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Abstract

Female Genital Mutilation is a widespread practice mainly in Sub-Saharan Africa and is considered an affront on the dignity and health of women and young girls. The factors used to justify this act are diverse and convert the tradition into a form of cultural care. From this viewpoint, nurses might evaluate the supposed justifications via the Rising Sun Model in order to redirect such a practice through nursing interventions such as: research into propagating factors, sensitizing through hindering factors or health education, highlighting the contradictions existent in the justification of Female Genital Mutilation.

Keywords: female circumcision, women's health, transcultural nursing

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Feminine Genital Mutilations (FGM) form part of an extensive group of traditional customs that are damaging for the health of women and girls, founded on a social construction of women as an object of submission before androcentric imperatives and cultural stereotypes of what a woman should and should not be. More specifically, FGM, defined by the World Health Organization (2016) as “*all procedures involving partial or total removal of the external female genital organs or other injury to the female genital organs for non-medical reasons*” is internationally considered an affront on human rights and an act of violence against women and young girls. Furthermore, it hierarchizes and perpetuates inequality and denies the right to bodily and psychosocial integrity.

According to data from UNICEF (2016), FGM affects a population of approximately 200 million women and girls worldwide. It is performed mainly in 30 countries of Sub-Saharan Africa, as well as in Yemen, Iraq, Malaysia, Indonesia and certain ethnic groups in South America (UNICEF, 2016). However, current globalization and migratory phenomena mean that cases are being seen throughout the entire industrialized world. Such data highlight the need to establish preventative approaches within public health systems and nursing in particular, in order to gradually eradicate FGM. For this reason, not only a cultural reconciliation but also an understanding between interrelated cultures sharing beyond a mere geographical area is necessary. The existence of communication channels between cultures requires reflection on the action Primary Healthcare teams should take in order to contribute to the eradication of this harmful traditional practice.

Aim

To establish a theoretical model, inspired by that of Madeleine Leininger, in order to examine the reasonings used to justify female genital mutilation.

Transcultural Nursing in the study of FGM

Public healthcare services are best placed for both the detection of new cases, as well as preventative action against FGM (Almansa et al, 2015). Such action must be oriented towards revealing the realities underlying the cultural constructs used to justify FGM.

FGM is founded on androcentric attitudes which stem from deeply rooted cultural beliefs regarding the role of women in society. Thus, with the aim of impacting on the various interpretations of reality perpetuated by those societies which defend FGM, the establishment of a methodology which provides a roadmap, techniques, specific procedures and the production of information is required in order to eliminate this tradition.

In this sense, within the Nursing discipline, Madeleine Leininger's "Theory of Cultural Care Diversity and Universality" is the most appropriate nursing theory for approaching Female Genital Mutilation. The cultural competencies of healthcare professionals will determine their ability to deliver care in terms of detecting and preventing this tradition (Jiménez et al, 2012).

Along similar analytical lines, studies such as that by Martínez and Turetsky (2014), point to Transcultural Nursing as a valid basis from which to manage the facts surrounding FGM. This is mainly due to the fact it promotes familiarity and respect for the different sets of beliefs and customs held by the diverse communities which inhabit the earth. Therefore, through this theory, it should be possible to explore the perspectives and factors used to justify FGM.

FGM as a form of cultural care

In order to approach FGM based on Leininger's theoretical model, one must understand FGM from a cultural care perspective.

Cultural care is defined as the "*act of helping, supporting and facilitating in a cultural sense, focusing on real or anticipated needs for people's health and wellbeing with the ultimate goal of dealing with situations such as disability, death or other human conditions*" (Mc Farland, 2010, p.460). In this sense, as well as by exploring the various factors used to justify FGM, the latter might be understood as a form of Cultural Care, supported by six justifying factors: social, hygiene-aesthetics, sexual, religious-spiritual and health-economics (Jiménez-Ruiz, 2015).

This tradition is understood by certain populations as a form of healthcare provided within a cultural context in anticipation of a range of supposed individual, female and community health needs. Such needs are determined by an androcentric network of beliefs regarding health and feminine sexuality. (Jiménez et al, 2012). The majority of

these premises are based on beliefs and false pretences and as such might be questioned and refuted in nursing consultancies. Such premises, used to sustain FGM as a form of cultural healthcare, are described in Table 1.

