

Female genital mutilation



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Module 2 - Case Cultural Beliefs and Practice Female genital mutilation, also known as female genital cutting, is a deeply rooted cultural practice in more than 28 African countries, parts of the Middle East, and pockets of Asia.

Annually, an estimated 2 million girls come of age in such areas. Support for the practice in communities is broad-based. Mothers, mothers-in-law, fathers, and religious and community leaders defend the practice on the basis of a girl's future role as wife and mother. (WHO 2005)

The arguments against this practice run at various levels. From a biological perspective it is known that female genital mutilation/cutting does irreparable harm. It can result in death through severe bleeding leading to haemorrhage shock, neurogenic shock as a result of pain and trauma and/or severe and overwhelming infection and septicaemia. It is routinely traumatic. Other harmful effects include: Failure to heal; abscess formation; cysts; excessive growth of scar tissue; urinary tract infection; scar neuroma; painful sexual intercourse; increased susceptibility to HIV/AIDS, hepatitis and other blood-borne diseases; reproductive tract infection; pelvic inflammatory diseases; infertility; painful menstruation; chronic urinary tract obstruction/ bladder stones; urinary incontinence; obstructed labour and increased risk of bleeding and infection during childbirth. (Harrison 2001) Female genital mutilation/cutting is a fundamental violation of the rights of children and women as outlined in numerous international conventions, including the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination Against Women. (WHO 2005)

The cultures favouring it have their arguments supporting this barbaric practice:

psychosexual: to attenuate sexual desire in the female, maintain chastity

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and

virginity before marriage and fidelity during marriage, and increase male sexual

pleasure;

sociological: for identification with the cultural heritage, initiation of girls into

womanhood, social integration and maintenance of social cohesion;

hygiene and aesthetic: among some societies, the external female genitalia are

considered unclean and unsightly, and so are removed to promote hygiene and

provide aesthetic appeal;

religious: female genital mutilation/cutting is practised in a number of communities, under the mistaken belief that it is demanded by certain religions;

other: to enhance fertility and promote child survival.

As a health professional who is culturally sensitive I would advise her to stick to her decision without fail. But she should make sure that she tries her level best to explain the medical complications of this procedure to her family members to the best of her ability rather just snubbing them by labelling them ignorant. Even though it may not completely pacify the family members who are too entrenched in their preconceived notions, but it will definitely make things easier for her by lessening the hostility she has to face. Also she would do well to inform them about the wide consensus on this issue at the international level. I would like to give the patient a lot of emotional support during this time of crisis as she fights for her true

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convictions in the best interest of her daughter. As a last resort, if it comes to that stage, I would advise her to seek government help in case the conditions become very hard for her threatening her and her daughter's freedom.

Reference:

Harrison. 16th edition principles of internal medicine. Oxford university press, 2001

World Health Organization. Fact sheet no. 241. <http://www.who.int/mediacentre/factsheets/fs241/en/>. (accessed July 21, 2005)