



**Chinonyelum Ani and Farzana Khan**  
Diaconia University of Applied Sciences  
Bachelor's Degree Programme in Social Services  
Bachelor of Social Services  
Thesis, 2024

# **THE EFFECTS OF FEMALE GENITAL MUTILATION ON THE PSYCHOLOGICAL WELL-BEING OF MIGRANT SOMALI WOMEN IN NORDIC COUNTRIES**

**A QUALITATIVE SYSTEMATIC LITERATURE REVIEW**

---

## ABSTRACT

Chinonyelum Ani and Farzana Khan

The Effects of Female Genital Mutilation on the Psychological

Well-being of Migrant Somali Women in Nordic Countries: A Qualitative Systematic Literature Review

53 Pages and 2 attachments

Published September, 2024

Diaconia University of Applied Sciences

Bachelor's Degree Programme in Social Services

Bachelor of Social Services

Female genital mutilation is commonly practised in Somalia despite its negative effects on women, and many of the women who have undergone female genital mutilation in Somalia have migrated to Nordic countries due to the increased inflow of migrants into Europe.

This study aimed to explore the effects of female genital mutilation on the psychological well-being of migrant Somali women in Nordic countries. The purpose was to provide information for policymakers, social workers, and non-governmental organizations for interventions for improving the psychological well-being of migrant Somali women in Nordic countries. A literature search was conducted for relevant publications between September 2002 and July 2023.

Six publications were selected for analysis. A thematic analytical method was used in this study. The four main themes that emerged from the analysis were emotional distress, impacts on self-esteem, impacts on activities of daily living, and severe psychological problems.

This literature review demonstrates that female genital mutilation has negative effects on the psychological well-being of migrant Somali women in Nordic countries. Policymakers, social workers, and non-governmental organizations should be at the forefront of the fight against female genital mutilation. There is a need for Nordic countries to develop the right interventions that will improve the psychological well-being of migrant Somali women who have undergone female genital mutilation. More studies are required to develop research-based interventions that will improve the psychological well-being of migrant Somali women who have undergone female genital mutilation.

**Keywords:** Female Genital Mutilation, Migrant Somali Women, Psychological Effect, Somalia, Nordic Countries

## CONTENTS

1 INTRODUCTION .....	2
2 BACKGROUND AND CONCEPTS OF FEMALE GENITAL MUTILATION.....	3
2.1 Evidence-informed frameworks addressing female genital mutilation .....	7
2.2 Problem Statement .....	9
3 THE PURPOSE AND AIM OF THE THESIS .....	10
4 RESEARCH ENVIRONMENT.....	11
5 RESEARCH IMPLEMENTATION.....	11
5.1 Specific Research Questions.....	12
5.2 Data Collection .....	14
5.2.1 Literature search and data extraction .....	15
5.3 Thematic analysis .....	18
5.4 Ethical Considerations .....	21
6 RESULTS.....	22
6.1 Emotional distress .....	22
6.2 Impacts on self-esteem.....	26
6.3 Impacts on activities of daily living .....	30
6.4 Severe psychological problems .....	31
7 ETHICS AND TRUSTWORTHINESS OF THE STUDY .....	34
8 LIMITATIONS .....	36
9 DISCUSSION.....	38
10 CONCLUSION .....	42
REFERENCES .....	45
APPENDIX 1. Names of publications included in the study .....	54
APPENDIX 2. Analytical themes and supporting quotes.....	55

## 1 INTRODUCTION

Female genital mutilation (FGM) is a harmful practice that has affected millions of women and girls, especially in developing countries where it is common. This practice, which is considered a violent and traumatic act against women and girls, has been difficult to eradicate because it is deeply rooted in cultures and traditions in patriarchal societies where women and girls are disproportionately affected by gender inequality.

Studies have shown that FGM involves the partial or total removal of the external female genital organs for nontherapeutic reasons (Berer, 2010, p. 106); and it is a culturally and traditionally rooted practice, especially in Somalia and in some other developing countries (European Union, 2021; Horowitz & Jackson, 1997, p. 491). A large number of women and girls have been affected by the practice (World Health Organization, 2023). FGM has many health and psychological consequences (Andro et al., 2014; González-Timoneda et al., 2021; Jordal et al., 2019; Knipscheer et al., 2015; Koukkula et al., 2016; Ortensi & Menonna, 2017), and the long-term effects of FGM on reproductive and sexual health are well documented by studies (Berer, 2010, p. 110; European Institute for Gender Equality, 2012; European Union, 2021; United Nations, 2023). With the influx of migrant women into European countries, many Somali women and girls who have been affected by the practice take the burden of the long-term effects of FGM to European countries, including the Nordic countries (Koukkula et al., 2016, pp. 4–6; Powell et al., 2004). These women and girls require assistance through social work interventions.

This study is a qualitative systematic literature review that explores the effects of FGM on the psychological well-being of migrant Somali women in Nordic countries. It went further to describe the women's experiences of FGM and its effects on physical health in connection with the psychological consequences. This study provides vital information about the effect of FGM on the psychological well-being of migrant Somali women in Nordic countries. The information is useful in policymaking for social work interventions for the psychological well-being of

migrant Somali women living in Nordic countries who have undergone FGM. Additionally, this study provides useful information to social workers who play an important role in the promotion of gender equality and the well-being of girls and women, and it increases social workers' understanding of FGM and its psychological impact in connection with the right-based approach (British Association of Social Workers, 2023). Hence, the information that this study provides will be useful for service planning and assistance for women who have undergone FGM, advocacy for policy change regarding social interventions, and the promotion of gender equality and the human rights of girls and women.

## 2 BACKGROUND AND CONCEPTS OF FEMALE GENITAL MUTILATION

Female genital mutilation is an ancient practice deeply rooted in cultural or traditional practices, especially in developing countries, namely, Africa, the Middle East, Southeast Asia, and some parts of South America (European Union, 2021; Horowitz & Jackson, 1997, p. 491). It is a practice that involves the partial or total removal of the external female genital organs for nontherapeutic reasons (Berer, 2010, p. 106). According to the World Health Organization (WHO), over 200 million girls and women have been genitally mutilated, and the age of mutilation is generally between 1 to 15 years (World Health Organization, 2023). Somalia is the country with the highest number of FGM, and according to studies, about 98 percent of women and girls in Somalia have undergone various kinds of FGM (Baillot et al., 2018, p. 2; United Nations, 2008). Though there is no data on the exact number of migrant Somali women and girls who have undergone FGM in Nordic countries, namely, Norway, Sweden, Denmark, Iceland, and Finland; studies show that more than 500,000 women and girls who have been genitally mutilated live in Europe (Koukkula & Klemetti, 2019, pp. 22–24; Ortensi & Menonna, 2017, p. 562).

FGM is an act of discrimination against the female gender and is a total violation of the sexual health rights of women and girls due to the negative health consequences and excruciating pain (Kaplan et al., 2011, p. 1). The negative health consequences of FGM include shock, severe pain, infection, excessive bleeding, difficulty urinating, and other long-term impacts on the sexual and reproductive health of women (Berer, 2010, p. 110; European Institute for Gender Equality, 2012; European Union, 2021; United Nations, 2023). FGM procedure involves the excision, infibulation, and pricking of the private parts of women and girls to different degrees; and the severity of the procedure determines the degree of the negative health consequences, pain, and risks (Kaplan et al., 2011, pp. 1–2). For instance, the WHO classified FGM into the following types:

- Type 1 - partial or complete removal of the clitoral glans or the prepuce or both
- Type 2 - partial or complete removal of the clitoral glans and the labia minora, with or without excision of the labia majora
- Type 3 – narrowing of the vaginal opening, and
- Type 4 – other types of female genital mutilation like incision, pricking, cauterization, and scrapping that are harmful to girls and women (World Health Organization, 2018).

There have been several efforts to end FGM globally because of its health effects on women and girls. The efforts to end FGM are incorporated into sustainable development goal 5 which aims at achieving gender equality and ending all forms of violence against girls and women by 2030 (United Nations, 2015). However, FGM is still being practised in many parts of the world for several reasons (General Assembly, 2007). Reasons for practising FGM include respect for cultural tradition, religious requirements, a rite of passage into adulthood for girls, social convention in society, fertility enhancement, marriageability for women, safeguarding virginity and ensuring faithfulness, cleanliness and beauty, and making girls more feminine (Kaplan et al., 2011, p. 1; World Health Organization, 2018).

Nordic countries are at the forefront of the fight against FGM, and several actions are designed to protect women and girls from any form of violence including FGM

(European Institute for Gender Equality, 2021; Finnish League for Human Rights, 2007; Johnsdotter, 2019; Koukkula & Klemetti, 2019; Ministry of Foreign Affairs, 2003). Under the Finnish Criminal Code, FGM is considered an assault or aggravated assault, and it is a punishable crime (Criminal Code 1889/39, 2022). The Istanbul Convention is a very important foundation for Finland in the fight against gender-based violence and FGM (Finnish Treaty Series 2015/53, 2015). For instance, under Article 38 of the Istanbul Convention, the State can criminalize excising, infibulating, or other forms of mutilation to any part of a woman's genitalia, including inciting, coercing or procuring a girl to undergo FGM. According to the Explanatory Report to the Convention, the mutilation of any part of female genitalia, or the rendering of assistance to the perpetrator is a criminal offence (Finnish Treaty Series 2015/53, 2015).

Finland is committed to several international human rights treaties that promote women's and children's human rights and prevent violence against women. As the number of refugees from countries where FGM is common started to increase in Finland, the need to prevent FGM in the country became an important topic, especially in the 1990s (Finnish Institute for Health and Welfare, 2023). It was in that period that the preparation of guidelines for the health and social welfare sector also began, and professionals were reminded of their duty to notify the appropriate authorities when a girl is at risk of FGM; the action plan went further to provide instructions for preventive counselling at maternity clinics (Koukkula & Klemetti, 2019, pp. 69–71). A brochure and a guide on FGM were published by the Ministry of Social Affairs and Health and the Finnish League for Human Rights respectively to provide information about FGM to social and healthcare professionals who in their work encounter women and girls who have undergone FGM (Finnish League for Human Rights, 2007, pp. 5–47; Klemetti & Raussi-Lehto, 2018, pp. 114–115).

Additionally, several action plans have been developed in Finland following the country's commitment to prevent violence against women. For instance, FGM is referred to in the "Promotion of Sexual and Reproductive Health Action Programme 2007–2011" and the "Action Plan to Reduce Violence Against Women 2010–2015" issued by the Ministry of Social Affairs and Health (European

Institute for Gender Equality, 2013). A specific action plan on FGM, “Finnish Action Plan for the Prevention of Circumcision of Girls and Women 2012–2016”, has been published by the Ministry for Social Affairs and Health in collaboration with the Finnish League for Human Rights and the National Institute for Health and Welfare (European Institute for Gender Equality, 2013). Also, FGM is addressed in the Action Plan for the Prevention of Female Genital Mutilation and the Action Plan on Sexual and Reproductive Health (Klemetti & Raussi-Lehto, 2018, pp. 56, 107; Koukkula & Klemetti, 2019). The Action Plan for the Prevention of FGM was drafted by an inter-administrative expert group consisting of representatives of different ministries, central agencies, and non-governmental organisations (NGOs); and that was followed by a training organized by the National Institute for Health and Welfare (NIHW) for asylum seekers who already received healthcare education, and the creation of a website on FGM for asylum seekers and professionals working with them (Koukkula & Klemetti, 2019). Evaluations of the action plan were done in 2014 and 2016 to see how the different target groups were reached by the project and to know what actions were taken to implement it (Koukkula & Klemetti, 2019, pp. 86–90).

Interestingly, in Sweden, the prohibition of FGM in 1982 made it the first country in the Western world to ban FGM; and performing the procedure in Sweden is an illegal and punishable offence (Johnsdotter, 2019, p. 88). According to the Social Service Act 2001/453, every citizen is expected to report every suspicion of FGM, and the reporting is mandatory for social and healthcare providers and the police (Johnsdotter, 2019, p. 88). Also, the Care of Young Persons Act 1990/52 and the Special Representative of a Child Act 1997/997 make it possible for social authorities to take girls suspected to be at risk of FGM into custody and to perform all necessary health examinations on the girls without the consent of the parents or guardians (Johnsdotter, 2019, pp. 88–89).

Also, the “Norwegian Government’s International Action Plan for Combating Female Genital Mutilation” was launched by the Ministry of Children and Family Affairs in 2000, and it was followed by other measures two years later. The action plan and other measures were meant for the promotion and protection of the

human rights of girls and women who have been subjected to, or who are in danger of being subjected to FGM (Ministry of Foreign Affairs, 2003).

Furthermore, in Denmark, FGM is a punishable offence and various general action plans can be indirectly applied in the fight against FGM in the country. For instance, actions are taken to improve people's knowledge about the risks of FGM, and medical professionals are trained on awareness of FGM and how to identify and help those who have undergone FGM. However, there is a need for specific action plans that will focus on the fight against FGM in Denmark (European Institute for Gender Equality, 2021).

