



ENFERMERÍA Y PERSPECTIVA DE GÉNERO

Approximation to the Ablation/Female Genital Mutilation (A/FGM) from the Transcultural Nursing. A bibliographical revision.

Aproximación a la Ablación/Mutilación Genital Femenina (A/MGF) desde la Enfermería Transcultural. Una revisión bibliográfica.

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Palabras clave: ablación/mutilación genital femenina; ablación, circuncisión femenina; enfermería transcultural.

ABSTRACT

Objective: Analysing the argumentations in favour to the Female Genital Mutilation (FGM) with the intention to know and understand the complex and subjective reality of this practice.

Material and method: bibliographical search and revision on the net in order to accessing Web directories of organizations and the main health sciences data bases.

Results: The analysis of the biography contributes with a big quantity of information regarding the supportiveness of this practice and the complications derived from it, clarifying the complex situations involved in its perpetuation.

Conclusions: The FGM is understood as a cultural care of women determined by socio-cultural, hygienic- aesthetic, religious- spiritual and sexual factors among others related with health. In this way, a wide range of secondary complications to FGM have been described.

RESUMEN

Objetivo: Analizar las argumentaciones favorables a la Ablación/Mutilación Genital Femenina (A/MGF) con el fin de conocer y comprender la realidad compleja y subjetiva de la A/MGF.

Material y método: Búsqueda y revisión bibliográfica en la red para acceder a directorios Web de organizaciones, y en las principales bases de datos de ciencias de la salud.

Resultados: El análisis de la bibliografía aporta una gran cantidad de información acerca de la fundamentación de la práctica y de las complicaciones que derivan de la misma, esclareciendo por tanto las complejas situaciones que se dan a la hora de perpetuarla.

Conclusiones: La A/MGF es entendida como un cuidado cultural de las mujeres determinado por factores socio-culturales, higiénico-estéticos, religioso-espirituales, sexuales y otros factores relacionados con la salud. Asimismo, se ha descrito una amplia gama de complicaciones secundarias a la A/MGF.

INTRODUCTION

The ablation /Female Genital Mutilation (A/FGM), is defined by the World Health Organization (WHO)⁽¹⁾ as all those proceedings which consist of the partial or total extirpation of the external female genitals, and also other injuries of the female genital organs, for no medical reasons.

This practice is the most spread and used within the group of harmful traditional customs, since estimates based on recent prevalent data nowadays, show that 91, 5 million of girls and women above 9 years old in Africa live under the consequences of the A/FGM. Moreover, it is estimated that 3 million of girls in Africa run the risk of undergoing female genital mutilation yearly⁽²⁾.

Today, the geographical context in which this practice is normally carried out spans about 28 countries from the sub-Saharan Africa, and it is also common in some countries from the Middle East such as Egypt, Yemen or the Arab Emirates⁽³⁾. Likewise, recent documents support the hypothesis on the A/FGM as usual practice in the north-west of South Africa⁽⁴⁾.

In the same way, it is necessary to highlight that as a consequence of the migratory movements, this has also started to affect to the rest of the countries that receive people from these areas, like the case of Spain⁽⁵⁾. This fact has provoked, in some social and professional sectors, the necessity of learning to deal with these problems from a point of view based on the protection of the dignity and the Human Rights.

As a result, the importance of studying this topic in depth lies mainly in the fact that it is a practice which attempts on the girls' and women's psychosocial integrity, being able to produce serious physic, obstetric and psycho-social complications. Furthermore, it supposes a violation to the dignity and the women's and girls' Human Rights, as far as it transgresses their right to life, freedom and their own security, helping in this way to the preservation of domain-submission relationships among men and women who live in the patriarchal societies.

We also understand that tackling the prevention of the A/FGM from the health public services, in general, and from Nursery in particular, supposes an important and difficult challenge, due to the so deeply-rooted cultural connotations in the countries where it is carried out and to the lack of answers on the half of the biomedical paradigm

concerning certain necessities and dares which are already proposed by the established multicultural and globalized population.

