



7th International Conference on Intercultural Education “Education, Health and ICT for a Transcultural World”, EDUHEM 2016, 15-17 June 2016, Almeria, Spain

Eradicating Female Genital Mutilation; a viable reality. Raising awareness in the men involved

Ismael Jiménez Ruiz^{a*}, Pilar Almansa Martínez^b & Laura Gombau Giménez^b

^aDepartment of Nursing, University of Alicante, Spain

^bDepartment of Nursing, University of Murcia, Spain

Abstract

Female Genital Mutilation (FGM) is considered by a number of International Organizations as an affront on human rights and an act of violence against women and young girls. Furthermore, being the result of an intense discrimination between genders, it hierarchizes and perpetuates inequality and denies women the right to physical and psychosexual integrity. Aims. To endeavour towards the eradication of FGM via the testimony of men from countries where this practice is performed. Methodology. A qualitative methodology with an ethnonursing focus was utilized via semi-structured individual and group interviews in 25 men having some form of involvement with FGM. Results. Declarations have been identified in these interviews which display a continuous, albeit gradual rise in the awareness of the male population regarding the problems inherent in this practice and the sexist connotations harboured therein. These manifestations provide evidence of the advances supposedly achieved by anti-FGM policies, although it is noteworthy that legislative persecution alone may cause the practice to become a hidden, clandestine event, as well as provoking a defensive reaction in those in favour of this tradition, such as having the procedure performed at ever younger ages. Conclusions. The performing of FGM at increasingly younger ages belies the socio-cultural precepts used to justify its existence. This fact, together with the aforementioned process of concealment, suggests the beginning of the end of FGM.

© 2017 The Authors. Published by Elsevier Ltd. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

Peer-review under responsibility of the organizing committee of EDUHEM 2016.

Keywords: Female Circumcision, qualitative research, transcultural nursing, men

* Corresponding author. *E-mail address:* ijimenez@ua.es

1. Introduction

Female Genital Mutilation is part of an extensive group of harmful customs for women's health based on the social construct of women as objects to be subjected to androcentric cultural imperatives and standards. FGM is defined by WHO (2014) as "all procedures involving partial or total removal of the external female genital organs or other injury to the female genital organs for cultural, religious or any other non-medical reason".

The importance of challenging such cultural practices resides mainly in the consequences they have on women's and young girls' health as well as their geographical spread. According to data from UNICEF (2016) this custom affects some 200 million women and girls worldwide and is performed mostly in the sub-Saharan region of Africa and some areas of the Middle East, Indonesia, India and certain ethnic groups from South America (Kaplan, 2011). Nonetheless, cases have also been detected in western countries as a result of migration.

It is noteworthy that such consequences make this practice a veritable affront on the biopsychosocial health and integrity of women and young girls, with possible physical, obstetric, psychological, sexual and social harm in both the short and long term (Jiménez-Ruiz, 2015).

According to data from UNICEF (2013), over recent decades the number of women and young girls who have suffered FGM has decreased considerably, yet there is still much to be done. Thus the need to explore the perspective of those who have been directly involved in some way with this tradition and their stance on its eradication.

2. Aims

To approach the eradication of FGM via the testimony of men from countries where this practice is performed.

3. Method

The present study is based on a qualitative methodology, with an ethnomethodological focus. This approach, in addition to being pertinent in as much as documenting knowledge and opinions regarding values and beliefs which might interfere with cultural care and the state of health of those performing cultural care, is the fundamental basis underlying ethnonursing as established by Madeleine Leininger.

3.1. Study population

A total of 25 men originally from Mali, Senegal, Chad, Djibouti, Niger, Ghana and Morocco and who fulfilled the inclusion criteria (Table 1) participated in the study. Among these were participants in favour and others against FGM (Table 2). The definitive sample group was reached via triple purposive sampling.

Table 1. Inclusion Criteria

Data Gathering Techniques	Inclusion Criteria
Informal Conversations	No inclusion criteria.
1 st Semi-Structured Individual Interviews	Male gender. Living in Spain. Originally from countries where FGM is performed. Having lived at least until 18 years of age in their country of origin.* Having personally been in contact with women who had undergone FGM. Comprehending the Spanish language, or in the presence of a translator during the interview.
2 nd Semi-Structured Individual Interviews	Male gender. Living outside Spain. Originally from countries where FGM is performed.

