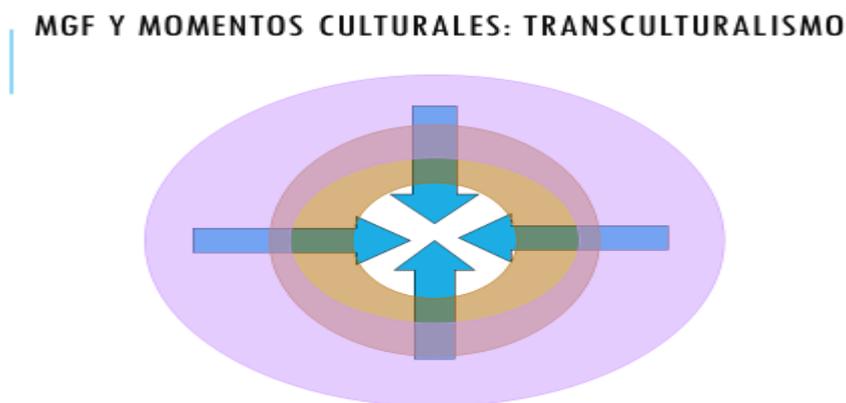
Transcultural moment: As an effect of social interaction and communication between immigrant and native communities, a cultural socialization takes place that affects the questioning of old beliefs. Migrant women are integrated into associations and receive support from professionals and institutions that facilitate the change of identity of women within the framework of democratic society. Critical thinking is one of the pillars of this transformation that involves a change not only of theoretical approaches and beliefs, but in practice. Some of

these women end up actively working against FGM and the beliefs that underlie it (socio-critical paradigm) (Siles, 2001, Siles and Solano, 2009) (Fig.3). In the case of the interviewee, this transcultural moment occurs when she acquires enough confidence with Cuban women to talk about the tradition and contrast the difference of meanings for each other:

"In Cuba, the friends told me that they had taken something very important for me to feel like a woman and to be able to enjoy my body (...) but what made me change the most was the fact that on my return to Guinea my little sister was being prepared for the rite of initiation. I felt angry and talked with the family, but nobody paid attention to me and they said that I had gone crazy".

Studies by various authors endorse these changes in the ways of thinking and acting with respect to tradition after the processes of acculturation of immigrants who have been under the influence of other cultures for a long time (Gele, 2012, Berg & Denison, 2012, Isman, 2013).

Figure 3: Female genital mutilation and transculturalism



Source: Siles, J., et al. (2001). Una mirada a la situación científica de dos especialidades esenciales de la enfermería contemporánea: la antropología de los cuidados y la enfermería transcultural. *Cultura de los Cuidados*, 5(10), 64-72.

4.10 Female Genital Mutilation from the perspective of the Dialectical Structural Model of Care

Functional Unit: The feelings, beliefs, values, traditions and norms that favor the practice of FGM are not exclusively religious. In the case of the interviewee two religions converged:

"My father is Muslim, but my Catholic mother, so there was mixing and the practice transcended the purely religious issue (...) There are many ethnicities and each one gives a sense and also look for different names to insult women who do not want tradition. "

On the other hand there are a series of transversal values (not exclusively religious that support this practice:

"Tradition ensures the purity of women, hygiene and even femininity; a woman without tradition is not a total woman".

Functional Framework: The tradition is carried out in places specially prepared and separated from the community. Generally in a shop, hut isolated from the rest or even outdoors. There is also an intermediate place (which is not the place where the practice is carried out, but neither is the community), where the process of socialization takes place after the practice of mutilation.

"It can last several days and in its course the girls are indoctrinated according to the role of women that they should perform in the future."

Functional Element: The people who carry out the tradition are usually older women, many of them are the grandmothers of the family and are highly respected by the community.

"Because deep down, the grandmothers are the ones that are going to get the girls to integrate into the community and they want both the girls and their mothers."

In recent times there has been a medical institutionalization of tradition and doctors and nurses are beginning to do the practice:

"Now doctors also make the tradition for health reasons, since many girls have died"

5 Conclusions

The experiences of women who have suffered female genital mutilation are a source to know the factors that facilitate or hinder this practice. Female genital mutilation constitutes a significant sample of gender violence in which physiological, psychological, social and cultural aspects converge.

Factors such as religious, hygiene or purity of women affect the realization of female genital mutilation, but the cultural determinant given the mechanisms of cultural pressure established for the maintenance of such practice.

The acculturation that occurs when women come into contact with other cultures is the essential basis for the questioning of female genital mutilation, influencing the development of critical thinking when the transcultural moment occurs.

Female genital mutilation has an ongoing impact on the lives of women who have suffered it: on a physical and psychological level, leading to an identity crisis.

The intergenerational differences between women who have experienced (or not) female genital mutilation only appear when they are accompanied by transcultural moments.

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