In the same vein, we believe that the Madeleine Leininger's culture care of Diversity and Universality Theory, is the most appropriate nursery theory for conceptualizing this bibliographical review, since the cross-cultural competence of the health professionals is what is going to determine the capacity of managing care in the field of the A/FGM prevention, as only these cross-cultural cares will guarantee the beating of the limitation which supposes an ethnocentric view of the world and, as a result, of the nursery interventions.

So, the main goal followed in the present literature review related to the A/FGM is to analyse the reasoning behind the A/FGM by means of the Cross-cultural Nursery in order to know and to understand the complex and subjective reality of the ablation/female genital mutilation.

MATERIAL AND METHOD

A bibliographical review was carried out, between November 2011 and February 2012, in order to give a general overview of the variables which were analysed later. Through search and bibliographical review, a wide contextualization was extended. From that contextualization, complex human situations which come from the cultural convergence between the occidental point of view referring to the world and the one belonging to the countries where A/FGM is practiced were studied.

At the beginning of the bibliographical research, a slight review on web search engines such as Google and Academic Google was conducted. By means of them, different documents of great importance for this study which existed in the different web directories such as International Amnesty (IA), Inter-African Committee, Inter-disciplinary Group for the Prevention and the study of Harmful Traditional Practices (IGP/HTP), United Nations (UN), United Nations High Commissioner for Refugees (UNHCR), World Health Organization (WHO), United Nations International Children's Emergency Fund (UNICEF), Immigrant Women and Medical Care, Women's Islamic Initiative in Spirituality and Equality (WISE), Cross-disciplinary Group of Studies about Migration, Cross-culture and citizenship and Family Associations Union were accessed. Subsequently, a deeper search on the data base was developed: CINAHL, Cochrane, Library Plus, CUIDEN; DOAJ; MEDLINE; SciELO and web of Knowledge. The search on data base has been carried out in two big groups, with different results. The first group belongs to the contextualization of the A/FGM in the applied theory. With the second group, it has been intended to study in depth the different characteristics of the practice and to check the existence and severity of the primary sources related to the reasoning and consequences of the A/FGM.

The sources in English which were used for the search were a mixture of the following: Madeleine Leininger, Cross-cultural Nursery, Etnonursery, female genital mutilation, female circumcision, ablation, clitoridectomy, split, infibulation and Nursing.

RESULTS

The data taken out the review were grouped into two main categories with their respective subgroups.

1. Traditional generic care system and cultural dimensions of the A/FGM.

The A/FGM, as a traditional generic care system, is understood as beliefs ruled by dynamic models of cross-related structural factors of the community, such as religious values, socio-cultural, sexual, hygienic-aesthetic or health.

When contextualizing this practice, it is necessary to have a great deal of care over not to commit either ethnocentrism, or the most radical cultural relativism. In spite of the fact that the western understanding of what it is well or bad done comes into force only in our socio-cultural context, it is also true that the matter of the A/FGM can't be ignored because it crashes against the women development and it is based and consolidated on reinforced values from an androcentric and unequal society.

1.1 Socio-cultural factors:

In some communities, the A/FGM is realized as part of a starting ritual with strong symbolic connotations for the community. This step into the first stage of the adulthood is not only made in women, but it is also made in men. In Mandingo language (mainly spoken in Gambia and wild spread in Guinea Bissau, Mali (bambara), Sierra Leone (mandé) and in the South of Senegal the process of male initiation is called *kaseo* and the female *ñyaka*, in both cases the meaning is the same and they represent three phases: separation, marginalization and aggregation as stated by Adriana Kaplan and María Bedoya ⁽¹¹⁾.

Kaplan and Bedoya ⁽¹¹⁾ describe the initial ritual phases in the following way:

“During the first phase, called separation, the children are moved away from the community and they are circumcised. After that, a breaking-off with the infant stage is produced. This breaking-off with the before stage is marked by the cut of the foreskin or the split of the clitoris, blood and pain.

The second phase, called marginalization, has a very variable time length, as it depends mainly on the time that the cicatrisation of the wound takes.