## 2.1 Evidence-informed frameworks addressing female genital mutilation

The conceptual framework for this study is based on the interconnectedness of the rights-based framework, the health-based framework and psychological well-being in relation to FGM. The health-based approach that applies an awareness campaign of the negative health effects of FGM has failed to achieve great success, but instead led to health professionals medicalizing FGM as a pain-free procedure in a sterile environment (Yusuf & Fessha, 2013, p. 362). The rights-based approach, whose foundation is based on women's rights activism, laid a stronger foundation for addressing FGM as a human rights violation; and it incorporates the health-based approach to stress the negative health consequences of FGM (Yusuf & Fessha, 2013, pp. 362–363).

The human rights framework, through the lens of international human rights law, is viewed as consisting of human rights commitments, responsibilities, and principles. Human rights principles are designed to uphold human dignity, whereas FGM is considered discriminatory and an act of violence against the female gender, and a violation of the rights of women and girls as declared in the Universal Declaration of Human Rights (Calma, 2009, pp. 15–16; Williams-Breault, 2018).

The Human Rights Law makes provision for the protection of women and girls from all forms of violations, and makes a special provision, under the Rights of the Child, for special protection for children considering their vulnerability, need for care and support. For instance, the Convention on the Rights of the Child, the Committee on the Rights of the Child, and United Nations Human Rights Treaty Monitoring Bodies have stressed the importance of protecting the girl child from FGM and other traditional/cultural practices that are harmful to the girl child (United Nations, 2008, p. 9). Also, the African Children's Charter is designed to protect women and girls from all physical and psychological harm or violence, including FGM (Yusuf & Fessha, 2013, p. 365). However, in most cases, what is witnessed is a complete violation of the girls' rights by 1) their parents and guardians who decide for them to have FGM, and 2) by social pressure, social expectation, tradition, and culture that make these girls aspire to have FGM and be accepted in their societies (United Nations, 2008, p. 9). The practice impedes the genital area to cause unwarranted severe health and mental consequences for women and girls, and it is a complete violation of women and girls' rights to have the best health standard achievable (Baillot et al., 2018, pp. 1–13; United Nations, 2008, p. 9).

Mental health is a very important factor that plays a major role in the feelings, thinking, and actions of people from childhood to adulthood. According to the 1981 World Health Organization report, mental health is the ability of an individual to interact with the environment and the group in ways that promote subjective well-being, enhance the development and use of relational, affective and cognitive abilities, and the realisation of individual and collective goals as supported by the justice and fundamental equality (World Health Organization, 2000, p. 11). This definition goes beyond the individual and biological factors and takes into consideration other factors such as social context, justice and equality that affect women's mental well-being. There is no mention of gender in the WHO definition of mental health; however, there is a conceptualisation of power as one of the main determinants of women's mental health. Women experience more disadvantages in terms of exposure and susceptibility to risks, hence their mental health is affected by discrimination (World Health Organization, 2000, pp. 11–15).

The basic function of mental health is psychological well-being; and the psychological well-being of a woman consists of pleasure, enjoyment, happiness, fulfilment, and resilience (Tang et al., 2019, pp. 1–3). Psychological well-being is the good emotional health and effective functioning of an individual which cannot be compromised in the presence of painful emotions that are normal in the everyday life of an individual; however, extremely negative feelings, emotions, trauma as well as FGM (which has both physical and psychological consequences) are human rights violations that can affect, not only the physical well-being of women and girls but also their psychological well-being (Huppert, 2009, pp. 137–155; United Nations, 2008, p. 10). Therefore, this study focuses on the psychological well-being of a woman as the core function of her mental health which can be affected by long-term negative feelings, emotions, or trauma and physical consequences from FGM.

## 2.2 Problem Statement

Studies have suggested that many migrant Somali women who live in Nordic countries have undergone FGM. With the increased inflow of migrants into Europe, the number is expected to increase in the future (Koukkula et al., 2016, pp. 4–6; Powell et al., 2004). Studies have documented the immediate and long-term negative health and psychological consequences of FGM on migrant women in European countries, including Nordic countries (Andro et al., 2014; González-Timoneda et al., 2021; Jordal et al., 2019; Knipscheer et al., 2015; Koukkula et al., 2016; Ortensi & Menonna, 2017).

To the best of our knowledge, there is a scarcity of studies that investigate the effects of FGM on the psychological well-being of migrant Somali women in Nordic countries. Therefore, this is the first qualitative study that explores the effects of FGM on the psychological well-being of migrant Somali women in Nordic countries.

### 3 THE PURPOSE AND AIM OF THE THESIS

The aim of this thesis was to explore the effects of FGM on the psychological well-being of migrant Somali women in Nordic countries. This study described FGM from the perspective of migrant Somali women in Nordic countries, and how it affected their psychological well-being.

The purpose of this study was to provide information for policymakers regarding social work interventions for improving the psychological well-being of migrant Somali women living in Nordic countries who have undergone various forms of FGM. Additionally, this study provides useful information to social workers who play an important role in the promotion of gender equality and the well-being of girls and women (British Association of Social Workers, 2023). Furthermore, it increases social workers' understanding of the phenomenon and the psychological and physical consequences of the practice through the lens of rights-based and health-based frameworks. The information in this study is useful for 1) service planning and assistance for migrant women who have gone through FGM, 2) advocacy for policy change regarding social interventions for migrant women who have undergone FGM, and 3) the promotion of gender equality, the human rights of girls and women, and the fight against FGM.

The research questions are necessary for achieving the aims and purpose of any research (Leavy, 2017, pp. 71–72). To achieve the aim and purpose of this study, primary and secondary research questions are necessary.

The primary research question is:

What are the effects of female genital mutilation on the psychological well-being of migrant Somali women in Nordic countries, namely, Norway, Sweden, and Finland?

Studies have shown a linkage between the experiences of physical consequences of FGM and its psychological consequences. For a better understanding of the phenomenon and its impact on psychological well-being, it

is necessary to look into how migrant Somali women experience FGM (Kaplan et al., 2011, pp. 1–2; United Nations, 2008, pp. 9–10). Therefore, the following specific questions are necessary to find answers to the main research question:

- a. What are the general experiences of female genital mutilation among migrant Somali women in Nordic countries?
- b. How do the experiences of female genital mutilation affect the psychological well-being of migrant Somali women in Nordic countries?

#### 4 RESEARCH ENVIRONMENT

This research focused on migrant Somali women who live in Nordic countries. This study was carried out using data from selected publications, and it did not involve any direct contact with the study participants.

No research partner was involved in this research. However, this research will be of great benefit to government institutions and non-governmental organizations that assist women and girls who have undergone FGM. Also, it will be useful for campaigning for social interventions on behalf of women and girls who have undergone FGM and advocating for policy change and the eradication of FGM in Finland, Nordic countries, and Somalia.

#### 5 RESEARCH IMPLEMENTATION

A qualitative research methodology was applied in this study. Qualitative research methodology is suitable for investigating the participants' perceptions or experiences of a new or rare phenomenon (Jamshed, 2014). Qualitative research

involves the application of open-ended perspectives in studying phenomena in our natural environment, and to make sense of the phenomena and interpret them using the different meanings that people have about the phenomena (Swinton & Mowat, 2013, p. 29). Hence, qualitative research recognises that people make sense of their experiences, and people in the same environment can have different perspectives or understandings regarding a phenomenon (Swinton & Mowat, 2013, pp. 29–30; Travers, 2001, pp. 1–5). The constructivism perspective is the basis for the epistemological assumption of qualitative research, and it assumes that there is no one truth and knowledge; truth and knowledge are constructed and co-constructed by individuals and communities respectively in their environment; and reality can be formed through social construction and interpretation which is influenced by factors like interpersonal and social interactions, and cultural and spiritual factors (Swinton & Mowat, 2013, pp. 32–37).

Qualitative method utilises various approaches, and textual analysis can be used to study a phenomenon (Swinton & Mowat, 2013, p. 29; Travers, 2001, p. 5). The approach taken in this study was a systematic literature review that was meant to uncover what it means to have gone through the phenomenon (Seers, 2015, pp. 36–37). The phenomenon in this study was FGM, and the intention of studying this phenomenon was to systematically gather collective perceptions and experiences of migrant Somali women regarding the phenomenon from already published studies (Linnenluecke et al., 2020, pp. 177–178; Saldana, 2011, p. 9).

### 5.1 Specific Research Questions

Well-developed specific research questions must be answered in qualitative systematic review (Butler et al., 2016, p. 242). To answer the first research question, “What are the general experiences of female genital mutilation among Somali women in Nordic countries?”, the following specific research questions are to be answered:

- i. What are the migrant Somali women's experiences of female genital mutilation?
- ii. How do migrant Somali women perceive female genital mutilation?

To get answers to the second research question, "How do the experiences of female genital mutilation affect the psychological well-being of migrant Somali women in Nordic countries?", the following research questions are to be answered:

- i. How do the experiences of undergoing female genital mutilation affect migrant Somali women's happiness?
- ii. How do the experiences of undergoing female genital mutilation affect migrant Somali women's self-acceptance?
- iii. How do the experiences of undergoing female genital mutilation affect migrant Somali women's sexual and reproductive health?
- iv. How do migrant Somali women's experiences of undergoing female genital mutilation affect their psychological well-being in general?

In well-being research, the term happiness is often used as synonymous with life satisfaction or subjective well-being, a composite construct, including the cognitive component of life satisfaction and the affective component of positive emotions which can be severely challenged by previous experiences of pain, abuse, trauma, and discrimination (Fave et al., 2016, p. 2). According to Malvaso & Kang (2022), life satisfaction is the general evaluation of one's subjective feelings about quality of life taking into consideration the person's satisfaction across all life dimensions such as physical, emotional and psychological dimensions (pp. 1–9). Studies have shown that self-acceptance is a subjective recognition of personal abilities and achievements and the unconditional acceptance of personal limitations (Carson & Langer, 2006); however, self-acceptance can be negatively affected by feelings of inferiority and anxiety caused by traumatic life experiences or major life circumstances such as FGM (Jordal et al., 2019, p. 709). Reproductive health incorporates sexual health and they are considered inseparable (Bakht et al., 2023, p. 16). According to Bakht et al. (2023), reproductive health is a very important part of women's health which

relates to the reproductive system whereby women can satisfy their sexual desires, reproduce safely, and freely decide for themselves in matters relating to sexuality and reproduction (pp. 16–17). The research questions regarding the effects of FGM on the psychological well-being of migrant Somali women in Nordic countries were based on Ryff's psychological well-being evaluation that focuses on positive relations with others, self-acceptance, mastery of the environment, autonomy, personal growth, and purpose in life (Abbott et al., 2006, p. 2).

## 5.2 Data Collection

A qualitative systematic literature review requires bringing together various research that has been done on a particular topic or phenomenon and applying a systematic approach to bringing the findings together to provide new answers to research questions (Cooke et al., 2012, p. 1; Seers, 2015, p. 36). This qualitative systematic literature review, just like most qualitative literature reviews, applied a theme-centric approach. A theme-centric approach focuses on relevant publications on the research topic that contribute to the understanding of the phenomenon being studied (Linnenluecke et al., 2020, pp. 177–179).

The inclusion criteria for studies in this systematic literature review were articles that (1) used qualitative or mixed methodology, (2) were published in English, (3) were published in the period between September 2002 and July 2023, (4) focused on the psychological effects of FGM, (5) focused on migrant Somali women in Nordic countries, and (6) focused on migrant Somali women who have undergone FGM (See TABLE 1). Studies published between September 2002 and July 2023 were included in this literature review because they provided the most recent data regarding the phenomenon being studied and fulfilled the inclusion criteria for this literature review (See TABLE 1). Also, an international migrant can be defined as someone who lives in another country different from his or her birth country (United Nations, 2016, p. 4). Therefore, in this study, migrant Somali women are Somali women who have left Somali to live in any of

the Nordic countries (Ministry for Foreign Affairs of Finland, 2023), irrespective of their status of residence.

### 5.2.1 Literature search and data extraction

The hallmark of any systematic literature review is a systematic comprehensive search to discover all publications on the topic for review (Webb & Roe, 2007, p. 141). To identify articles for this study, an extensive systematic search of databases of EBSCOHost, ScienceDirect, FINNA, and Mendeley was performed using a clearly outlined search strategy. An electronic search of the databases presents the easiest means of identifying publications; also, a manual search for publications, making contacts with experts on the review topic, and having a search strategy are useful in a literature review (Webb & Roe, 2007, p. 141). An additional manual search in Diaconia University of Applied Sciences (Diak) library was conducted with the guidance of an experienced librarian in Diak (Butler et al., 2016, pp. 242–246).