	Having lived at least until 18 years of age in their country of origin.*
	Having personally been in contact with women who had undergone FGM.
Group Interviews	Comprehending the Spanish or French language, or in the presence of a translator during the interview. Male gender. Living in Spain. Originally from African countries with a Muslim majority. Having lived at least until 18 years of age in their country of origin.* Familiar with FGM. Comprehending the Spanish language, or in the presence of a translator during the interview.

*This inclusion criterion was included as participants must have had sufficient exposure in order to divulge relevant knowledge of the issue.

Table 2. Participant Profiles

Code	Country of Origin	Age	Stance on FGM
IMGF.1	Senegal	47	Against
IMGF. 2	Mali	34	In favour
PMGF.1	Mali	25	In favour
PMGF.2	Mali	42	In favour
PMGF.3	Mali	35	In favour
PMGF.4	Senegal	43	Against
PMGF.5	Senegal	41	In favour
PMGF.6	Senegal	20	In favour
PMGF.7	Senegal	29	In favour
PMGF.8	Senegal	51	Against
PMGF.9	Chad	24	Against
PMGF.10	Djibouti	21	In favour
PMGF.11	Djibouti	30	In favour
PMGF.12	Djibouti	22	In favour
PMGF.13	Djibouti	21	Against
PMGF.14	Chad	27	In favour
GMGF.1	Morocco	34	Against
GMGF.2	Morocco	49	Against
GMGF.3	Morocco	45	Against
GMGF.4	Mali	53	In favour
GMGF.5	Niger	33	Against
GMGF.6	Ghana	38	In favour
GMGF.7	Morocco	41	Against
GMGF.8	Senegal	48	Against
GMGF.9	Ghana	38	Against

The sample make-up is a result of the structural composition of the three theoretical sampling methods: the first of which involved 10 semi-structured individual interviews in subjects originally from countries where this practice is still common place and who currently reside in the region of Murcia (Spain). The second round was performed in the

eastern region of Morocco, with a total of 6 semi-structured interviews carried out on scholarship students from Chad and Djibouti. The remaining 9 participants were interviewed in 3 groups, facilitated by the NGO “Murcia Acoge”.

The incorporation of Moroccan subjects took place solely in the group interviews with the aim of exploring possible variation in reasoning within the Islamic religion in regard to this practice.

3.2. Instruments utilized

The instruments utilized in order to meet the objectives were as follows: documentary analysis, informal conversations, semi-structured interviews and semi-structured group interviews. Regarding the interviews and their characteristics, Table 3 provides a detailed description.

The interviews were recorded in audio format, transcribed and analyzed both on paper and via the Atlas Ti7 software.

Table 3. Interview characteristics

	Semi-Structured Individual	Semi-Structured Individual	Semi-Structured Group
Date	October & November 2013	November 2013	October & November 2014
Interviewer	Main Author	Author of Study	Main Author
Language	Spanish & French	French	Spanish & French
Translator	Yes	No	Yes
Facilitator	Yes	No	Yes
Average Duration	42.8 minutes	35 minutes	58 minutes
Place	Murcia (Spain)	Morocco	Murcia (Spain)
Space	Participant’s Home	Participant’s Home	Participant’s Home

3.3. Data analysis

The data analysis began with the definition and preliminary codification of the data via the creation of an initial list of codes as an orientational guide. Using this method, a number of categories were determined with their respective definitions and descriptive codes based on which the preliminary analysis was performed. Thus, during the process of hierarchization and analysis, the codes were augmented, reduced and some omitted, until reaching the definitive version as observed in the results. At the same time, a constructive-inductive focus was incorporated the aim of which is to allow theory and concepts to be modulated and reconstructed while the collection, handling and analysis of data is performed. This allowed the loss of information to be kept to a minimum and to potentiate the comparative analysis and systematic exploration of the data, via interpretation; in order to provide meaning to the relationships established for each new code, to draft theoretical patterns and reveal an alternative and more complete vision.