The period of time that the circumcision treatment takes varies between two and three weeks. The cicatrisation of the wound produced in women depends on the type of operation which is done, varying from two weeks in a clitoridectomy to eight weeks in infibulation cases. This phase is the most critical because the sharp complications of the operation can appear. Moreover, it is a period in which boys and girls are separated from the community and it is full of taboos, rules, prescriptions and special prohibitions which will go shaping the identity signs of the new member of the community. A sequence of indelible marks is created as a consequence of the “cut” and a sequence of difficult changeable behaviours related to the ethnic and genre identity.

During the third phase, the one called aggregation; there is a party in which the new members, with their new roles and their new social category are presented. After that, they are socially recognized by their community. Women start to belong to the female world and men to the male one.”

It is also true that the societies which realize these types of acts are strongly patriarchal, and the access of women to the security or the lands depends only on

getting married to a man. The ablation, as a result, is the determinant factor to create the women's virtue. This woman will be respectable and eligible for the marriage if she is circumcised and, in contrast, she won't be respectable if she isn't. In this sense, a non-circumcised woman is condemned to exclusion and humiliation, what provokes that mothers go on this practice in order to make easier their daughter's lives. The A/FGM, in these societies, becomes an inherent fact in the women's belonging to the community and a social creation factor instead of a sexual and health sacrifice.

1.2 Aesthetic-hygienic factors:

Another reason given by those who defend this practice is the hygienic one. In countries such as Egypt, Mali or Sudan, women who keep their genitals are dirty women and they can't handle either water or meal because of that ⁽¹¹⁾.

"It is said that it is not possible to eat food or drink water which had been manipulated by a *solima* (a non-circumcised woman), because through its impure state, she exerts a pollutant action over what she touches". So, both men and women are not considered clean until the foreskin and clitoris ablation has been produced, respectively. As a result, some ethnic groups refer to A/FGM as a term with purification connotations, *tahara* in Egypt or *tahur* in Sudan, with a meaning of cleaning, as *sili-ji* among the bambaras from Mali.

Concerning the aesthetic reasons, there is a perception in some communities about the ugliness and size of the female genitals. Other cultures believe that female genitals can become big enough and being unpleasant because they are hanging between their legs.

1.3 Spiritual-religious factors:

Although there is not any direct relationship between the A/FGM and the majority religions, there is a certain belief in some communities about the necessary condition of the A/FGM practice for women to be pure. In the most industrialized countries, it is believed that this practice is intimately related to Islam, although it is true that some cases in Muslim, Christian, Jewish, Orthodox and Animist populations have been also described.

The practice, takes its roots in the pre-Islamism and it is not very common in the majority of Muslim countries, like the case of Saudi Arabia, where the Islam was born and where A/FGM is unknown. In spite of the fact that no mention about this practice appears in the Coran, the arguments that claim to this practice an Islamism base are supported in several *hadices* (Mahoma's sayings), in which the A/FGM is mentioned, but whose authenticity cannot be checked. One of the most popular is:

"Do not cut too much, because it is better for the woman and more desirable for the husband" ⁽¹²⁾

In any case, although these *hadices* were valid, they refer to the lowest type of A/FGM and it is only a suggestion but never any obligation (unlike masculine circumcision which has a perceptive character for Muslim and Jewish males ⁽⁷⁾). It is worth mentioning that among the different legal schools there is not any agreement about the fulfilment of this practice.

For example, for *malikî* school (in Magreb), the *jîtan* is a compulsory practice for men whereas the *jifâD* is advisable (*mukarimma*) for women. Others, such as the *shâfî* school which rules nowadays in Bahrein, Eastern Africa and Egypt, say that it is compulsory (*gâdjib* ⁽¹³⁾).

Although today is still related the A/FGM with religious reasons, it is true that the discourses which guide this reasoning are losing more and more force. For instance, the First Islam Conference for the Infancy in Rabat (Morocco), celebrated in 2005 from which the Rabat Declaration emerged, in which the female genital mutilation and other harmful practices for girls were condemned for being opposite to the Islamism ⁽¹⁴⁾.