The articles were searched in the databases and Diak's library using a combination of terms in connection with the phenomenon being studied. The search terms used were, "female genital mutilation of Somali women in Nordic countries and psychological effects", "female genital mutilation of Somali women in Finland and psychological effects", "female genital mutilation of Somali Women in Norway and psychological effects", "female genital mutilation of Somali women in Sweden and psychological effects", "female genital mutilation of Somali women in Denmark and psychological effects", and "female genital mutilation of Somali women in Iceland and psychological effects". The number of publications that were found in the search databases was 31, and 7 publications were found after conducting a manual in Diak's library.

An initial screening of the abstract was done followed by a full screening of the publications' contents. Finally, 5 publications from the databases were eligible for inclusion in the study, and 1 article from the library was eligible for inclusion in the study (see FIGURE 1). A total of 6 publications fulfilled the eligibility criteria (See

TABLE 1). In qualitative studies, the sample size may not be set before data collection (Busetto et al., 2020, pp. 7–8), and sampling is deliberate and is meant to get various views about the phenomenon being studied as much as possible until no new information that is relevant to the study can be found (Busetto et al., 2020, p. 6).

The two authors, Chinonyelum Ani and Farzana Khan evaluated all publications included in this study. The authors ensured that the data extraction was performed correctly to extract all relevant information from the publications. An evaluation of publications for literature review is necessary to avoid the inclusion of poor publications that will reduce the quality of the study, and the extraction of raw data should be done by at least two reviewers in such a manner that all necessary details that are relevant for the literature review are extracted from the selected publications independently (Webb & Roe, 2007, pp. 142–143).

TABLE 1. Inclusion and exclusion criteria for the literature review articles

Inclusion criteria	Exclusion criteria
<ul style="list-style-type: none"> <li>• Scientific study</li> <li>• Qualitative or mixed method study</li> <li>• Primary or secondary studies</li> <li>• Published from September 2002 – July 2023</li> <li>• Publication in English</li> <li>• The study participants are Somali women</li> <li>• The focus is on female genital mutilation</li> <li>• The participants have undergone female genital mutilation</li> <li>• The study setting is Nordic countries</li> <li>• The study demonstrates informed consent, confidentiality and non-maleficence</li> </ul>	<ul style="list-style-type: none"> <li>• Non-scientific study</li> <li>• Quantitative study</li> <li>• Literature reviews</li> <li>• Published before September 2002</li> <li>• Not published in English</li> <li>• The study participants are not Somali women</li> <li>• The focus is not on female genital mutilation</li> <li>• The participants have not undergone female genital mutilation</li> <li>• The study setting is outside of Nordic countries</li> <li>• The study does not demonstrate informed consent, confidentiality and non-maleficence</li> </ul>

The publications that were included in this study were read severally to get a deep understanding of them (Byrne, 2022, p. 1398). The data that was extracted from the selected publications included the names of the authors, the year of publication, the research aims, the research methodology and the methods, and the results. For any study that contained results of migrant women from other countries, the extraction of results for this literature review focused on migrant women from Somalia.

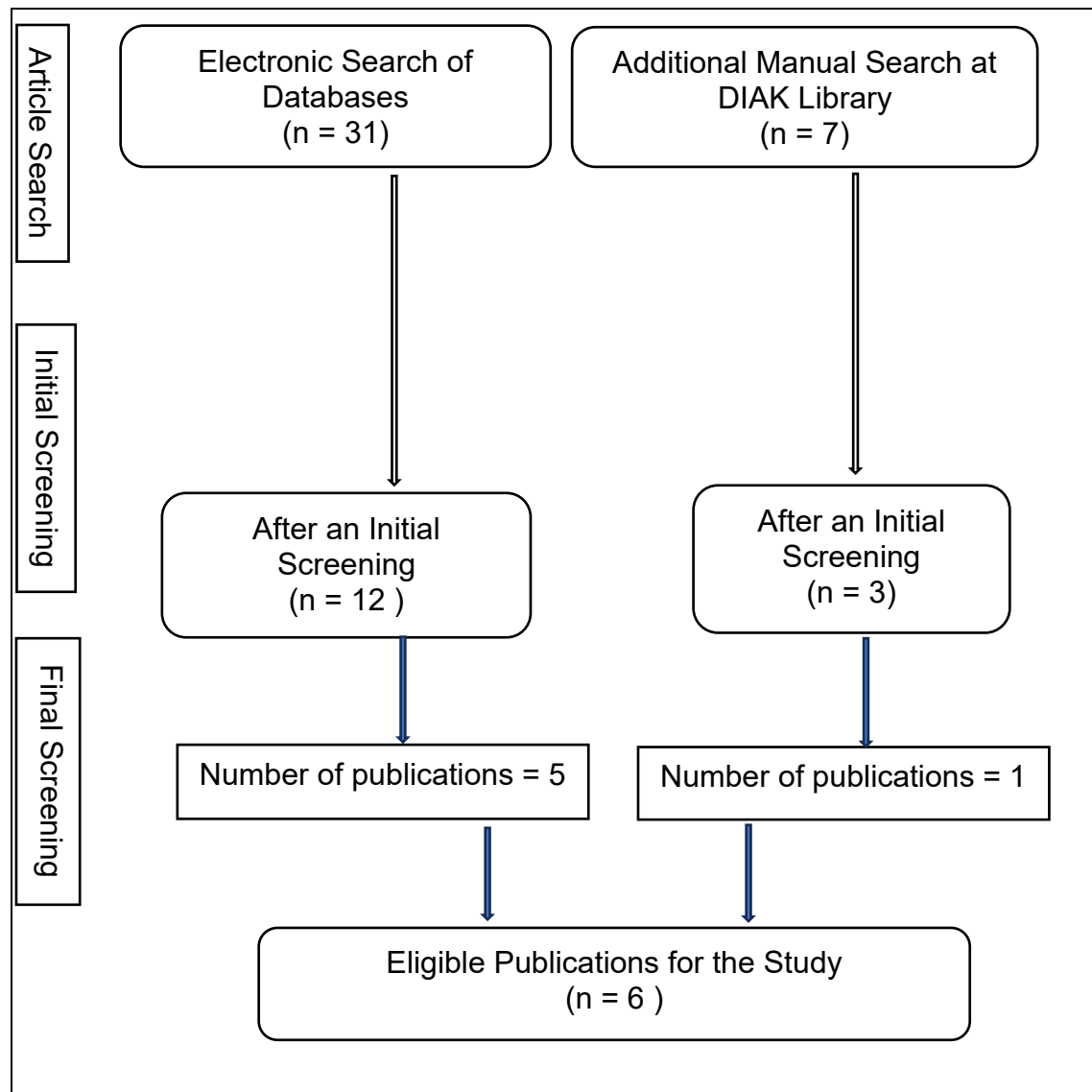


FIGURE 1. Literature search and selection process

### 5.3 Thematic analysis

Data analysis in systematic literature review studies focuses on making meaningful statements from extracted data to ensure that the findings of the literature review is grounded in the original studies for the results to reflect the participants' experiences about the phenomenon being studied (Butler et al., 2016, p. 246). This process requires coding and theme formulation. Coding is the identification of subjects, differences and similarities in participants' statements or stories and the interpretation given to them by the person carrying the research; coding can be carried out on a paper or research software (Sutton &

Austin, 2015, p. 228). Theme formulation involves bringing together codes from various literatures for a particular research topic or aim and presenting the findings in a coherent and comprehensible way (Sutton & Austin, 2015, p. 229).

The analytical method applied in this study is thematic analysis. The analysis in this study was done manually on a worksheet. In thematic analysis, themes are identified in the data extracted from the primary studies (Webb & Roe, 2007, p. 145). According to Sundler et al. (2019), thematic analysis can be used to arrive at an understanding of the textual accounts of the participants' experiences by organising the accounts discovered in the data into sequence and themes (p. 736). To achieve this, the primary studies need to be read severally and thoroughly with an open mind to get very familiar with the data (Byrne, 2022, p. 1398; Sundler et al., 2019, p. 736).

In this study, themes were identified from the data by applying the following steps:

1. an iterative process of line-by-line coding of text from the selected studies
2. examining for content and meaning
3. transferring the codes into a code book to enable easy translation between studies
4. examining the codes, re-coding and developing descriptive themes,
5. arranging the themes into corresponding categories,
6. detailed definition of the themes and condensation of the themes without losing their original meaning
7. generating analytical themes by looking for similarities and differences between categories and merging similar categories into themes
8. organising interrelated themes to make meaningful statements that are consistent with the accounts of migrant Somali women's experiences of FGM and its effects on their psychological well-being, and
9. supporting the meaningful statements by authentic accounts and statements from migrant Somali women in the original studies (Butler et al., 2016, pp. 246–247; Byrne, 2022, pp. 1397–1410).

Byrne (2022) stated that both semantic and latent can be in an overlapping manner in thematic data analysis (p. 1397). Semantic and latent coding were

applied in this study. In semantic coding, codes were written by explicitly identifying the surface meaning of the respondents or texts without going deeper beyond the texts in the literature; but latent coding allowed the authors to interpret codes and themes, and to go beyond the descriptive analysis to identify meanings, ideas, and assumption that are hidden in what has been said or written (Byrne, 2022, pp. 1397–1398).

In this study, the data coding and the analytical themes that were developed were independently and collectively reviewed by the authors to reach a consensus before the final analytical themes were formed (see APPENDIX 2). Below is an example showing how the thematic analysis was performed (see TABLE 2). The phrase “fun toys” was used by a participant in one of the original studies to describe her experiences of FGM (Haddi, 2003, p. 38). In Table 2 below, “p.1” refers to the article’s page number 1, and “p.2” refers to the article’s page number 2, and so on. Also, “A1.1” refers to Article 1, Open Coding number 1; and “A2.2” refers to Article 2, Open Coding number 2, and so on. Assigning code numbers during the data analysis was useful for easier identification of original texts in the articles included in this systematic literature review.

TABLE 2. An example of the thematic analysis

ARTICLE NAME	DIRECT QUOTE FROM TEXT	OPEN CODING	SELECTIVE CODING	SUB-THEMES	THEMES
<b>ARTICLE 1</b> <b>Attitudes toward female circumcision among Somali immigrants in Oslo: a qualitative study</b>	<p>It is wrong to circumcise girls because FC is prejudicial to their health (p. 11)</p> <p>Women experience complications in child birth (p. 11)</p> <p>It should be stopped because it is not a religious requirement (p. 1)</p> <p>It is a cultural thing and we live far away from that culture now ... I think FC will soon be history among Somalis in Norway (p. 11)</p> <p>This practice is not a religious requirement, and therefore we have to stop it (p. 11)</p> <p>We have experienced its pain, so how could we subject the same pain to our daughter? (p. 11)</p>	<p>Prejudicial to girls' health (A1.1)</p> <p>Causes complications in childbirth (A1.2)</p> <p>Non-religious practice that should be eradicated (A1.3)</p> <p>Cultural practice that will soon be eradicated among Somalis in Norway (A1.4)</p> <p>Non-religious practice that should be eradicated (A1.5)</p> <p>Painful experience (A1.6)</p>	<p>Prejudicial to girls' health (A1.1)</p> <p>Unacceptable practice (A1.7)</p> <p>Against circumcision (A1.13)</p> <p>Dangerous, traditional, and cultural practice (A2.2)</p> <p>The practice is unimportant (A4.34)</p> <p>No honour in being cut (A4.35)</p> <p>FGM has no role in women's identity (A4.42)</p> <p>A harmful practice has no role in women's identity (A4.43)</p> <p>FGM has no role in women's identity (A4.44)</p> <p>Religion does not mandate FGM (A4.50)</p> <p>FGM makes no sense (A4.65)</p> <p>A harmful tradition (A4.67)</p> <p>The woman's body is perfect without FGM (A4.41)</p> <p>It is inhuman to cut the clitoris (A6.1)</p> <p>Women are not fun toys for parents (A6.2)</p>	<p><b>A prejudicial practice in which women and girls are treated as fun toys</b></p> <p><b>Feeling violated</b></p>	<b>EMOTIONAL DISTRESS</b>

#### 5.4 Ethical Considerations

The criteria fulfilled by the primary publications used in this study were that (1) the participants were informed about the purpose of the study, (2) the participants were informed of their rights to voluntary participation and discontinuation at any time in the original studies, (3) the participants were guaranteed confidentiality and a written informed consent signed before interviews, (4) the participants were guaranteed confidentiality of the interviews and transcribed interviews, and (5) the interview questions did not cause any emotional trauma to the participants (Husband, 2020, pp. 6–10; Taquette & Borges da Matta Souza, 2022, pp. 2–12). One of the criteria for selecting the publications for this study included the fulfilment of these ethical principles (See TABLE 1).