3.4. Ethical considerations

At all times, the anonymity of participants was maintained and pertinent ethical considerations were applied. The information was provided in both a verbal and written format, via an initial conversation and the subsequent handing over of a “Study Presentation Letter”. Consent was requested in order to record interviews in audio format. Likewise, participants were informed of their right to abandon the interview at any time without prejudice to their person and of the complete confidentiality of the data obtained during the interview.

Subsequently, two copies of the “Statement of Informed Consent” were procured: one for the participant, with the purpose of providing a reference to the written document, and the other copy for the interviewer. During the transcription of the interviews, IMGF codes were used to designate key informants, PMGF codes were used for referencing those participating in individual interviews and GMGF codes for those participating in group interviews.

This research project was approved by the Research Ethics Committee from the University of Murcia.

3.5. Quality criteria

With the aim of conferring scientific and methodological rigour to the research, a multiple triangulation was applied: a) data triangulation, via the cross referencing of data from two sources; b) interview triangulation, making use of a second interviewer in order to perform semi-structured interviews, as well as involving impartial observers during group dynamics; c) methodological triangulation, by combining different types of data collection as described in the previous section; and d) providing participants with copies for the corroboration of results. All of which was set up during the design stage of the research project.

4. Results

Stemming from the interviews held in the present study, the positive implications of the continuous, albeit gradual, rise in the awareness of the male population regarding the problems inherent in this practice and the sexist connotations harboured therein are worthy of emphasis. The reflections underlying these arguments are the result of acquired egalitarian values in those persons who are critical of FGM.

“[...] the younger ones are beginning to think of it just as I, because a lot of people I’ve spoken with about this issue, when you offer up examples, they always say it’s true, and they see the reality [...]” IMG.F.1

“For some time now it is being done less and less. Occasionally there is one out of many who wants to and has it done” PGMGF.9

“[...] but here we are, just about getting rid of it” PMGF.4

“I think sooner or later this will come to an end, Africa has practices that are changing because there is awareness that it has to change” PMGF.8

Thus it can be appreciated how the road to eradication leads to the comprehension of this practice as a problematic gender issue, which denigrates women and subjects their freedom to the desire of men, the very men who are beginning not only to ignore the taboo surrounding FGM but to criticize it.

“This is no good, it has to end, they must put an end to it and let women be free, may each do as they please because putting a stop to it is nothing, the people are opening their eyes, opening their ears, it is disappearing from the schools and the churches, I think that before the end of next year, this will be no longer” PMGF.4

“Women are not for men to harm. Ablation has been a catastrophe for me” PMGF.8

On occasion the sphere of sexuality is touched on, although references to the need to eradicate FGM in order to achieve sexual equality between men and women are scarce.

“I don’t want it, it is no good because the woman will have no feeling when making love.” PMGF.8 “I don’t want to be with a woman who doesn’t feel me” GMGF.9

Likewise, it can be seen how the sociocultural transformation regarding FGM is endorsed by local government action, to a greater or lesser extent, and encouraged and supported by international pro-human rights organizations.

“Africa itself is putting an end to this, because the government and everyone, the women have got together and everyone has spoken to put an end to this stupidity. I have heard that, some women die and others when they are in pain they cannot look after the children” PMGF.4

Nonetheless, a solely legislative method of persecution could propitiate the concealment of this tradition “underground”, as well as creating a defensive reaction in those persons in favour of FGM (Table 4). As such, the overriding tendency in recent years is to hasten the performing of clitoral ablation, bringing the target age forward to increasingly younger age groups, which are easier to convince, thus avoiding any possible resistance from teenagers who may have become aware of the consequences.

Table 4. Concealment and hastening of FGM

Problem	Verbatim
---------	----------

Concealment of FGM	<i>“Now it is done in hiding because there are not many left like before” PGMGF.8</i> <i>“The government has banned it but people continue practicing it, the government does not know what you do in your own house, and because everyone is happy about it, nobody says anything to the government” PMGF11</i>
Hastening of FGM	<i>“Historically it was done at fourteen or fifteen years of age, but now because people are starting to say no [...] they take your little girl at the age of four or so” IMG.F.1</i>

This recent inclination towards performing FGM at younger ages serves as evidence of significant changes in the underlying meaning of this tradition; it implies the loss of its original significance as a rite of passage for initiation into adulthood and the undermining of the very reason behind its existence.