1.4 Sexual factors:

The sexuality control in women is one of the main causes for the A/FGM reasoning. As stated by Anika Rahman ⁽¹⁵⁾, the sexuality is built by society in different ways in different communities. In this way, we can find that in the majority of communities where this practice is carried out, it is believed that it reduces the sexual appetite in women and that it guarantees to keep their virginity or purity and the loyalty towards their husbands. In Egypt, Sudan or Somalia, the family honour depends on the virginity of the girls ⁽¹⁵⁾, and that is why the A/FGM is done, in order to “protect them” from possible pre-marriage relations that can dishonour both the girls and the family.

In other contexts, such as Kenya, Mali and Uganda, where the polygamy is made and the purity is not the greatest concern, the A/FGM is carried out in order to reduce the sexual demands from women to their husbands and to control the sexual appetite of them to promote the virginity and marital fidelity ⁽¹⁵⁾. In this context, it is followed an interest which is strongly influenced by men for the preservation of polygamy towards an irrational fear of the women sexual voracity. At last, it is worth mentioning that there is a belief related to types II and III of A/FGM which consists in the positive contribution of this practice to the marriage health because it is thought that the narrower introit, the higher pleasure to men during the sexual act ⁽⁷⁾.

1.5 Factors related to health, A/FGM as a cultural care.

In some cultures, a belief about the negative consequences for health that the suppression of the A/FGM can provoke exists, for women who suffer this practice and for their husbands and their descents, as it is shown in the following cases. In some ethnic groups, having sexual relationships with a woman who has not been subjected to A/FGM can be mortal, because the contact of the penis with the clitoris can trigger the death of the man ⁽¹⁶⁾.

Also, it is relatively frequent to find cultures in which it is stated that the A/FGM makes easier the birth, because the contact of the clitoris with the new-born can provoke his/her death as well ⁽¹⁶⁾.

Equally, some beliefs related to the promotion of fertility from this practice also exist, although as it is going to be demonstrated, none of these considerations that relate the practice of the A/FGM with the promotion of the health have any sense from the scientific point of view.

1. Negative consequences for the women's health

The A/FGM normally implies some reproductive, physical, psychological, and social health loss for women. The associated complications to the A/ FGM, can be classified in:

- 2.1. Physical
- 2.2. Obstetric-gynaecologic
- 2.3. Psycho-social
- 2.4 Sexual

2.1 Physical

The term physical complications will be used to point to those complications associated to pure organ problems associated to the A/FGM, except for the ones which belong to the obstetric-gynaecologic category. Within the physical conditions long term and short term consequences will be differentiated as proposed by Adriana Kaplan in 2011 ⁽¹⁷⁾.

2.1.1. Short-term consequences: They will be mentioned when they appear from the moment when the cut is done to the following ten hours. It can be found:

- **Haemorrhage:** It is one of the most common short-term consequences. It consists of the excessive bleeding of the perianal area as a consequence of the cut. The perianal area is a vascularized area and as a result, the cut can provoke a lot of blood very quickly because of the arterial (clitoris artery) and venous section, or after the coagulum detachment ^{(3) (17) (18)}.

- **Sharp anaemia post-haemorrhage:** It is a syndrome characterised by the decrease of the haematocrit level below the normal parameters as a consequence of the loss of blood resulting of the A/FGM ⁽¹⁸⁾.

-**Shock:** There are many shocks related to the A/FGM, among them it can be found the following: the hypovolemic haemorrhagic, because of the profuse bleeding produced by the cut; distributive septic, provoked by the massive loss of liquid caused by the action of powerful endotoxins; and neurogenic by the sharp pain provoked by the incision in the genital area ⁽¹⁸⁾.

-**Intense pain:** The huge amount of nerve endings that exist in the genital area and the low use, even none, of anaesthetic measures, makes that the cut can provoke a strong pain in the area which will decrease during the recovery period. As we can read in the previous section, the pain can become so important that it can lead to a neurogenic shock ^{(3) (17) (18)}.

- **Infection ⁽¹⁸⁾:** The pathogen microorganism invasions derived from the A/FGM are determined by the precarious conditions of asepsis used in this type of operation. So we can find from a simple local infection to a septicaemia which can cause the woman's death. According to a study made by Adriana Kaplan in 2011 ⁽¹⁷⁾, from the immediate complications associated to the three types of A/FGM studied, the infection is the most common together with the haemorrhage and the anaemia. The potential complications associated to the infection provoked by the A/FGM are: tetanus, blood transmission diseases HIV/AIDS and hepatitis B and C, as a consequence of the

utilization of the same material without having been sterilized for different operations in different girls or women. Also, other diseases such as cystitis or urethral mucus infection, vulvovaginitis and septicaemia are related to it.

