



## Beyond Borders



# Nursing Care of Women Who Have Undergone Genital Cutting

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Female genital cutting (FGC), also called female circumcision or female genital mutilation, is a practice that affects millions of women but is poorly understood by many health care providers. FGC is defined as the procedures that intentionally alter or cause injury to the female genital organs for nonmedical reasons and includes partial or total removal of

female genital organs (World Health Organization, 2014). There are four major types of FGC (see Box 1).

### Background Information

These procedures, which have no medical value, are most often carried out sometime between birth and puberty, and occasionally on adult women (WHO, 2014). Women from Africa and

**Abstract** Female genital cutting (FGC), commonly called female genital mutilation, affects millions of women but is poorly understood by many health care providers. FGC procedures intentionally alter the female genital organs for non-medical reasons and include partial or total removal of female genital organs. These procedures, which have no medical value, are usually done between birth and puberty. Health consequences vary in severity but can be devastating. Women who have experienced FGC may be reluctant to seek health care or to disclose their condition to providers. Suggestions for culturally competent care of women who have experienced FGC are outlined, focusing on understanding the cultural beliefs and values of women who have undergone these procedures and providing informed and sensitive care. DOI: 10.1111/1751-486X.12237

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Box 1.

### Types of Female Genital Cutting

<b>Excision</b>	Type I	Excision of the prepuce with a partial or total removal of the clitoris. May include excision of the labia majora.
<b>Clitoridectomy</b>	Type II	Partial or total removal of the clitoris and total or partial removal of the labia minora.
<b>Infibulation</b>	Type III	Narrowing of the vaginal opening through the creation of a covering seal. The seal is formed by cutting and repositioning the labia minora and/or labia majora, with or without removal of the clitoris.
<b>Other</b>	Type IV	All other harmful procedures to the female genitalia for nonmedical purposes can include cauterization of the tissue, introduction of corrosive substances to cause narrowing or tightening, pricking, piercing, incising, or scraping.

Sources: Balogun (2013), Braddy (2007), Campbell (2004), Harris (2013).

the Middle East are most likely to have undergone these procedures, but women with permanently altered genitals are likely to be seen in any country. The causes for genital cutting vary but usually include a mix of cultural, religious and social factors with a theme of cleanliness, promoting modesty and premarital virginity (Balogun, 2013; El Sharwarby, 2008; World Health Organization, 2014).

#### Culturally appropriate care is a mandatory thread woven throughout nursing curricula and practice

An article in *Newsweek* (Westcott, 2015) recently reported that there are currently 513,000 women and girls with altered genitals from FGC. This estimate is supported by a recent report by the Population Reference Bureau (Mather & Feldman-Jacobs, 2015). Given the current rise in immigration to the United States from African-born people, this number is likely to rise. It remains unclear how many women and girls are hospitalized or seek health care as a direct result of FGC. However, as these women and girls approach childbearing age, they are likely to require intervention to reverse procedures.

These procedures are often performed by traditional practitioners with little or no medical training, though as many as 18 percent are

performed by health care providers (World Health Organization, 2014). When performed by a traditional practitioner, instruments such as razor blades or glass may be used, with or without anesthesia (El Sharwarby, 2008). Women and girls residing in the United States are often sent back to their home country to undergo FGC—a practice known as “vacation cutting” (Westcott, 2015). Whether performed by traditional practitioners or health care practitioners, these procedures are associated with significant medical risks. Potential short- and long-term consequences are described in Box 2.

The vast majority of articles about FGC focus on stopping these practices. Most use negative terms such as mutilating or mutilation to describe the procedures, as does the World Health Organization. An estimated 125 million women have undergone these procedures (World Health Organization, 2014), often as children. As adolescents and adults, these women require medical care from health care professionals who can provide safe and culturally sensitive care.

#### Health Care Interventions

Health care interventions for women and girls who have undergone FGC are most likely to include deinfibulation, episiotomy, removal of cysts, treatment of infections and counseling. During antenatal care, health care providers can try to dissuade women and their partners from

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