“but not any longer, it is now done at five years of age, so ... what does that mean? It no longer has any meaning, it no longer demarcates childhood from adulthood” IMG.F.1

Thus it is that FGM transitions, within the mental framework that supports this tradition, from a form of cultural care, necessary in order to take up one’s place within the community, into a form of sexual domination and violence against women, devoid of the values which sustained its existence.

“thus I have said I am not the only person who has said no to this abuse, I consider it an abuse of women” IMG.F.1

“It is for dominating women, it is a foolish thing” IMG.F.1

“My theory is that it is for controlling women, they end up like that and that’s it, they no longer have any feeling and that way they won’t look for other men if theirs is not around” GMGF.8

5. Discussion

The increased visibility of the cruel consequences of this practice as a result of international and local programs for the prevention and eradication of FGM, the implementation of legislation and worldwide advances in communication technology, all favour the gradual yet progressive abandonment of this tradition. Thus it is perceived by its most severe critics, as ratified in the report by UNICEF from 2013 in which encouraging data reveals how the majority of men and women believe this practice should disappear. This report shows how opinions in favour of its eradication vary greatly from country to country as well as according to the age of the participants surveyed, wherein the younger constituency are more inclined to see an end to this practice. Furthermore, throughout the report, such opinions regarding FGM are reflected in the downward tendency in the incidence of new cases in more than half of the 29 countries where it is commonly performed, although there are clear variations in this according to each country (UNICEF, 2013).

The sociocultural connotations surrounding FGM generate intense controversy with regard to applying multinational legislation to penalize this tradition. In this case, cultural universalism would indicate a moral or ethical assessment of an absolutist nature, criminalizing a supposed “traditional act of caring”. Furthermore, on delving deeper into the practice and the belief systems surrounding FGM and on becoming aware of the consequences for women’s health stemming from this practice, as well as of the inequitable androcentric systems which perpetuate FGM, it transcends that unifying the diverse criteria into one unique reality could lead to the erroneous step of generalizing such a heterogeneous practice. Nonetheless, it would also be unfortunate to fall victim to strict cultural relativisms which dissociate cultural freedom from gender equality and the right to life, since to allow a sexist act of segregation such as FGM to occur, under the banner of cultural freedom, is to take a dangerous step towards the devaluation of the freedom, dignity and fundamental rights of women and young girls around the world.

Thus it is that participants against FGM in the present study are in favour of establishing laws which penalize actions of this nature. Likewise authors such as Berg & Underland (2013) point out that such legislation could act as a deterrent, as well as providing a useful tool in support of the decision not to mutilate, especially in cases where the population is sensitized and concerned about possible reprisals by the community. Nonetheless, as stated by Leye et al (2007) and based on the experience of the interviewees, legislation as a dissuasive measure unto itself would be incomplete and requires further preventative methods against FGM in order to protect the increasingly younger girls in communities where it is still performed. In this sense, although those men against this practice defend the idea of

legislation against FGM, they would prefer less culturally aggressive measures be taken which might be farther reaching than legislative ones. The latter sentiment is echoed in the bibliography consulted, in which authors such as Nawal (2008) or Pastor (2014) reach the conclusion that developing legal measures would be ineffective in reducing the prevalence of FGM and highlight the need to create effective intervention programs on a local, national and international scale, based on imparting knowledge on human rights and clarifying the complications inherent in FGM.

Further authors such as Berggren et al (2006) and Gele et al (2012), assert that the social setting, culture and legislation existent in countries hosting migrant populations, act as agents for change in the attitude of men and women with regard to FGM.

Finally, an additional tendency stemming from the interviews presented which points towards the beginning of the end of FGM, is the patent undermining of the arguments used to justify its existence (Jiménez, 2015). Until recently, FGM had been performed at between four and eight years of age and was normally associated with initiation ceremonies (Amnistía Internacional, 1998), yet currently this practice is being performed at increasingly younger ages in order to procure its concealment from the authorities and minimize resistance from underage minors. Statements along these lines can be found by authors such as Bénédicte (2007) or UNICEF (2013). This process is a clear example of the loss of cultural significance and sense of belonging within the pro-FGM sphere.