- **Peripheral living tissues injuries:** It is a consequence of the fastening difficulties in girls/women due to the intense pain, linked to the ability and skilfully of the responsible for cutting can provoke injuries in the urethra, vagina, perineum and/or anus ^{(14) (18)}.

- **Urinary retention:** It can appear as a consequence of the intense pain which is produced with the micturition or derivative from a secondary inflammation of an injury in the urethral conduct ⁽¹⁸⁾.

- **Death:** It can happen as a consequence of a complication associated to other problems related to the A/FGM.

2.1.2 Long-term consequences: We consider as long-term consequences those which appear in a longer period of time than ten hours after the surgery ⁽¹⁴⁾. In some cases, the medium and long-term are consequences of previous complications which have not been cured or which have been cured in an inadequate way. The most characteristic are:

- **Severe anaemia:** The haemorrhage produced by the A/FGM linked to hereditary anaemia situations and malnutrition can provoke severe anaemia ⁽¹⁷⁾.

- **Unusual cicatrisation** ^{(17) (18)}:

Fibrosis: Pathological formation of the fibrous tissue in the genitals, due to an unusual cicatrisation or to a limited cicatrisation in the cut area.

Keloids: Skin injuries formed by exaggerated growths of the cicatrised tissues in the place of a cutaneous injury

Synechia: Adherence and unusual fusion which can be partial or total, of the labia majora or labia minora.

Living tissues rotation: Due to a loss of tissue because of an unusual cicatrisation and to a retraction of the skin in this area.

Increase of vulnerability towards sexual transmitted diseases (DTS): The anti-hygienic conditions under this practice is done; the utilization of any cut-sharp object, without changing the instruments from one girl to another; and the increase in the possibility of generating injuries because of the friction during the penetration, are some of the factors that generate a raise of the vulnerability towards the DTS.

- **Recurrent urinary tract infections (UTI):** The anatomic changes that the A/FGM provoke in the vagina and in the urinary conducts can produce problems in micturition, like difficulty in the emptying of the bladder due to the stenosis and/or painful micturition, which will favour the proliferation of microorganisms and as a consequence recurrent urinary tract infections ⁽¹⁹⁾.

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- **Vesicovaginal and rectovaginal fistulas:** In “cut” women this problem normally happens as a consequence of an infection that evolves into an abscess and

progressively into a fistula. They can also be produced for a traumatic event during the intervention.

- **Secondary dysmenorrhoea:** Menstrual disorder characterized by severe menstrual pains associated to any complication of the A/FGM

All the previous complications which have been already mentioned are common in the three main types of A/FGM, clitoridectomy, split and infibulation. The infibulation, as it's the bloodiest modality of A/FGM, will also have some added complications, as a result of the mechanic obstruction created by the scar that covers the urethra and the vagina ⁽¹⁴⁾, some of them are:

- **Serious dysmenorrhea:** A cause of the cramping of the menstrual flow due to the tight exit which results after the infibulation.
- **Introito-vaginal and vagina stenosis:** As a consequence of the vulgar adherences.
- **Hematocolpos and hematometra:** If the vagina is too narrow after the operation in a virgin woman, it can create an accumulation of menstrual blood in the vagina and in the uterine cavity.
- **Chronic pelvic infections**
- **Difficulties trying to urinate:** Because of the vaginal stenosis created by the intervention, which can provoke a stagnation after the scar and it can create little stones and sebaceous cysts in the vagina.