## 6 RESULTS

The studies that were included in this systematic literature review were completed between September 2002 and July 2023. Three of the studies were conducted in Sweden (Farnoosh, 2013; Jordal et al., 2019; Palm et al., 2023), two in Norway (Gele et al., 2012; Johansen, 2002), and one in Finland (Haddi, 2003) (see APPENDIX 1). No eligible study from Denmark or Iceland was found. The study participants in the original studies were purposively recruited and they included migrant women of Somali origin who were living in Nordic countries (Farnoosh, 2013; Gele et al., 2012; Haddi, 2003; Johansen, 2002; Jordal et al., 2019; Palm et al., 2023). The method of data collection included observation of participants, semi-structured individual interviews, joint activities, casual communication, surveys, and focus group discussions. Four main thematic categories emerged from this study, and they included: (i) emotional distress; (ii) impacts on self-esteem; (iii); impacts on activities of daily living; and (iv) severe psychological problems (see APPENDIX 2).

Issues relating to health, sexuality and sexual pleasure have been categorised into 'impacts on activities of daily living'. Health, sexuality and sexual pleasure are important qualities of life and activity of daily living, and any impact on them affects the person's overall quality of life (Grabovac & Dorner, 2019, pp. 544–545). The four main themes will be discussed in detail in subsequent chapters. Quotations will be used to present authentic expressions of the participants in the primary study; these authentic citations will support the themes' interpretations and facilitate understanding of the themes (Eldh et al., 2020, pp. 2–5).

### 6.1 Emotional distress

In some of the studies, migrant Somali women in Nordic countries expressed sad feelings about going through FGM. The authors have used the word 'sad' to interpret the expression and feelings of the migrant Somali women. It was

reported that going through FGM was associated with unforgettable horrible memories of overwhelming pain, torture, and violence.

*“what I was exposed to was indeed very terrible, they took away everything”* (Palm et al., 2023, p. 8)

*“I cannot forget the pain of circumcision, even at this old age”* (Gele et al., 2012, p. 13)

*“grandmother was nice with me during the way until we got to that place; I just remember that it was very painful”* (Farnoosh, 2013, p. 44)

*“I thought a lot about it and that made me feel sad”* (Jordal et al., 2019, p. 707)

*“when I was circumcised I just fainted and when I come around, there was a blood around my feet”* (Farnoosh, 2013, p. 56)

*“they used the same knife and blade on us, the same, the same, can you imagine?”* (Farnoosh, 2013, p. 56)

Some of the women in the studies said that they felt bitter because their rights were violated by the practice, and they regretted going through the painful procedure.

*“I was seven, when I was mutilated, I was tied with a rope because I was screaming and begging them to stop”* (Farnoosh, 2013, p. 56)

*“interviewee D recalls that she struggled and cried during the operation”* (Johansen, 2002, p. 324)

*“because it is pain three times. It is the pain when the infibulation is done, the pain when it has to be opened again at marriage, and the pain when it has to be further opened when giving birth”* (Johansen, 2002, p. 316)

*“when they cut your body, your fresh flesh, you just know it is something wrong...the body tells you that...you know pain is the body's message to you that something is wrong...in most situations when you feel pain, you will try to remove the source of the pain...but in this situation you can't...you just have to endure it”* (Johansen, 2002, p. 324)

*“we have experienced its pain, so how could we subject the same pain to our daughter?”* (Gele et al., 2012, p. 11)

*“when she was about to start, I just screamed and yelled a lot...mother held my hands and feet and told me not to move...I was terrified and anxious...I felt pain...I just shouted and said mother please help me...the procedure was horrible, it was a horrible memory”* (Farnoosh, 2013, p. 45)

*“mother could not watch me, she left and I was alone...I was scared of the blood”* (Farnoosh, 2013, p. 46)

*“you have to undergo FGM that you will understand me completely...it is very difficult”* (Farnoosh, 2013, p. 46)

*“I do not want to see women suffer like I did because of FGM”* (Farnoosh, 2013, p. 46)

Some of the studies reported that migrant Somali women were sorrowful due to their experiences of FGM. The women narrated their ordeal during health examinations, as the health workers’ emotional reactions during gynaecological examinations made the women feel alienated, different, uncomfortable, and afraid. The women said that they felt humiliated when they saw that they were different from other women.

*“pharaonic cutting was described with pity and sorrow”* (Palm et al., 2023, p. 6)

*“she was bitter that she had had to suffer from this pain for so many years”* (Johansen, 2002, p. 318)

*“when she started menstruating she experienced excessive pain and became even more bitter when her doctor told her that her infibulated vulva was preventing the blood flow and causing her suffering”* (Johansen, 2002, p. 330)

*“when they examine you, they cry...the nurses look [at you] and get all shocked...I’m afraid they will react like that”* (Palm et al., 2023, p. 9)

*“I had more contact with many women from other countries...I found many friends but none of them [were not undergone FGM]...when I talk with them about this practice, they were shock and were sorry for me...it was a bad feeling for me”* (Farnoosh, 2013, p. 51)

*“when I compare myself with Swedish women, I feel humiliated, why I had to do this practice?”* (Farnoosh, 2013, p. 52)

Some studies highlighted migrant Somali women’s negative perceptions of FGM. The women perceived FGM as prejudicial and harmful to girls.

*“it is wrong to circumcise girls because FC is prejudicial to their health”* (Gele et al., 2012, p. 11)

In some of the studies, FGM was regarded as an unacceptable practice that caused the victims to be unhealthy compared to uncircumcised women.

*"I consider FC to be an unacceptable practice"* (Gele et al., 2012, p. 11)

*"I agree that uncircumcised girls are healthier"* (Gele et al., 2012, p. 13)

Migrant Somali women insisted that FGM neither gave honour to women nor played a vital role in women's identity. Instead, FGM was described as dangerous, bad and harmful to women and girls.

*"the practice does not bring any honor to women"* (Farnoosh, 2013, p. 47)

*"I do not think that FGM plays a role in Somalia women's identity...it is not true...it has affected our lives and has no played an important role in our identity"* (Farnoosh, 2013, p. 48)

*"interviewees condemned FGC, referring to it as dangerous, traditional, and cultural"* (Palm et al., 2023, p. 5)

*"I think it is just in the culture, I am against this practice...it is just harmful and not more...how can I accept that it plays an Important role in my identity?"* (Farnoosh, 2013, p. 48)

*"this tradition is bad and harmful"* (Farnoosh, 2013, p. 52)

In some of the studies, FGM was described as a non-religious practice in which women and girls were handled like fun toys (Haddi, 2003, p. 38).

*"we/women should not be treated like fun toys by our parents"* (Haddi, 2003, p. 38)

Some women stressed that FGM was never a religious requirement, but a bad tradition made by people to inflict pain on women and girls. Migrant Somali women not only viewed FGM as a painful practice but also as a man-made religion and culture meant to inflict pain on them.

*"I think, there is no effect of religion on FGM...they did not write that women have to undergo FGM...it is a bad tradition that people made for themselves under the name of religion"* (Farnoosh, 2013, p. 49)

Migrant Somali women stressed that a woman's body was perfect, and it should be left alone the way it was created. They described the cutting of the most sensitive part of the genitalia as inhuman and violence against women.

*"I think God knows better what He created...God created a woman with a clitoris and if clitoris was ugly and bad for body as is claimed by the tradition, then why did He create it?"* (Farnoosh, 2013, p. 48)

*“it is inhuman to cut the most sensitive genital/clitoris organ of a young girl”* (Haddi, 2003, p. 38)

*“I wish that a day will come soon when no woman will undergo FGM, it is bad violence against women”* (Farnoosh, 2013, p. 52)

Some of the women stressed that FGM was targeted at women and girls to reduce their sexual needs.

*“we believed that cutting the hood of the clitoris of woman can reduce the sexual needs of the woman”* (Farnoosh, 2013, p. 59)

Though most migrant Somali women insisted that the practice should be abolished, they believed that abolishing the practice would be very difficult.

*“this practice is not a religious requirement, and therefore we have to stop it”* (Gele et al., 2012, p. 11)

*“personally, I think it is not a good tradition and it should be abolished”* (Farnoosh, 2013, p. 45)

*“this tradition is a part of culture and it is hard to eliminate this practice”* (Farnoosh, 2013, p. 58)

## 6.2 Impacts on self-esteem

In one study, migrant Somali women narrated their good experiences of FGM; the women did not see themselves to be different from other women.

*“as I’m not pharaonic, I cannot speak [for women with FGC] and don’t want to speak for someone else who has real problems”* (Palm et al., 2023, p. 6)

*“well my [FGC], it’s much better, or you know, it’s not sewn all together...it’s just like with the boys...they just cut a bit and then they didn’t touch anything”* (Palm et al., 2023, p. 6)

*“this sunni, they just cut a tiny bit, so you mustn’t feel sorry for me, and I don’t think it can be compared with those who are sewn”* (Palm et al., 2023, p. 6)

*“yes, of course! You know, I’m like anyone else...only that they touched a bit, but they didn’t sew”* (Palm et al., 2023, p. 6)

*“I don’t feel any different, I don’t feel”* (Palm et al., 2023, p. 6)

Few of the studies stated that some women believed that FGM bestowed beauty and honour on them, and they felt accepted by society and more traditional which was an assurance for finding a suitor than uncircumcised women.

*“female circumcision in our country has many aims like to keep the honor of the girl”* (Farnoosh, 2013, p. 58)

*“in our culture, a woman is worthless if she is not circumcised”* (Farnoosh, 2013, p. 59)

*“some Somali women believed that being a circumcised woman is a sign of beauty”* (Haddi, 2003, p. 38)

*“FGM is an important evolution in the life of Somalia women...I think it is very important...it shows honor of family, honor of a woman”* (Farnoosh, 2013, p. 47)

*“of course it is part of our culture...we believe that it is part of our identity as women and without FGM, we would have no honor and it influences our lives”* (Farnoosh, 2013, p. 48)

*“I think it is important in our life, it shows that I am a woman that can be marry, it signify my honor and show that I am pure”* (Farnoosh, 2013, p. 47)

*“you have to show that you are a good wife and respects your religion...you have to comply with this practice”* (Farnoosh, 2013, p. 49)

*“it is part of our culture and it is very important to do it, we have to accept it, it has a big role in our lives, without FGM, how can we marry or have good economy or honor in our community”* (Farnoosh, 2013, pp. 48–49)

Though some migrant Somali women were aware of the negative effects of FGM on health, they were helpless and had no control over FGM because of cultural and religious reasons, and the beauty and honour the practice bestowed on them.

*“of course that there is pain and blood it is tradition...you know, it is part of our culture”* (Farnoosh, 2013, p. 45)

*“I accept that it part of our culture...I just think we have to obey, we have to do it because there is benefit under this practice for us even if it is painful”* (Farnoosh, 2013, p. 52)

*“I believe it because I fear punishment from God”* (Farnoosh, 2013, p. 44)

In most of the studies, some migrant Somali women said that they had to undergo FGM due to fear of stigma and bullying, whereas some women believed that they

were indirectly forced to undergo FGM because they would not be accepted in society if they were not circumcised. They said that uncircumcised women were prohibited from participating in some community activities.

*“it was just something everyone had done”* (Palm et al., 2023, p. 7)

*“infibulation was described as an entrance fee to society...it is like paying house rent...you don't like it, but you have to do it”* (Johansen, 2002, p. 321)

*“the fear of stigma overtook the damage that FC inflicts”* (Gele et al., 2012, p. 11)

*“you know, it was we [sisters] who asked [our mom], she didn't force us to do this...we were the ones who thought we should do this, because everyone in the neighborhood would bully us if we hadn't done it”* (Palm et al., 2023, p. 8)

*“imagine that uncircumcised women prohibited from doing certain community services...how should I live uncircumcised if I want to live in this community even I don't believe to FGM?”* (Farnoosh, 2013, p. 60)

Other studies revealed that some women were in a state of confusion, and they neither thought that FGM had made them beautiful nor that it had affected their self-image negatively. Some of the women wanted to know the reason their genitalia had to be cut open, stitched together and reopened again.

*“I don't feel like I'm proud that I have [FGC] but I think that this was their way, where I lived...and people are like that, that they can't do everything right all the time, so I can't say that I'm proud, or that I have had something that is beautiful or anything...that's not how I think”* (Palm et al., 2023, p. 8)

*“But at the same time, I think its like, I'm not the person who thinks that oh my God, I have been through some horrible stuff!...I accept [it] because I think that they didn't know any better”* (Palm et al., 2023, p. 8)

*“why should I first be circumcised and closed, just to be opened again later?”* (Johansen, 2002, p. 323)

Also, the migrant Somali women wondered why a woman would go through FGM in Somalia, whereas women's rights were highly respected in Nordic countries.

*“always I thought that why in my country women have to suffer about this practice and in other countries, women are free to choose everything for them...what are differences between us?...both of us are woman with equal feeling and rights”* (Farnoosh, 2013, p. 51)

*“I don’t know why we were mutilated?”* (Farnoosh, 2013, p. 56)

In some of the studies, some women mentioned that they went through FGM because they were ignorant of the effects on physical health before they were circumcised.