Adaptation of the Rising Sun Model

Based on the assumption that FGM constitutes a form of cultural care, an adaption was made of the Rising Sun model created by Madeleine Leininger with an aim of facilitating investigations by Nursing professionals into those factors used to justify FGM. As such, via the adaptation of this model, a theoretical framework was created in which the arguments more commonly used to maintain this tradition are represented. This framework might serve as a guide in order to explore such justifications and to plan preventative means against possible cases at risk, as well as palliative measures for new cases of FGM.

As can be observed in Figure 1, and according to Leininger's conception, the model consists of two parts: one on a higher level, which involves an initial level of abstraction in which the components and factors making up the framework used to perpetuate the practice of FGM are represented, based on ethnohistory, context and language, and another lower level, in turn divided into three sub-levels, which show an internal relationship between the people involved and the models of approach in order to devise nursing care plans which are coherent with the cultures implicated, yet at the same time congruent with human rights and the dignity of women and young girls. In this manner, nursing might act as a nexus between traditional and professional healthcare, adapting integrated healthcare plans to the needs of the women and girls concerned.

These four levels of abstraction are described within the context of the adaptation of the Rising Sun Model as follows:

Level I. Being the most abstract level, it is based on the study of the origin and nature of FGM as a form of cultural care. The role played by this tradition within the cosmovision of those cultures which practice FGM is represented in this level. Thus FGM can be explored and understood from three tiered perspectives:

- *A microperspective:* via individual substantiation. Such rationales are unique to each individual and constitute their personal justification for maintaining FGM.
- *A midrange perspective:* via specific cultural justifying factors. In other words, the existence of common arguments in defence of FGM within a particular culture.

- *A macroperspective*: via the study and comprehension of phenomena common to a range of cultures which perpetuate such practices, which are traditional yet harmful to women's health. This macroperspective, in the case of FGM, is based mainly on arguments of a sexual nature, based on the assignment of stereotypical gender roles within profoundly patriarchal societies (Jiménez-Ruiz, 2015).

Level II. This level provides information on the individuals, members of the community and its institutions which see FGM as a protective factor of certain vital aspects of both women and young girls (Cultural Care). As such, challenges to FGM should be directed to the entire community as a whole, starting with official institutions (national and local governments, religious entities, organizations and associations) and reaching into the heart of families, including individual men, women, boys and girls from the community.

Level III. This level refers to systems, traditional and professional systems, working to promote diversity in healthcare and applying healthcare to the community as a whole. On this level, interdisciplinary, trans-systemic efforts, take on vital importance in the struggle against harmful traditional practices and in particular, against FGM. In this sense, generic traditional and professional care systems must be capable of detecting cases at risk, as well as new cases, of FGM and prepared to deal with it. This brings us to the fourth and final level.

Level IV. This is a more specific level. It involves the moment when decisions are made regarding the nursing care plan to be adopted, in this case to achieve the gradual abandonment of FGM and/or the palliative care of those complications derived from female ablation. Towards this end, M. Leininger provides three models for taking action and making decisions (McFarlan et al, 2012): a) *Actions to preserve or maintain cultural care*: applicable to those practices and values which benefit both individual and collective wellbeing. b) *Actions to accommodate or negotiate cultural care*: decisions made to preserve and adapt a range of practices and values among cultures, which are harmless in terms of individual and collective wellbeing. c) *Actions to reorient or restructure cultural care*: aimed at modifying lifestyles, values and practices which are harmful for individual or collective wellbeing, such as FGM.

Thus, within the fourth level of abstraction, three activities focused on reorienting FGM are proposed: research, sensitization based on inhibiting factors and demythologization

(table 2). These activities are aimed at gaining and disseminating knowledge on the myriad realities surrounding this tradition, as well as generating reflexive dialogue and awareness raising on the problems caused by FGM.

Paradigmatic nursing concepts inherent in the adaptation of the Rising Sun Model

This model also incorporates the four elements of the nursing paradigm: *person*, *environment*, *health* and *nursing*, all adapted to the concept of FGM as a form of cultural care. As such the *environment*, or setting, although Leininger does not define it explicitly, may be conceived as a worldview, the social framework and environmental context, belonging to Level 1 in terms of the degree of abstraction.

