



Abstract and/or Background

3 million females between the ages of infancy and 15 years old are at risk for medically unnecessary female genital alteration (MUFGA). These procedures are practiced in several countries throughout the Middle East and Africa and are becoming more prevalent in immigrant communities such as the United States. Females that undergo this procedure are susceptible to long-term and short term physiological and psychological consequences, contributing to an estimated 1.4 billion USD spent annually in global health costs for MUFGA related issues. However, health care workers (HCW) lack knowledge regarding this public health issue.

Introduction and/or Research Question

In 1997, the WHO, the United Nations Children's Fund, and the United Nations Population Fund, entered into a joint agreement to prevent what they termed as female genital mutilation (FGM) to improve the health of girls and women across the globe (WHO, 1997). The statement specified that the practice of FGM violates the protected, universal rights of the female child and discriminates against women, causing physiological or psychological acute and long-term complications. The WHO identified 4 types of FGM based on increasing degree of invasiveness and danger to the client. Type 1 and Type 2 are commonly performed as elective enhancement surgeries. Based on the recommendations of the WHO, international organizations and governments have condemned the practice of MUFGA and called for universal criminality of those associated with the procedure.

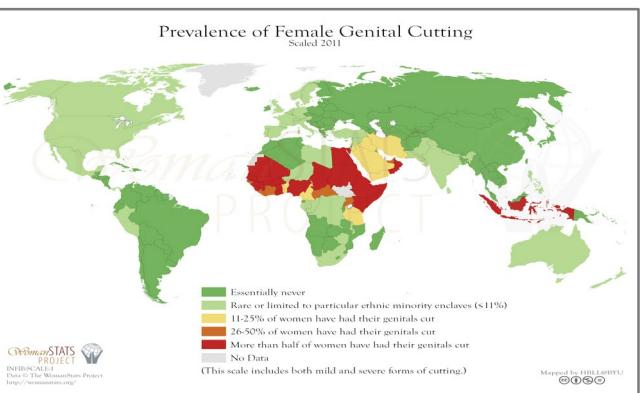
This research attempts to explore the world health issues, cultural aspects, and the role of health care workers (HCWs) when caring for females affected by MUFGA.

Methods

- Systematically review of the literature using the Preferred Reporting Items for Systematic Reviews and Meta-Analysis (PRISMA)
- Databases included Cumulative Index of Nursing Allied Health Literature (CINAHL), Education Database (ProQuest), Google Scholar, and the Liberty University Library electronic database.
- Keywords and subject terms used: “female mutilation”, “female cutting”, “cultural”, “tradition” and “complications”.



A MUFGA procedure often contributes to an established, cultural obligation that spans many generations. Many times, the traditional aspects are justified by cultural practices, fear of being ostracized, hygienic reasons, religion, and sexual control (Shell-Duncan et al., 2018).



Types of MUGFA		
TYPE 1*	Partial or total removal of the prepuce, or clitoral hood, with or without a clitorectomy	Physiological long-term effects rare
TYPE 2*	Partial or total removal of the clitoral glans and the labia minora and possibly partial removal of the labia majora	Physical change but little effect on satisfaction and reproduction
TYPE 3	Type I, Type II and the suturing the edges of the vulva. (AKA infibulation or pharaonic)	Severe long-term complications: i.e. urogynecological, obstetrical
TYPE 4	Pricking, piercing, incision and cauterization, or pulling and stretching of the labia or clitoris	Physical change but little effect on satisfaction and reproduction
<small>* Common cosmetic surgery procedure</small>		

Results and/or Conclusion

- Short and long-term consequences include hemorrhage, infection, prolonged labor, and sexual dysfunction. Some women are more likely to experience anxiety, low self-esteem, and depression (Buggio et al., 2019).
- Posttraumatic stress disorder, resulting in flashbacks to the event, was 30% more prevalent in this population (Buggio et al., 2019).
- People continue their cultural traditions, even after migration to other countries, with the intention to control female sexuality, reduce libido, ensure premarital virginity, and prevent infidelity.
- The WHO considers it abuse and a violation of human rights.
- Mandatory reporting policies exist in some countries.
- HCWs lack knowledge or sensitivity to educate others on the dangers of the practice.
- The education of HCWs, family members, and religious leaders is a major first step to eliminate this practice.

Future Work

- Explore the experience of HCWs with women who have experienced MUFGA in high-risk areas in the United States.
- Determine healthcare workers level of knowledge concerning MUFGA.
- Explore the experiences of women who have undergone MUFGA and interactions with HCWs.
- Develop a comprehensive education plan on MUFGA to raise awareness among HCWs and communities.
- Encourage open and Christ-centered discussion about MUFGA that is void of prejudice and judgement.

References and/or Acknowledgments

- Buggio, L., Facchin, F., Chiappa, L., Gussy, B., Massimiliano, B., & Vercellini, P. (2019). Psychosexual consequences of female genital mutilation and the impact of reconstructive surgery: A narrative review. *Health Equity*, 3(1), 36–46. 10.1089/heq.2018.0036
- Shell-Duncan, B., Moreau, A., Wander, K., & Smith, S. (2018). The role of older women in contesting norms associated with female genital mutilation/cutting in Senegambia: A factorial focus group analysis. *PLoS One*, 13(7), e0199217. 10.1371/journal.pone.0199217
- World Health Organization. (2019). Female genital mutilation. from <https://apps.who.int/iris/bitstream/handle/10665/329885/WHO-RHR-19.19-eng.pdf?ua=1>
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