*“the clitoris is an ugly part of my body...mother always told my sisters and me that it could be very dangerous, because if we want to deliver a child, it could cause of death for child if we are not mutilated”* (Farnoosh, 2013, p. 49)

*“they do not know that it is dangerous for their bodies and think that they will be pure after FGM, but I think if they had good education, they would not do this practice”* (Farnoosh, 2013, p. 50)

*“before I came to Sweden, this was something I never thought about it...I didn’t think that it would affect my body in any kind of way, or affect anything, it was just something that happened to all gilrs”* (Gele et al., 2012, p. 7)

*“ignorance is the main enemy for practising female Circumcision”* (Haddi, 2003, p. 38)

In some of the studies, migrant Somali women expressed their feelings about how FGM had changed how they perceived themselves. They said that they had lost their sense of self and they felt lost and incomplete due to FGM. Some women said that it took them a long time before they could become confident to seek psychological treatment.

*“I have work colleagues, fellow students, acquaintances that I meet outside, I have friends that I exercise with, I go to the sauna...and then I know that I am not like everybody, I am not like them”* (Jordal et al., 2019, p. 708)

*“she slowly came to realize that none of the other girls in her school had been circumcised...she was shocked and asked herself why she had gone through all that suffering if it was possible to do without...she felt bitter and awkward, different from all her friends and classmates: I felt as if it was written on my forehead that I was different down there”* (Johansen, 2002, p. 330)

*“being cut troubled their sense of womanhood and made them feel incomplete”* (Jordal et al., 2019, p. 707)

*“several women said they did not feel like ‘full’ or ‘real’ women”* (Jordal et al., 2019, p. 707)

*“she said she felt a sense of loss...something had been removed from her, from her body and her soul, she said, pointing to her chest” (Johansen, 2002, p. 324)*

*“they just threw it away...what has been cut away cannot be replaced...a part of my body is missing” (Johansen, 2002, p. 324)*

*“some who had sought psychological treatment for traumas that they primarily attributed to their circumcision, claimed that it took them a long time, from one to three years, before they were able to tell their psychologists about the experience” (Johansen, 2002, p. 326)*

### 6.3 Impacts on activities of daily living

Some of the studies revealed that FGM had negative effects on migrant Somali women’s sexual and reproductive health. Several women said that their sexual desires and pleasure were affected by FGM. They stated that the first night after marriage was their worst experience.

*“I have no sex pleasure with my husband” (Farnoosh, 2013, p. 56)*

*“the circumcised girls lack sexual pleasure” (Gele et al., 2012, p. 11)*

*“regarding sexual feeling, they enjoy sex much better than circumcised women” (Gele et al., 2012, p. 13)*

*“almost all the women understood FGC as having deprived them of something important for their sexuality” (Jordal et al., 2019, p. 707)*

*“others mentioned associated impacts on sexual desire and pleasure, relating to a socially ideal gendered norm of women with infibulation as sexually modest and passive” (Palm et al., 2023, pp. 6–7)*

*“when one feels that one is in a wrong body, it becomes difficult...taking pleasure without feeling guilt or thinking about it... It feels wrong with the cut genitalia” (Jordal et al., 2019, p. 710)*

*“when defibulation is performed through penetration, it causes wounds and tears around the opening, which is too small to allow sufficient expansion through stretching” (Johansen, 2002, p. 318)*

*“but I was circumcised, my vulva was closed, so to have sexual intercourse was impossible” (Johansen, 2002, p. 318)*

There was a lack of sexual pleasure among the women, and some women stated that they had serious problems with menstruation, urination, and childbirth. Some mentioned that they had infections and other health complications due to FGM.

*“many mentioned health complications they associated with being partially or essentially sewn closed, e.g., genital pain, pain and difficulties during menstruation and first sexual intercourse, childbirth, and/or urination”* (Palm et al., 2023, pp. 6–7)

*“I was 14–15 years old when I started to feel that something was wrong when I got my first menstruation”* (Jordal et al., 2019, p. 707)

*“the pain came with menstruation and peeing”* (Jordal et al., 2019, p. 707)

*“interviewee E revealed that her menstrual cycles are painful as a result of being subjected to the procedure as a child”* (Farnoosh, 2013, p. 44)

*“a woman in her mid-thirties, had such a tiny opening that the menstrual blood could not pass until the opening burst from the pressure”* (Johansen, 2002, p. 317)

*“interviewee D said that she used to return from the bathroom having shed “more tears than urine” due to the pain and frustration arising when a full bladder had to be emptied drop by drop”* (Johansen, 2002, p. 317)

*“[With gudnin] there are so many bad things that can happen to your body”* (Palm et al., 2023, p. 6)

*“it can impact your body, it can affect your health, it can affect how you pee, it can affect your period, everything”* (Palm et al., 2023, p. 6)

*“this was extremely painful and often resulted in infections: “Every two months I had to go to the hospital because of infections”* (Johansen, 2002, p. 317)

*“women reported that infections and pain were frequent and were regarded as a normal state of affairs for which they rarely sought medical care”* (Johansen, 2002, p. 317)

*“it creates several health problems, and I have gone through all those complications”* (Gele et al., 2012, p. 11)

#### 6.4 Severe psychological problems

In one of the studies, some migrant Somali women mentioned that they had sorrowful experiences of loss of lives.

*“she emphasized the harm and sorrow she felt over FGC, such as health and sexual problems (and the recollection of the loss of close ones after FGC)” (Palm et al., 2023, p. 8)*

In some of the studies, the women stated that they had feelings of sorrow and harm and that the experiences kept coming back. Some women mentioned that the experiences were still fresh in their minds, and therefore had become a heavy burden that they would carry for the rest of their lives.

*“I always remember the same picture of the woman who cut my clitoris. This memory is still fresh for me like it happens yesterday to me. I was extremely scared when I hearing the girls screaming and shouting” (Farnoosh, 2013, p. 56)*

*“interviewee H repeatedly told how she had observed her blood splashing into the face of the circumciser when her clitoris was cut, as if someone had put on a faucet, and how the circumciser had turned her face away from the spurting blood” (Johansen, 2002, p. 324)*

*“interviewee M was infibulated at the age of eight, and the horror of the pain is still vivid in her memory” (Johansen, 2002, p. 323)*

*“she also vividly remembers her mother holding her tightly, while looking away” (Johansen, 2002, p. 324)*

*“interviewee F stated that memories keep coming back” (Palm et al., 2023, p. 8)*

*“it was shock for me, shock” (Farnoosh, 2013, p. 56)*

*“I still have nightmare” (Farnoosh, 2013, p. 56)*

*“it is so hard for me to talk about my story” (Farnoosh, 2013, p. 56)*

*“they are cutting your flesh...the pain of circumcision is like a heavy burden I always carry with me” (Johansen, 2002, p. 313)*

*“it is like darkness in my life, in my chest...you can never forget it” (Johansen, 2002, p. 313)*

In addition to post-traumatic stress experiences, some migrant Somali women in Nordic countries said that they were traumatized and were having nightmares because of FGM. Some women mentioned that they were afraid of the trauma being revitalized in them during childbirth.

*“still it is fresh for me...I am still so traumatized” (Farnoosh, 2013, p. 56)*

*“the smell of her blood and the sound of her flesh being cut form important parts of the total memory” (Johansen, 2002, p. 324)*

*“I still have nightmare” (Farnoosh, 2013, p. 56)*

*“after years of psychological treatment, she also felt she had come to terms with her destiny...when she was pregnant with her first child, however, the memories came back in the form of nightmares in which her infibulation and expectant delivery were mixed...she feared that the experience of delivery would again revitalize the trauma of her circumcision” (Johansen, 2002, p. 330)*

In some of the studies, migrant Somali women mentioned that they were having social phobia and psychological challenges. Some women stated that they had lost their sense of freedom and were afraid to engage in any relationship. Some of the women mentioned that they were not able to have any intercourse and had divorced their husbands because they regarded sexual intercourse as rape.

*“being cut affected their ability to engage with the world and their sense of freedom” (Jordal et al., 2019, p. 708)*

*“I feel I wasn’t brave enough in the world, haven’t embraced the world as I should have, as a free person” (Jordal et al., 2019, p. 708)*

*“the sense of difference affected her socialization with peers...she avoided swimming and communal showers with her classmates after gym, as well as relationships with boys, however innocent” (Johansen, 2002, p. 330)*

*“interviewee Z experienced the sexual intercourse with her husband as rape and later divorced the man because of this experience” (Johansen, 2002, p. 317)*

*“she saw this incident, together with complications after the defibulation surgery, as the cause of her present severe psychological problems” (Johansen, 2002, p. 317)*

The themes that emerged from this study revealed that migrant Somali women in Nordic countries who have undergone FGM had feelings of sadness, sorrow and bitterness because their rights were violated by the FGM. The women stressed that FGM is an unacceptable practice that played no vital role in their identity and that the body should be left alone the way it was created. Some migrant Somali women narrated their good experiences regarding FGM and how it bestowed beauty and honour on them. However, most of the women mentioned that they

had sorrowful experiences of FGM in addition to post-traumatic stress, trauma, social phobia and other psychological challenges.

## 7 ETHICS AND TRUSTWORTHINESS OF THE STUDY

This study aimed to provide information about the effects of FGM on the psychological well-being of immigrant Somali women in Nordic countries. Female genital mutilation is a very sensitive research topic, especially for participants who have undergone FGM. Ethics in research entail causing no harm while doing good. Qualitative research involves working with human beings, and human freedom and dignity are the basics of ethical principles in research. Hence, it is very important that no harm is caused to the group represented by the study participants in the study process and its publication (Taquette & Borges da Matta Souza, 2022, p. 2).

Normally, approval from the ethics committee must have been sought before the commencement of the studies involving human participants. However, since the data used in this literature review were from articles that have been published, no approval was needed from the ethics committee in Finland. All processes of studies, from data collection to publication, must comply with the guidelines stated in the ethical principles of research with human participants in Finland and other Nordic countries (Kohonen et al., 2019, pp. 17–26). The guidelines that all studies must comply with include the following: (i) the interview data must be stored in compliance with ethical guidelines and principles of research with human participants, (ii) the study participants must be represented by acronyms that can be linked to the study participants to ensure anonymity, (iii) to further protect the confidentiality of the participant's data, all identifiable personal information and other sensitive information must be coded, and the transcribed interviews must be safely stored to prevent access to unauthorized persons, and (iv) at the end of the study, all interview data must be destroyed in a way that

would not allow recovery of the data or reconstruction of any information (Kohonen et al., 2019, pp. 12–14).

The authors of this literature review are aware of the sensitivity of this topic and the psychological harm it can cause to women, especially to those who have experienced FGM. Therefore, according to the best of their abilities and knowledge, ethical principles were observed throughout this literature review, including the data extraction and analysis. The original studies included in this study contained anonymous data, and the authors ensured that no harm could be inflicted on any set of people from certain backgrounds or due to their experiences of the phenomenon, from data collection and analysis to the publication of the original studies. During the data analysis of this literature review, all pseudonyms used in the original studies were recoded to avoid resemblances with names of people from certain backgrounds.

Regarding trustworthiness, this concept refers to the ability of researchers to demonstrate credibility, transferability, dependability, and confirmability in qualitative studies (Leung, 2015, pp. 324–326; Moule & Goodman, 2009, pp. 188–190).

Credibility is the ability of researchers to ensure that the results are derived from the data provided by the participants to establish that the results are credible and true. However, this research used data from already published studies, credibility has been achieved by applying the appropriate analytical method, thematic analysis in data analysis and by deriving the results from the articles included in this research. Transferability means that the findings of the research can be applied to other contexts that are similar to the study contexts or participants of the study. The authors achieved transferability by ensuring that only studies that focused on migrant Somali women in Nordic countries who have experienced FGM were included in this research. Hence, the findings of this research are transferable to similar contexts. Dependability refers to the ability to ensure that the study findings can be replicated if the study is carried out under the same epistemological underpinnings and methodology using the same participants or data. To ensure dependability, appropriate evidence-based research method and

approach were applied in conducting this research, both in data collection and analysis. Regarding confirmability, the authors put aside their viewpoints and biases during data collection and analysis, and the data collection and analysis were not manipulated to validate their viewpoints regarding FGM. Also, the data collected from the articles was checked severally and the coding techniques and analytical method were supported by academic literatures to ensure the replicability of this research findings by other researchers (Forero et al., 2018, pp. 3–9; Leung, 2015, pp. 324–326; Moule & Goodman, 2009, pp. 188–190).

Generally, trustworthiness was ensured in this study by reading the included articles several times to gain a deeper understanding of the contents to be able to extract from the publications all relevant information for the literature review, keeping a proper audit trail, providing a detailed description of the findings by the inclusion of various publications from different countries and settings, applying the appropriate research methodology and methods, and by observing ethical principles throughout the study, including the handling of data. In studies such as this, it is important for the findings to reflect the true account of the study participants in the original studies (Noble & Smith, 2015, pp. 34–35).