Further down the chart, the concept *health* is found. This is defined as a complete state of wellbeing, yet despite being universal for all cultures, each one has a distinct form of expression in which healthcare is manifest in different ways and according to specific sets of beliefs. Regarding *person*, this aspect is represented on the second tier and is considered a communitarian and social being whose healthcare needs are expressed according to their understanding of self and culture.

Lastly, the concept *nursing* appears on level 3, making up part of the Care System, as well on level 4 in terms of the nursing decisions that must be made in order to reorientate FGM from a harmful cultural form of women's healthcare towards a form which is coherent with the dignity and rights of women and young girls.

Conclusions and practical implications

Defining the approach to and prevention of FGM from the stance of Transcultural Nursing takes on meaning from the moment in which this practice is considered a form of centralized cultural care and contextualized within an androcentric framework which alters and relativizes the significance of "care".

Adapting the Rising Sun Model as a theoretical basis for a nursing assessment of justifications for the practice, along with the recommendations for action it proposes, can provide Nursing professionals with a framework to design dynamic care plans and creative interventions focussed on preventing possible cases of detected risks and tackling the consequences of the practice in confirmed cases of FGM.

Thus one might observe how, via the reconstruction and adaptation of the Rising Sun Model according to the interpretation of FGM as a form of cultural care, such traditional forms of care might be managed via nursing interventions which minimize or

even prevent the physical, social and psychological damage resultant from such a practice.

Of the interventions proposed, the following are highlighted: research into the socio-cultural justifications of FGM and systematic processes for its prevention; raising awareness in healthcare professionals and the general public via inhibiting factors; and the demythologization of justifications based on false pretences.

As such, the Nursing Discipline, as part of Primary Healthcare Systems, represents a fundamental cornerstone as an active participant in the process of social change and the abolition of this destructive practice, by establishing a balance between respect for cultural differences and consideration of the human rights of women and girls who are directly affected by FGM.

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Figure 1. Adaptation of the Rising Sun Model