6. Conclusions

The gradual increase in access to means of global telecommunication, the range of local and international programs aimed at preventing FGM, as well as the establishment of legislation against this customary practice will favour its eradication.

Within the process of its eradication, a number of positive indicators exist which might demonstrate the beginning of the end of FGM:

- Men's acceptance of FGM as a gender issue
- The performing of FGM at ever younger ages belies the socio-cultural precepts used to justify its existence.
- The increasingly clandestine nature of FGM could stem from a growing disapproval of this practice on behalf of society as well as increased penalization.

The aforementioned indicators must be thoroughly explored in order to create coordinated strategies between governments, public services and the civilian population towards the eradication of FGM.

References

- Amnistía Internacional. (1998). *La mutilación genital femenina y los derechos humanos. Infibulación, excisión y otras prácticas cruentas de iniciación*. Londres: EDAI.
- Bénédicte, L. (2007). *La ablación genital femenina: una práctica inaceptable desde la perspectiva de los derechos humanos. Balance de la situación y recomendaciones para su erradicación*. Madrid: Instituto de Derechos Humanos "Bartolomé de Las Casas". Universidad Carlos III de Madrid.
- Berg, R., & Underland, V. (2013). The Obstetric Consequences of Female Genital Mutilation/Cutting: A Systematic Review and Meta-Analysis. *Obstetrics and Gynecology International*, 1-15.
- Berggren, V., Bergstrom, S., & S. & Edberg, A. (2006). Being different and vulnerable: experiences of immigrant African women who have been circumcised and sought maternity care in Sweden. *Journal of Transcultural*, 17(1), 50-57.
- Gele, A., Johansen, E., & Sundby, J. (2012). West: attitudes toward the practice among Somali immigrants in Oslo. *BMC Public Health*, 12(1), 697. Obtenido de <http://www.biomedcentral.com/1471-2458/12/697>
- Jiménez Ruiz, I. (2015). *Enfermería y Cultural: las fronteras del androcentrismo en la Ablación/Mutilación Genital Femenina (Tesis Doctoral)*. Murcia: Universidad de Murcia. Obtenido de <http://www.tdx.cat/bitstream/handle/10803/300746/TIJR.pdf?sequence=1>
- Kaplan, A., Hechavarría, S., Martín, M., & Bonhiure, I. (2011). Health consequences of female genital mutilation/cutting in the Gambia, evidence into action. *Reproductive Health*, 8(26), 1-6.
- Leye, E., Deblonde, J., García-Añón, J., Johnsdotter, S., Kwateng-Kluyitse, A., Weil-Curiel, L., & Temmerman, M. (2007). An analysis of the implementation of laws with regard to female genital mutilation in Europe. *Crime, Law and Social Change*, 47(1), 1-31. Obtenido de <http://link.springer.com/article/10.1007/s10611-007-9055-7>
- Nawal, M. (2008). Female Genital Cutting: A Persisting Practice. *Reviews in Obstetrics and Gynecology*, 1(3), 135-139.
- Pastor, M. (2014). *La voz de las mujeres sometidas a mutilación genital femenina : saberes para la disciplina enfermera. Tesis Doctoral*. Obtenido de TDR. Tesis Doctorales en Red: <http://www.tdx.cat/handle/10803/284894>

- UNAF. (2013). *Guía para Profesionales. La MGF en España. Prevención e Intervención*. Madrid: Unión Nacional de Asociaciones Familiares. Obtenido de UNAF- Unión Nacional de Asociaciones Familiares: <http://unaf.org/wp-content/uploads/2014/02/Guia-MGF.pdf>
- UNICEF. (de 2013). *Female Genital Mutilation/Cutting: A statistical overview and exploration of the dynamics of change*. Obtenido de United Nations Children's Fund : http://www.unicef.org/media/files/FGCM_Lo_res.pdf
- UNICEF. (2016). *UNICEF's data work on FGM/C*. [Enlinea]. http://www.unicef.org/media/files/FGMC_2016_brochure_final_UNICEF_SPREAD.pdf
- WHO (2014). *Female Genital Mutilation. Fact sheet N°241*. Available from: <http://www.who.int/mediacentre/factsheets/fs241/en/>