## 8 LIMITATIONS

Several limitations are acknowledged in this study. The publications that were eligible for inclusion in this study included those from Sweden, Norway, and Finland, whereas publications from other Nordic countries namely, Denmark and Iceland, were not included in this study. This may lead to this study not having comprehensive data about the effects of FGM on the psychological well-being of migrant Somali women in all five Nordic countries, and this limitation may result in the results and conclusions of this literature review being biased. Nevertheless, there are some similarities in the contexts and participants in the publications that were included in this literature review. The women's experiences of FGM had

happened in the same country, Somalia, irrespective of where they were living in Nordic countries. Hence, the results of this study can be transferred to other contexts namely, Denmark and Iceland that, also, have some geographical and cultural similarities with other Nordic countries. Studies have shown that the results of a study are transferable to other contexts that are similar to the study contexts or participants of the study (Forero et al., 2018, pp. 3–9; Leung, 2015, pp. 324–326; Moule & Goodman, 2009, pp. 188–190).

Also, the authors of this literature review are females who have much interest in the research topic. This might influence data collection in this study, thereby leading to biases in the result and conclusion compared to other researchers with different interests in the subject being studied. Bias in research refers to any influence on the study that causes the results to be distorted or the failure to get the true results from the data, thereby distorting the rigor and trustworthiness of the study (Galdas, 2017, pp. 1–2). Furthermore, this study is a literature review of qualitative studies that were carried out by other researchers. The methodological limitations in those qualitative studies were automatically inherited by this study. Additionally, an article that used a mixed method approach was included in this literature review because it focused mainly on qualitative data collection and analysis and therefore provided good qualitative data for this literature review.

Despite the limitations in this study, the authors were aware of the impact their preconceptions and gender could have on the data collection, interpretation, results, and conclusion in this study; therefore, they bracketed their preconceptions about FGM, and demonstrated a high level of professionalism and transparency in this study (Dörfler & Stierand, 2020, pp. 2–16).

## 9 DISCUSSION

The purpose of this systematic literature review was to explore the effects of FGM on the psychological well-being of migrant Somali women in Nordic countries. The four themes that emerged in this systematic literature review reveal the effects of FGM on the psychological well-being of migrant Somali women, and they include, emotional distress, impacts on self-esteem, impacts on activities of daily living, and severe psychological problems.

Emotional distress can result from severe pain caused by FGM, and it is characterised by sadness, stress, and loneliness that can seriously affect the psychological well-being of a person (Franqueiro et al., 2023, pp. 4389–4395). Self-esteem refers to subjective construct relating to individual perception of self-worth, value, life satisfaction, relationship with others and general well-being. Self-esteem can be affected by negative experiences such as FGM (Monteiro et al., 2022, p. 932). Activities of daily living is characterised by the ability to fulfil basic needs and cope independently and can be negatively affected by negative events such as FGM (Mlinac & Feng, 2016, p. 506). Emotional distress, self-esteem, activities of daily living as well as psychological problems for instance post-traumatic stress disorder, panic attacks and anxiety are associated with negative impacts on psychological well-being, and a person's psychological well-being is directly related to the functioning of the individual which can be compromised by extreme negative feelings, emotions, trauma as well as FGM (Tang et al., 2019, pp. 1–3). The negative effects of FGM on the psychological well-being of migrant Somali women can lead to negative relations with others, poor self-acceptance, poor mastery of the environment, lack of autonomy, hindrances to personal growth, and not being able to achieve one's purpose in life (Abbott et al., 2006, p. 2).

According to the statements of participants in the articles included in this study, the migrant Somali women experienced shock, nightmares, and post-traumatic stress disorders. This is in accordance with the study that investigated the association between FGM on mental and sexual health among women and girls

in Africa (Tammary & Manasi, 2023, pp. 1–17); the study showed that FGM had negative effects on the psychological well-being of women. This literature review has revealed that FGM impacted negatively on migrant Somali women's sexual functioning and reproductive health which are important aspects of activities of daily living.

According to Mlinac & Feng (2016), activities of daily living is the ability of a person to achieve basic physical needs using the basic skills to enable independent living (p. 506). Sexual function is an important quality of a person's life that should not be overlooked because any negative impact on the sexuality of an individual harms the overall quality of life of that individual (Grabovac & Dorner, 2019, pp. 544–545). Interestingly, this is in contrast with a study in Southeast Nigeria that reported that FGM had no direct impact on the activities of daily living of most women (Omigbodun et al., 2020, p. 220). However, the study mentioned that FGM had a direct effect on the sexuality and reproductive health of women (Omigbodun et al., 2020, pp. 217–219); hence, FGM can affect the activities of daily living of women indirectly because of the direct effect it has on their sexual and reproductive health. In this study, most migrant Somali women who went through FGM lamented about their inability to have sexual pleasure, some of them described the first night as their worst experience, in addition to difficulties with menstruation, urination, childbirth, and recurrent infections. Similarly, studies have shown that women who went through FGM were more likely to be sexually impaired compared with women who were uncircumcised (Omigbodun et al., 2020, pp. 217–219); and this was due to the removal of sensitive nerve endings and damaged nerve endings among circumcised women (Buggio et al., 2019, pp. 39–40).

In this literature review, migrant Somali women who had undergone FGM experienced emotional distress, low self-esteem, and severe psychological problems. Reisel & Creighton (2015), showed that one of the long-term effects of going through FGM was psychological problems which include, anxiety, post-traumatic stress (PTSD) disorder, and depression (p. 50); in the same study, the prevalence of PTSD was high among most African women who have undergone FGM in childhood (Reisel & Creighton, 2015, p. 50). In a similar study that was

conducted in Southeast Nigeria, it was reported that FGM led to negative psychological experiences among women who had gone through the practice (Omigbodun et al., 2020, pp. 220–222). Studies have shown that FGM is a total violation of a woman's body and her rights to free decisions regarding her sexual and reproductive health which have severe psychological consequences including psychological trauma, post-traumatic stress disorder, anxiety, phobia, and somatization (Buggio et al., 2019, pp. 39–40; Tammary & Manasi, 2023, pp. 5–12).

This literature review shows that the cultural value placed on FGM by the society where it is being practiced on FGM is contrasted by its negative health effects on women. This explains the reason women who went through FGM found themselves in a state of confusion because they were questioning the need for such a practice that had no health benefits for women. While some women think that FGM is a needed practice and an important culture that boosts their self-esteem in society, others disagree. The negative effects of FGM on women's health led to negative self-perception and low self-esteem among migrant Somali women. This is in accordance with a study that looked into the consequences of FGM on the psychological well-being of women (Buggio et al., 2019); the study stressed that the likelihood of low self-esteem was higher among women who went through FGM compared to Women who did not go through the practice (Buggio et al., 2019, p. 39). In contrast to the experiences of negative self-perception, some migrant Somali women had positive experiences of FGM, and they did not feel any different compared to women who did not go through FGM. Similar experiences were reported in another study that examined the psychological effects of FGM on women in Nigeria in which it was reported that some women who had gone through FGM had positive experiences including happiness, not feeling different, and feelings of being honoured and respected (Omigbodun et al., 2020, p. 220). However, it is important to state that the trauma and feelings of being different in terms of physical appearance compared to those who have not gone through FGM can make self-acceptance very challenging.

This literature review has pointed out the psychological burdens of FGM on migrant Somali women's well-being. It is important to state that, in this study, the

burden of FGM on the psychological well-being of migrant Somali women is coming directly from the impact of FGM on psychological health and indirectly from the impact of FGM on physical health. This is true because the effect on physical health can lead to a reduction in the activity of daily living, pain, agony, and regrets which add to the direct psychological harm caused by the experiences of going through the painful process of FGM (Omigbodun et al., 2020, pp. 213–224). This literature review and other studies have shown that FGM is an act of discrimination against women and girls which signifies a total neglect of the sexual health rights of women and girls (Kaplan et al., 2011, p. 1). Under the Universal Declaration of Human Rights, FGM is an act of discrimination and violence against women and girls (Calma, 2009, pp. 15–16; Williams-Breault, 2018).

Human rights law is strongly enforced in the European Union (EU) countries, and this is the reason FGM is a criminal act in the Nordic countries. This is not the case in many developing countries, especially in Somali and neighbouring countries where the Human Rights Law is loosely enforced, despite the existence of the law, charter and treaty that are meant to protect women and girls from FGM (United Nations, 2008, p. 9; Yusuf & Fessha, 2013, p. 365). Therefore, there is a need for policymakers, social workers, and NGOs to wake up to this challenge, and be at the forefront in championing and advocating for the eradication of FGM in developing countries. Also, it is important to develop social programmes that promote the psychological well-being of migrant Somali women living in Nordic countries who have gone through FGM because the practice has mental consequences for women and girls, in addition to physical damage that the practice inflicts on women and girls (Baillot et al., 2018, pp. 1–13; United Nations, 2008, p. 9).

## 10 CONCLUSION

Female genital mutilation is a cultural practice that has psychological and negative health consequences for women who have experienced it. One surprising finding that emerged in this research is that some women still have much regard for FGM and they view it as a practice every woman should be proud of especially in cultural settings where FGM is an integral part of them. However, this literature review has largely demonstrated that FGM has serious negative effects on the psychological well-being of migrant Somali women in Nordic countries. This study has revealed the seriousness of these effects on women who have undergone FGM. Therefore, there is an urgent need for the psychological well-being of migrant Somali women to be cared for to enable them to have a meaningful and purposeful life, thereby promoting their general well-being in Nordic countries. To achieve this, policymakers, social workers, and NGOs should be at the forefront of the fight against female genital mutilation. Nordic countries need to develop the right interventions that will improve the psychological well-being of migrant Somali women who have undergone FGM (Savela et al., 2023, pp. 1–2).

Social workers should be at the forefront in services provision and assistance to women whose psychological well-being and health have been negatively impacted by FGM. This literature review has shown that eradicating FGM will not only prevent negative psychological effects on the well-being of women, but also, it is a means to ensure gender equality. Hence, social workers have a very important role to play regarding FGM eradication and promotion of gender equality (British Association of Social Workers, 2023).

The authors believe that, as potential social workers, carrying out this research has further equipped them with more knowledge on the seriousness of the negative impact of FGM on psychological well-being of migrant Somali women in Nordic countries. This research has revealed to them that FGM is a sensitive subject, especially for women who have experienced it. The authors believe that

they have a better understanding of how to approach these women, assist them, and advocate for policies that will benefit those who have undergone FGM.

Additionally, there is an urgent need for researchers to develop appropriate research-based interventions that will be useful for the promotion of the psychological well-being of Somali migrant women in Nordic countries who have undergone FGM. Furthermore, more studies are required to develop research-based interventions that will improve the psychological well-being of women who have gone through female genital mutilation.

Conclusively, the authors would like to state that the purpose and aim of this literature review were achieved. To the best of their knowledge, this research revealed the general experiences of female genital mutilation among Somali women in Nordic countries, and in addition, revealed the impact of these experiences on their psychological well-being. The authors strongly believe that the information provided by this research will benefit social workers, health workers, government institutions and NGOs in offering assistance and providing the appropriate services to women who have experienced FGM, and also in providing effective measures for the prevention of FGM.

Regarding the impact of this thesis on the authors' professional development, they would like to state that carrying out this qualitative systematic literature review has a huge positive impact on their professional development.

For the first author, Chinonyelum Ani, this study contributes to her professional development in many ways. Firstly, this study has revealed how sensitive FGM is, especially to women who have had bad experiences of FGM. Carrying out this study has equipped her with more knowledge regarding the seriousness of the negative impact of FGM on the psychological well-being and physical health of migrant Somali women in Nordic countries. Hence, as a potential social worker, this study has increased her awareness of the importance of assisting women who have gone through FGM, and to advocate for policies that will benefit them. Secondly, this study has revealed to her the urgent need for more programmes that will promote the total eradication of FGM in countries where it is still being

practised. Furthermore, she strongly believes that writing this thesis has improved her skills in qualitative systematic literature reviews. Carrying out this study has allowed her to understand the importance of research in social welfare programme development. She believes that carrying out this study has equipped her with the skills and knowledge to carry out more research that will be used to develop social interventions for women who have undergone FGM.

For the second author, Farzana Khan, doing this thesis has been a great learning curve in the Bachelor's Degree studies. Writing this thesis has allowed her to improve her critical thinking and ability to understand, analyze and prioritize founded information. Working on this specific topic has also given her the motivation and ability to view the information with empathy and contemplation. This thesis topic is a very sensitive one that has affected the lives of many women and girls. Upon researching and analysing the experiences of a few of these victims, she achieved an insight that is painful and melancholic, but also enlightening. She takes this as her biggest professional development from this thesis process. Apart from the technical skill improvement of academic writing, doing research and analysis for writing the thesis is undoubtedly a very crucial skill for professional life. She firmly believes that these learnings will help her to be a good and efficient social worker in her future life as a professional in this field. However, the thesis process, through all the difficulties and challenges, has been an opportunity to learn an important life lesson, that everything will not always go as planned, and it is important to be able to adapt and be equipped to cope with the many diverse situations that may arise in one's path.