1.2 Obstetric-gynaecological:

In 2006, the WHO ⁽²⁰⁾ carried out a wide prospective study about a total of 23,393 women, from six African countries (Burkina Faso, Ghana, Nigeria, Senegal, Sudan and Kenya) that had suffered some of the types of A/FGM. This study pointed to corroborate the existence of a higher frequency of complications during the pregnancy, the birth and the puerperium in women who have suffered this practice in contrast to those who haven't. It is also highlighted in the study that the complications mainly happen in women who have been practiced scission (type II) and infibulation (type III). In the study the following obstetric-gynaecological complications were emphasized:

- A higher necessity of realizing a caesarean during the birth and a higher index of post-birth haemorrhage.
- A higher probability of staying at the hospital a longer period of time than those women who have not suffered the A/FGM.
- The number of episiotomies increases. The episiotomy is a lateral or medium surgical incision of the perineum, which is done before the expulsion of the foetus' head, trying to facilitate the exit and avoiding tears in the perianal area.
- It increases the maternal mortality rate.
- The number of new-borns who need resuscitation after the birth is significantly higher when the mother has suffered A/FGM

- The perinatal mortality is higher in sons and daughters whose mothers have suffered A/FGM of II and III type; being able to attribute the 22% of the perinatal deaths of these new-borns to women with A/FGM.

Other obstetric-gynaecological complications associated to the A/FGM and studied in the consulted bibliography are the following:

- **A major risk of infections during the pregnancy:** the pregnancy provokes some physiological changes in women. Two of them are the increase of vascularization of the vaginal area and the relaxation of the plain muscles of the perineum, and added to the fact that in infibulated women the aperture of the urinary channel is constantly wet; it entails an increase of the risk of infection ⁽²¹⁾.
- **Problems during the birth specially in women with A/FGM type II and III:**

The cicatrice tissue derived from the operation over the perineum of these women generates a lower elasticity of the zone, which makes the realization of a complete vaginal exam to check the progress of the work in the birth more difficult ⁽²¹⁾. For infibulated women, giving birth is practically impossible because the scar which covers the vaginal introit makes the foetus exit impossible. The situation is more complex because the generated pressure over the birth channel by the foetus can move on perianal tears and severe haemorrhages which require surgery ⁽²¹⁾.

Moreover, the work during the birth normally takes longer ⁽²²⁾ in infibulated women, which promotes the appearance of obstetric fistulas as a consequence of the pressure of the foetus head over the vaginal wall and over the adjacent organs. For this reason, the so called “*des-infibulation*” is normally done to these women. It consists of the opening of the stitched area to enable the birth. Once women give birth, the so called “*re-infibulation*” is done again. This process entails all the risks of an initial infibulation, which have been already described, and a higher number of risks in the future. The “*des-infibulation*” and the “*re-infibulation*” are normally repeated after each birth, causing continuous openings and narrowings in the genital area. This is translated into the formation of a strong scar tissue which entails an increase of complications in later births.

- **Foetal complications:** The obstruction, as a consequence of the characteristics of the vaginal region of infibulated women, and the work during the long births can provoke to the new-born asphyxia, with its posterior repercussions such as cerebral pain or death to the new-born ⁽³⁾.
- **Primary infertility:** The results of a study done by Almoth et al. in 2005 ⁽²³⁾ indicate a positive association between the anatomic extension of the FGM and the primary infertility. The pain in the genital tissue provoked by the cut, with its intrinsic microbial contamination, creates a risk of genital infections. Furthermore, in pre-pubertal girls, a full protection environment against infections does not exist because the level of oestrogens is low, the epithelium of the vagina is thin and there exist a lack of vaginal acidity. So, in the absence of this protection environment, the infection can arise until the uterus and the fallopian tubes with the consequent risk of producing primary infertility. Also, the alteration of the normal anatomy of the girls’ vulva can suffer structural and physiological changes, which can also have negative effects over the reproduction.

2.3 Psycho-social:

Knowing scientifically the psychological effects derived from the A/FGM involves a higher difficulty than the physics ⁽⁶⁾. For that reason, in order to explore the mentioned effects, we must feed on the personal experiences of the affected women who dare to share their personal experiences of what they have suffered. So, in spite of the fact that there is a lack of scientific proofs, the personal stories of women who have been practiced A/FGM show anxiety feelings, horror, humiliation and betrayal, which probably will have negative long-term consequences ⁽⁶⁾. It is also worth mentioning that experts agree with the fact that the realization of this practice linked to all these feelings, shape a personality in these women that is defined as “quiet” and “docile”, which is translated as a submissive behaviour and obedient considered as a positive aspect of the women in the majority of the societies where this practice is reinforced, as it makes to these women more receptive to the marriage because of their submission to the man.