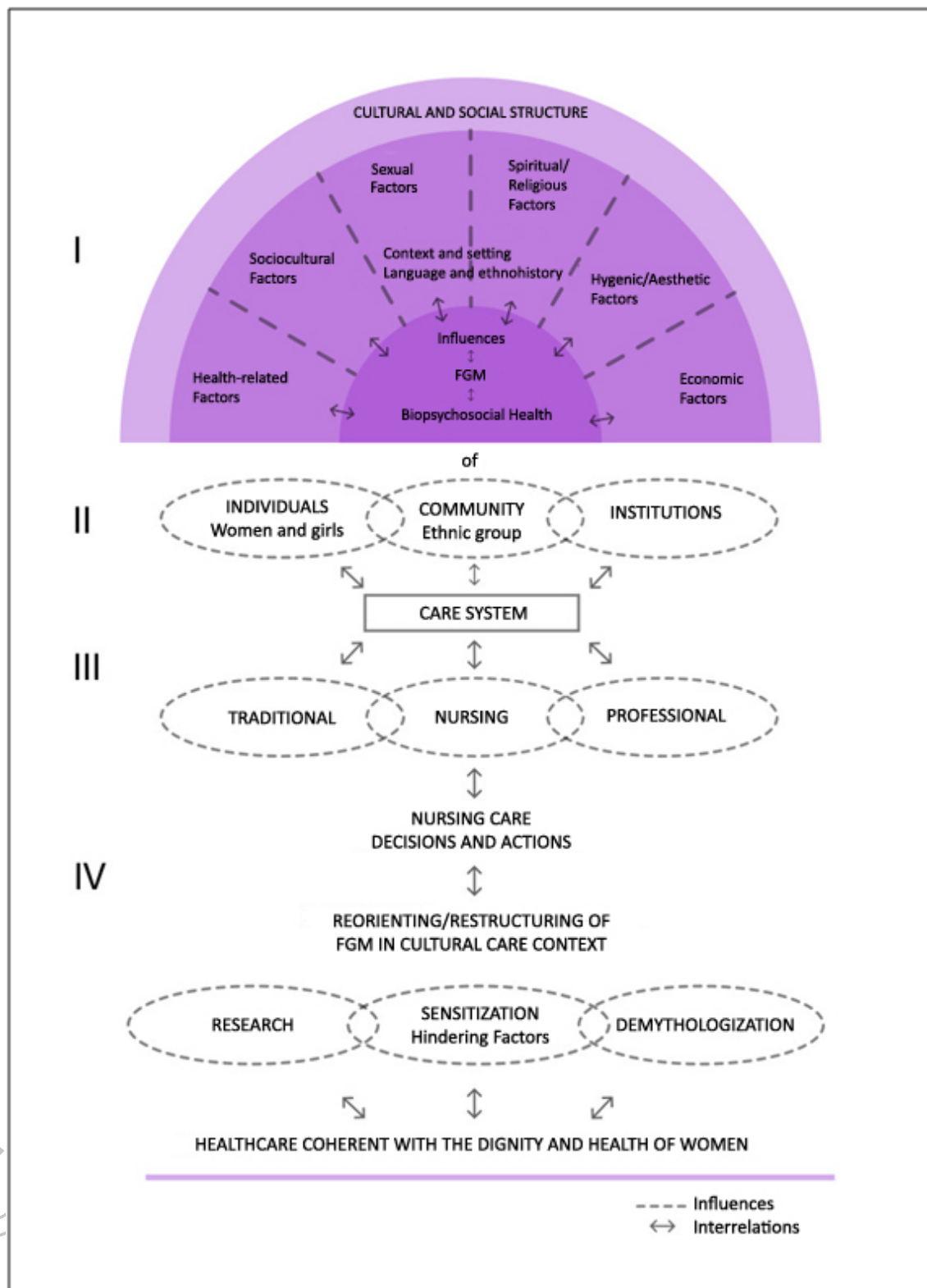


Table 1. Arguments supporting FGM as a form of cultural care

Arguments	
Negative consequences for the health of men and women	<p>In certain cultures the clitoris is considered a dirty and unhygienic part of the female body (Nawal, 2008). In this sense, the belief exists in which women who have not had their genitals mutilated may suffer negative consequences in terms of health, not only the health of the women themselves but that of their husbands and offspring (Jiménez-Ruiz, 2015).</p> <p>For some ethnic groups, engaging in sexual relations with a woman who has not been cut could result in death, since direct contact between the penis and the clitoris can produce death in men (Sequi et al, 2013).</p>
The clitoris grows	If the clitoris is not cut, it may grow in such a way as to obstruct the entrance to the vagina, thus making penetration impossible (Muñoz, 2004; Pastor, 2014).
Facilitates birthing	It is also relatively common to find cultures which hold that FGM facilitates childbirth, since it is believed that contact between the clitoris and the newborn child can cause the death of the latter (Amnesty International, 1998).
Favours women's fertility	Likewise, beliefs exist in which this practice improves fertility in women (UNAF, 2013), although the truth is that ablation has been associated with primary infertility and a range of difficulties prior to, during and subsequent to giving birth (WHO, 2006, Berg et al, 2013).
FGM as a protective measure	In some parts of Egypt, there is the belief that FGM is a protective measure against drug use in women (Castañeda, 2003). One may also find references to the preventative role of FGM against the transmission of HIV/AIDS (Sequi, Touray, & Zuleyka, 2013).

Table 2. Activities for reorienting Female Genital Mutilation

Activities	
Research into	<p>Justifications used to maintain FGM on an individual and community level</p> <p>Consequences of FGM on the health of men and women</p> <p>Systematizing effective preventative action</p>
Sensitization: hindering factors	<p><i>Negative Consequences for Women:</i> description of the health problems derived from ablation for women and girls.</p> <p><i>Negative Consequences for Men:</i> description of the health problems derived from ablation for men.</p> <p><i>Criminal Legislation for FGM in each country.</i></p>
Palliative and rehabilitative care	<p>Healthcare aimed at minimizing the impact of FGM on the health of women and girls in a holistic, integrated sense.</p> <p><i>Reconstruction of the clitoris and vagina</i> as a surgical alternative for relieving part of the complications in sexual and reproductive health.</p>
Demythologization	Comparison of the justifications for FGM based on beliefs whose foundations are dubitable and for which arguments to the contrary exist.