## REFERENCES

- Abbott, R. A., Ploubidis, G. B., Huppert, F. A., Kuh, D., Wadsworth, M. E. J., & Croudace, T. J. (2006). Psychometric evaluation and predictive validity of Ryff's psychological well-being items in a UK birth cohort sample of women. *Health and Quality of Life Outcomes*, 4. <https://doi.org/10.1186/1477-7525-4-76>
- Andro, A., Cambois, E., & Lesclingand, M. (2014). Long-term consequences of female genital mutilation in a European context: Self perceived health of FGM women compared to non-FGM women. *Social Science and Medicine*, 106. <https://doi.org/10.1016/j.socscimed.2014.02.003>
- Baillot, H., Murray, N., Connelly, E., & Howard, N. (2018). Addressing female genital mutilation in Europe: A scoping review of approaches to participation, prevention, protection, and provision of services. *International Journal for Equity in Health*, 17(1). <https://doi.org/10.1186/s12939-017-0713-9>
- Bakht, R., Dolatian, M., Hajian, S., Montazeri, A., Majd, H. A., & Zare, E. (2023). Women's Reproductive Health Literacy: A Qualitative Study. *International Journal of Women's Health and Reproduction Sciences*, 11(1). <https://doi.org/10.15296/ijwhr.2023.04>
- Berer, M. (2010). Labia reduction for non-therapeutic reasons vs. female genital mutilation: contradictions in law and practice in Britain. *https://doi.org/10.1016/S0968-8080(10)35506-6*, 18(35), 106–110. [https://doi.org/10.1016/S0968-8080\(10\)35506-6](https://doi.org/10.1016/S0968-8080(10)35506-6)
- British Association of Social Workers. (2023). *FGM: dispelling the myths*. <https://www.basw.co.uk/resources/psw-magazine/psw-online/fgm-dispelling-myths>
- Buggio, L., Facchin, F., Chiappa, L., Barbara, G., Brambilla, M., & Vercellini, P. (2019). Psychosexual Consequences of Female Genital Mutilation and the Impact of Reconstructive Surgery: A Narrative Review. In *Health Equity* (Vol. 3, Issue 1). <https://doi.org/10.1089/heq.2018.0036>
- Busetto, L., Wick, W., & Gumbinger, C. (2020). How to use and assess qualitative research methods. In *Neurological Research and Practice* (Vol. 2, Issue 1). <https://doi.org/10.1186/s42466-020-00059-z>

- Butler, A., Hall, H., & Copnell, B. (2016). A Guide to Writing a Qualitative Systematic Review Protocol to Enhance Evidence-Based Practice in Nursing and Health Care. *Worldviews on Evidence-Based Nursing*, 13(3). <https://doi.org/10.1111/wvn.12134>
- Byrne, D. (2022). A worked example of Braun and Clarke's approach to reflexive thematic analysis. *Quality and Quantity*, 56(3). <https://doi.org/10.1007/s11135-021-01182-y>
- Calma, T. (2009). A human rights based approach to social and emotional wellbeing. In *Australasian Psychiatry* (Vol. 17, Issue SUPPL. 1). <https://doi.org/10.1080/10398560902948613>
- Carson, S. H., & Langer, E. J. (2006). Mindfulness and self-acceptance. In *Journal of Rational - Emotive and Cognitive - Behavior Therapy* (Vol. 24, Issue 1). <https://doi.org/10.1007/s10942-006-0022-5>
- Cooke, A., Smith, D., & Booth, A. (2012). Beyond PICO: The SPIDER tool for qualitative evidence synthesis. *Qualitative Health Research*, 22(10). <https://doi.org/10.1177/1049732312452938>
- Criminal Code 1889/39, Chapter 21, Finlex 1 (2022). [https://www.finlex.fi/en/laki/kaannokset/1889/en18890039\\_20210433.pdf](https://www.finlex.fi/en/laki/kaannokset/1889/en18890039_20210433.pdf)
- Dörfler, V., & Stierand, M. (2020). Bracketing: a phenomenological theory applied through transpersonal reflexivity. *Journal of Organizational Change Management*, 34(4). <https://doi.org/10.1108/JOCM-12-2019-0393>
- Eldh, A. C., Årestedt, L., & Berterö, C. (2020). Quotations in Qualitative Studies: Reflections on Constituents, Custom, and Purpose. *International Journal of Qualitative Methods*, 19. <https://doi.org/10.1177/1609406920969268>
- European Institute for Gender Equality. (2012). *Current situation and trends of female genital mutilation in Finland*. <https://op.europa.eu/en/publication-detail/-/publication/325c37b2-22c3-4f69-919b-52a788b3034d/language-en>
- European Institute for Gender Equality. (2013). *Current situation of female genital mutilation in Finland*. <https://eige.europa.eu/publications-resources/publications/current-situation-and-trends-female-genital-mutilation-finland>
- European Institute for Gender Equality. (2021). *Female genital mutilation: How many girls are at risk in Denmark?*

[https://eige.europa.eu/sites/default/files/documents/mh0620130enn\\_002.pdf](https://eige.europa.eu/sites/default/files/documents/mh0620130enn_002.pdf)

- European Union. (2021). *Female genital mutilation is a crime. Nothing justifies it. No one should stay silent*. [https://www.eeas.europa.eu/eeas/female-genital-mutilation-crime-nothing-justifies-it-no-one-should-stay-silent\\_en](https://www.eeas.europa.eu/eeas/female-genital-mutilation-crime-nothing-justifies-it-no-one-should-stay-silent_en)
- Farnoosh, R. (2013). *Female Genital Mutilation: Experiences of Somali women living in Sweden*. University of Gothenburg.
- Fave, A. D., Brdar, I., Wissing, M. P., Araujo, U., Solano, A. C., Freire, T., Hernández-Pozo, M. D. R., Jose, P., Martos, T., Nafstad, H. E., Nakamura, J., Singh, K., & Soosai-Nathan, L. (2016). Lay definitions of happiness across nations: The primacy of inner harmony and relational connectedness. *Frontiers in Psychology*, 7(JAN). <https://doi.org/10.3389/fpsyg.2016.00030>
- Finnish Institute for Health and Welfare. (2023). *Prevention of female genital mutilation*. Migration and Cultural Diversity.
- Finnish League for Human Rights. (2007). *FEMALE CIRCUMCISION IN FINLAND: The recommendations of an expert group for the personnel in social and health care*. [https://ihmisoikeusliitto.fi/wp-content/uploads/2014/05/Female\\_Circumcision\\_in\\_Finland\\_IOL\\_2011.pdf](https://ihmisoikeusliitto.fi/wp-content/uploads/2014/05/Female_Circumcision_in_Finland_IOL_2011.pdf)
- Finnish Treaty Series 2015/53, Finlex 1 (2015). <https://www.finlex.fi/fi/sopimukset/sopsteksti/2015/20150053>
- Forero, R., Nahidi, S., De Costa, J., Mohsin, M., Fitzgerald, G., Gibson, N., McCarthy, S., & Aboagye-Sarfo, P. (2018). Application of four-dimension criteria to assess rigour of qualitative research in emergency medicine. *BMC Health Services Research*, 18(1). <https://doi.org/10.1186/s12913-018-2915-2>
- Franqueiro, A. R., Yoon, J., Crago, M. A., Curiel, M., & Wilson, J. M. (2023). The Interconnection Between Social Support and Emotional Distress Among Individuals with Chronic Pain: A Narrative Review. In *Psychology Research and Behavior Management* (Vol. 16). <https://doi.org/10.2147/PRBM.S410606>
- Galdas, P. (2017). Revisiting Bias in Qualitative Research: Reflections on Its Relationship With Funding and Impact. In *International Journal of*

*Qualitative Methods* (Vol. 16, Issue 1).  
<https://doi.org/10.1177/1609406917748992>

Gele, A. A., Kumar, B., Hjelde, K. H., & Sundby, J. (2012). Attitudes toward female circumcision among somali immigrants in Oslo: A qualitative study. *International Journal of Women's Health*, 4(1).  
<https://doi.org/10.2147/IJWH.S27577>

General Assembly. (2007). Intensifying global efforts for the elimination of female genital mutilations. *United Nations*, 1577(7), 6–12.  
<https://documents-dds-ny.un.org/doc/UNDOC/GEN/N12/487/36/PDF/N1248736.pdf?OpenElement>

González-Timoneda, A., González-Timoneda, M., Cano Sánchez, A., & Ruiz Ros, V. (2021). Female Genital Mutilation Consequences and Healthcare Received among Migrant Women: A Phenomenological Qualitative Study. *International Journal of Environmental Research and Public Health*, 18(13), 7195–7195. <https://doi.org/10.3390/IJERPH18137195>

Grabovac, I., & Dorner, T. E. (2019). Association between low back pain and various everyday performances: Activities of daily living, ability to work and sexual function. *Wiener Klinische Wochenschrift*, 131(21–22).  
<https://doi.org/10.1007/s00508-019-01542-7>

Haddi, A. (2003). *The health related problems of Somali female circumcision and prospects for future changes: a survey on Somali women living in Finland*. Tampere University.

Horowitz, C. R., & Jackson, J. C. (1997). Female “circumcision”: African women confront American medicine. In *Journal of General Internal Medicine* (Vol. 12, Issue 8). <https://doi.org/10.1046/j.1525-1497.1997.00088.x>

Huppert, F. A. (2009). Psychological Well-being: Evidence Regarding its Causes and Consequences. *Applied Psychology: Health and Well-Being*, 1(2), 137–164. <https://doi.org/10.1111/j.1758-0854.2009.01008.x>

Husband, G. (2020). Ethical data collection and recognizing the impact of semi-structured interviews on research respondents. *Education Sciences*, 10(8), 1–12. <https://doi.org/10.3390/educsci10080206>

- Jamshed, S. (2014). Qualitative research method-interviewing and observation. *Journal of Basic and Clinical Pharmacy*, 5(4), 87. <https://doi.org/10.4103/0976-0105.141942>
- Johansen, R. E. B. (2002). Pain as a Counterpoint to Culture: Toward an Analysis of Pain Associated with Infibulation among Somali Immigrants in Norway. *Medical Anthropology Quarterly*, 16(3). <https://doi.org/10.1525/maq.2002.16.3.312>
- Johnsdotter, S. (2019). Meaning well while doing harm: compulsory genital examinations in Swedish African girls. *Sexual and Reproductive Health Matters*, 27(2). <https://doi.org/10.1080/26410397.2019.1586817>
- Jordal, M., Griffin, G., & Sigurjonsson, H. (2019). 'I want what every other woman has': reasons for wanting clitoral reconstructive surgery after female genital cutting—a qualitative study from Sweden. *Culture, Health and Sexuality*, 21(6). <https://doi.org/10.1080/13691058.2018.1510980>
- Kaplan, A., Hechavarría, S., Martín, M., & Bonhoure, I. (2011). Health consequences of female genital mutilation/cutting in the Gambia, evidence into action. *Reproductive Health*, 8(1). <https://doi.org/10.1186/1742-4755-8-26>
- Klemetti, R., & Raussi-Lehto, E. (2018). *Promote, prevent, influence: The action programme for the promotion of sexual and reproductive health in 2014–2020*. <https://core.ac.uk/download/pdf/153793985.pdf>
- Knipscheer, J., Vloeberghs, E., Kwaak, A. van der, & Muijsenbergh, M. van den. (2015). Mental health problems associated with female genital mutilation. *BJPsych Bulletin*, 39(6), 273. <https://doi.org/10.1192/PB.BP.114.047944>
- Kohonen, I., Kuula-Luumi, A., & Spoof, S.-K. (2019). *The ethical principles of research with human participants and ethical review in the human sciences in Finland*. [https://tenk.fi/sites/default/files/2021-01/Ethical\\_review\\_in\\_human\\_sciences\\_2020.pdf](https://tenk.fi/sites/default/files/2021-01/Ethical_review_in_human_sciences_2020.pdf)
- Koukkula, M., Keskimäki, I., Koponen, P., Mölsä, M., & Klemetti, R. (2016). Female Genital Mutilation/Cutting among Women of Somali and Kurdish Origin in Finland. *Birth*, 43(3), 240–246. <https://doi.org/10.1111/birt.12236>
- Koukkula, M., & Klemetti, R. (2019). Action plan for the prevention of female genital mutilation (FGM). *Ministry of Social Affairs and Health*. [https://julkaisut.valtioneuvosto.fi/bitstream/handle/10024/161524/STM\\_J\\_0](https://julkaisut.valtioneuvosto.fi/bitstream/handle/10024/161524/STM_J_0)

7\_19\_Action\_plan\_for\_the\_prevention\_of\_female\_genital\_mutilation\_FGM.pdf