The feelings which have been described can be denied or mitigated because the A/FGM is something very common in their origin countries and positive characteristics such as pride, beauty, cleanliness and fidelity to their husbands or respect for their tradition ⁽²⁴⁾ are attributed to it. In some ethnic groups this practice is associated to festivities, presents and special attention on the half of the community, what generates a membership feeling and the acceptance in their society, and those women who have not been operated can suffer from psychological problems which derive from the social rejection and the internal conflicts about their identity and loyalty towards their culture and family.

On the other side, the young or adult women who have undergone the A/FGM and who have emigrated to Western countries can experiment with a series of psychological problems related to the differences between the culture of the origin country and the culture of the host country, realizing that the A/FGM is not a universal tradition, and that it is even seen as something very negative in other cultures. This can entail serious internal identity and loyalty conflicts towards their own culture, experimenting humiliation, confusion, helplessness, family betrayal and shame feelings ⁽²⁴⁾. Shame is another fact that can provoke traumas in girls or women who have suffered this practice and live in an environment where they are both penalized and unacceptable from a moral point of view. This shame can promote social exclusion and self-esteem problems.

Likewise, we can find allusions, in the consulted bibliography, about the appearance of terror at night and psychosomatic illnesses which generally provoke depression, tachycardia, palpitation, pain or tightness, muscular pain, vomits and diarrhoea, etc. ⁽²⁵⁾. It can also appear the so called syndrome of “genitally focused anxiety-depression”, characterized by a constant concern of girls and women who have suffered the A/FGM about the state of their genitals and are terrified of becoming infertile ⁽²⁵⁾.

At last, we have to mention that a study by Behrendt and Moritz in 2005 ⁽²⁶⁾, show the existence of a significantly higher prevalence of a post-traumatic stress disorder (30,4%) and other psychiatric syndromes (47,9%) in those women who suffered the A/FGM in contrast to those women who didn't.

1.3 About sexuality

The effects about sexuality associated to this type of practices begin to be conceived when the operation is carried out, although the respective complications to this section normally become evident when women start their sexual life, which usually match up with their wedding night. During the first sexual relation, the lack of an appropriate sexual education and, in the case of split and infibulation, the stenosis of the vaginal introit produced by the presence of fibrous tissue and without elasticity as a consequence of the cicatrization process, can make the sexual act a very difficult, traumatic and painful moment. Therefore, the first sexual act can only take place after the gradual and painful dilation of the small opening which remains after the practice, being necessary in some cases the realization of a previous cut or des-infibulation ⁽⁶⁾.

The pain during the sexual act or dyspareunia, it is not only present during the first sexual relation but it is also possible that it remains in the following penetrations due to the little flexibility of the cicatrized tissue or to secondary recurrent vaginal infections. This pain can provoke certain sexual phobia and excitement disorders. Another complication that we can find in women who have suffered the A/FGM is vaginismus, as a consequence of the dyspareunia, and the frigidity associated to slight pains produced by a urinary conduct or vagina infection to the mentioned practice, or to psychological conflicts related to the sexual phobias which cause painful penetrations. The sexual pleasure of these women can remain intact, although in a huge number of cases it can be decreased or abolished. The extirpation of erogenous zones of great importance in the female sexuality, such as the clitoris or the genial labia, the cicatrized tissue resulting and the phobias associated to the pain, are some of the factors that can affect to the excitement and pleasure capacity during the sexual act in these women. Some anorgasmia situations (impossibility of feeling pleasure) can also happen ⁽¹⁷⁾.

CONCLUSIONS

- The A/FGM is part of a traditional generic health system of the communities where it is carried out, as it is understood as a cultural care of women determined by socio-cultural, hygienic-aesthetic, religious-spiritual and sexual and other related to the health factors.
- The consequences in women which come from this practice and described by the bibliography, cover a wide range of complications from physics to psycho-social, obstetric and sexual. Attempting in this way against the psycho-social integrity of girls or women who experiment this practice.

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