- Leavy, P. (2017). *Research Design: Quantitative, Qualitative, Mixed Methods, Arts-Based, and Community-Based Participatory Research Approaches*. Guilford Publications.
- Leung, L. (2015). Validity, reliability, and generalizability in qualitative research. *Journal of Family Medicine and Primary Care*, 4(3). <https://doi.org/10.4103/2249-4863.161306>
- Linnenluecke, M. K., Marrone, M., & Singh, A. K. (2020). Conducting systematic literature reviews and bibliometric analyses. In *Australian Journal of Management* (Vol. 45, Issue 2). <https://doi.org/10.1177/0312896219877678>
- Malvaso, A., & Kang, W. (2022). The relationship between areas of life satisfaction, personality, and overall life satisfaction: An integrated account. *Frontiers in Psychology*, 13. <https://doi.org/10.3389/fpsyg.2022.894610>
- Ministry for Foreign Affairs of Finland. (2023). *Nordic cooperation*. <https://um.fi/nordic-cooperation>
- Ministry of Foreign Affairs. (2003). *The Norwegian Government's International Action Plan for Combating Female Genital Mutilation*. Norwegian Ministry of Foreign Affairs. [https://www.regjeringen.no/globalassets/upload/ud/vedlegg/lemlestelse\\_e.pdf](https://www.regjeringen.no/globalassets/upload/ud/vedlegg/lemlestelse_e.pdf)
- Mlinac, M. E., & Feng, M. C. (2016). Assessment of Activities of Daily Living, Self-Care, and Independence. *Archives of Clinical Neuropsychology*, 31(6). <https://doi.org/10.1093/arclin/acw049>
- Monteiro, R. P., Coelho, G. L. de H., Hanel, P. H. P., de Medeiros, E. D., & da Silva, P. D. G. (2022). The Efficient Assessment of Self-Esteem: Proposing the Brief Rosenberg Self-Esteem Scale. *Applied Research in Quality of Life*, 17(2). <https://doi.org/10.1007/s11482-021-09936-4>
- Moule, P., & Goodman, M. (2009). *Nursing Research: An Introduction*. Sage Publications Ltd.
- Noble, H., & Smith, J. (2015). Issues of validity and reliability in qualitative research. In *Evidence-Based Nursing* (Vol. 18, Issue 2, pp. 34–35). BMJ Publishing Group. <https://doi.org/10.1136/eb-2015-102054>

- Omigbodun, O., Bella-Awusah, T., Groleau, D., Abdulmalik, J., Emma-Echiegu, N., Adedokun, B., & Omigbodun, A. (2020). Perceptions of the psychological experiences surrounding female genital mutilation/cutting (FGM/C) among the Izzi in Southeast Nigeria. *Transcultural Psychiatry*, 57(1). <https://doi.org/10.1177/1363461519893141>
- Ortensi, L. E., & Menonna, A. (2017). Migrating with Special Needs? Projections of Flows of Migrant Women with Female Genital Mutilation/Cutting Toward Europe 2016–2030. *European Journal of Population*, 33(4). <https://doi.org/10.1007/s10680-017-9426-4>
- Palm, C., Elmerstig, E., Holmström, C., & Essén, B. (2023). The relationship between dominant Western discourse and personal narratives of female genital cutting: exploring storytelling among Swedish-Somali girls and women. *Frontiers in Sociology*, 8. <https://doi.org/10.3389/fsoc.2023.1188097>
- Powell, R. A., Leye, E., Jayakody, A., Mwangi-Powell, F. N., & Morison, L. (2004). Female genital mutilation, asylum seekers and refugees: The need for an integrated European Union agenda. *Health Policy*, 70(2). <https://doi.org/10.1016/j.healthpol.2004.02.010>
- Reisel, D., & Creighton, Sarah. M. (2015). Long term health consequences of Female Genital Mutilation (FGM). *Maturitas*, 80(1), 48–51. <https://doi.org/10.1016/j.maturitas.2014.10.009>
- Saldana, J. (2011). *Fundamentals of Qualitative Research*. Oxford University Press, Incorporated.
- Savela, R. M., Koukkula, M., & Dorjdagva, J. (2023). Female genital mutilation requires public health and political debate in Finland. In *The Lancet Regional Health - Europe* (Vol. 31). <https://doi.org/10.1016/j.lanep.2023.100685>
- Seers, K. (2015). Qualitative systematic reviews: Their importance for our understanding of research relevant to pain. *British Journal of Pain*, 9(1). <https://doi.org/10.1177/2049463714549777>
- Sundler, A. J., Lindberg, E., Nilsson, C., & Palmér, L. (2019). Qualitative thematic analysis based on descriptive phenomenology. *Nursing Open*, 6(3). <https://doi.org/10.1002/nop2.275>

- Sutton, J., & Austin, Z. (2015). Qualitative research: Data collection, analysis, and management. *Canadian Journal of Hospital Pharmacy*, 68(3). <https://doi.org/10.4212/cjhp.v68i3.1456>
- Swinton, J., & Mowat, H. (2013). *Practical Theology and Qualitative Research*. Hymns Ancient & Modern Ltd.
- Tammary, E., & Manasi, K. (2023). Mental and sexual health outcomes associated with FGM/C in Africa: a systematic narrative synthesis. In *eClinicalMedicine* (Vol. 56). <https://doi.org/10.1016/j.eclinm.2022.101813>
- Tang, Y. Y., Tang, R., & Gross, J. J. (2019). Promoting psychological well-being through an evidence-based mindfulness training program. *Frontiers in Human Neuroscience*, 13. <https://doi.org/10.3389/fnhum.2019.00237>
- Taquette, S. R., & Borges da Matta Souza, L. M. (2022). Ethical Dilemmas in Qualitative Research: A Critical Literature Review. *International Journal of Qualitative Methods*, 21. <https://doi.org/10.1177/16094069221078731>
- Travers, M. (2001). *Qualitative Research Through Case Studies*. SAGE Publications, Limited.
- United Nations. (2008). *Eliminating female genital mutilation : an interagency statement*. World Health Organization. [https://www.un.org/womenwatch/daw/csw/csw52/statements\\_missions/Interagency\\_Statement\\_on\\_Eliminating\\_FGM.pdf](https://www.un.org/womenwatch/daw/csw/csw52/statements_missions/Interagency_Statement_on_Eliminating_FGM.pdf)
- United Nations. (2015). *United Nations: Gender equality and women's empowerment*. <https://www.un.org/sustainabledevelopment/gender-equality/>
- United Nations. (2016). *International Migration Report 2015: Highlights*. [https://www.un.org/en/development/desa/population/migration/publications/migrationreport/docs/MigrationReport2015\\_Highlights.pdf](https://www.un.org/en/development/desa/population/migration/publications/migrationreport/docs/MigrationReport2015_Highlights.pdf)
- United Nations. (2023). *International Day of Zero Tolerance for Female Genital Mutilation*. <https://www.un.org/en/observances/female-genital-mutilation-day>
- Webb, C., & Roe, B. (Eds.). (2007). *Reviewing Research Evidence for Nursing Practice: Systematic Reviews*. John Wiley & Sons, Incorporated.
- Williams-Breault, B. D. (2018). Eradicating female genital mutilation/cutting: Human rights-based approaches of legislation, education, and community empowerment. *Health and Human Rights*, 20(2).

World Health Organization. (2000). *Women's Mental Health: An Evidence Based Review*.

[https://iris.who.int/bitstream/handle/10665/66539/WHO\\_MSD\\_MDP\\_00.1.pdf](https://iris.who.int/bitstream/handle/10665/66539/WHO_MSD_MDP_00.1.pdf)

World Health Organization. (2018). *CARE OF GIRLS & WOMEN LIVING WITH FEMALE GENITAL MUTILATION A CLINICAL HANDBOOK*.

<https://www.who.int/publications/i/item/9789241513913>

World Health Organization. (2023). *Female genital mutilation*.

<https://www.who.int/news-room/fact-sheets/detail/female-genital-mutilation>

Yusuf, C., & Fessha, Y. (2013). Female genital mutilation as a human rights issue: Examining the effectiveness of the law against female genital mutilation in Tanzania. *Africa Research Bulletin, January 2013*.

## APPENDIX 1. Names of publications included in the study

TABLE 3. Names of publications included in the study

ARTICLE NAME, AUTHOR AND YEAR OF PUBLICATION	RESEARCH METHOD	DATA COLLECTION METHOD	ANALYTICAL METHOD
<p>Article 1:</p> <p>Attitudes toward female circumcision among Somali immigrants in Oslo: a qualitative study</p> <p><i>Gele et al. (2012)</i></p>	Qualitative study	Focused group discussion	Thematic analysis
<p>Article 2:</p> <p>The relationship between dominant Western discourse and personal narratives of female genital cutting: exploring storytelling among Swedish-Somali girls and women</p> <p><i>Palm et al. (2023)</i></p>	Qualitative study	Semi-structured focus group interviews and semi-structured individual interview	Inductive analysis
<p>Article 3:</p> <p>'I want what every other woman has': reasons for wanting clitoral reconstructive surgery after female genital cutting – a qualitative study from Sweden</p> <p><i>Jordal et al. (2019)</i></p>	Qualitative study	Semi-structured individual interview	Grounded theory
<p>Article 4:</p> <p>Female Genital Mutilation: Experiences of Somali women living in Sweden</p> <p><i>Farnoosh, R.A. (2013)</i></p>	Qualitative study	Semi-structured individual interview	Thematic analysis
<p>Article 5:</p> <p>Pain as a Counterpoint to Culture: Toward an Analysis of Pain Associated with Infibulation among Somali Immigrants in Norway</p> <p><i>Johansen, R. E. B. (2002)</i></p>	Qualitative study	Semi-structured individual interviews, joint activities, participant observation, and casual communication	Symbolic analysis
<p>Article 6:</p> <p>The health related problems of Somali female circumcision and prospects for future changes - A survey of Somali women living in Finland</p> <p><i>Haddi, A. (2003)</i></p>	Mixed method study	Questionnaires, semi-structured interview, and participants observation	Qualitative descriptive analysis, and descriptive statistical analysis

## APPENDIX 2. Analytical themes and supporting quotes

TABLE 4. Analytical themes and supporting quotes

SUB-THEMES	THEMES	SUPPORTING QUOTES
<p>Unforgettable physical and emotional pains</p> <p>Feeling violated</p> <p>Emotional distress</p> <p>A prejudicial practice in which women and girls are treated as fun toys</p> <p>A non-religious tradition that should be abolished</p> <p>Cultural practice that is difficult to eliminate</p> <p>The means to reducing the sexual needs of women and girls</p>	<p>Emotional distress</p>	<p>“what I was exposed to was indeed very terrible, they took away everything” (Palm et al., 2023, p. 8)</p> <p>“I cannot forget the pain of circumcision, even at this old age” (Gele et al., 2012, p. 13)</p> <p>“grandmother was nice with me during the way until we got to that place; I just remember that it was very painful” (Farnoosh, 2013, p. 44)</p> <p>“I thought a lot about it and that made me feel sad” (Jordal et al., 2019, p. 707)</p> <p>“when I was circumcised I just fainted and when I come around, there was a blood around my feet” (Farnoosh, 2013, p. 56)</p> <p>“they used the same knife and blade on us, the same, the same, can you imagine?” (Farnoosh, 2013, p. 56)</p> <p>“I was seven, when I was mutilated, I was tied with a rope because I was screaming and begging them to stop” (Farnoosh, 2013, p. 56)</p> <p>“interviewee D recalls that she struggled and cried during the operation” (Johansen, 2002, p. 324)</p> <p>“because it is pain three times. It is the pain when the infibulation is done, the pain when it has to be opened again at marriage, and the pain when it has to be further opened when giving birth” (Johansen, 2002, p. 316)</p> <p>“when they cut your body, your fresh flesh, you just know it is something wrong...the</p>

		<p>body tells you that...you know pain is the body's message to you that something is wrong...in most situations when you feel pain, you will try to remove the source of the pain...but in this situation you can't...you just have to endure it" (Johansen, 2002, p. 324)</p> <p>"we have experienced its pain, so how could we subject the same pain to our daughter?" (Gele et al., 2012, p. 11)</p> <p>"when she was about to start, I just screamed and yelled a lot...mother held my hands and feet and told me not to move...I was terrified and anxious...I felt pain...I just shouted and said mother please help me...the procedure was horrible, it was a horrible memory" (Farnoosh, 2013, p. 45)</p> <p>"mother could not watch me, she left and I was alone...I was scared of the blood" (Farnoosh, 2013, p. 46)</p> <p>"you have to undergo FGM that you will understand me completely....it is very difficult" (Farnoosh, 2013, p. 46)</p> <p>"I do not want to see women suffer like I did because of FGM" (Farnoosh, 2013, p. 46)</p> <p>"pharaonic cutting was described with pity and sorrow" (Palm et al., 2023, p. 6)</p> <p>"she was bitter that she had had to suffer from this pain for so many years" (Johansen, 2002, p. 318)</p> <p>"when she started menstruating she experienced excessive pain and became even more bitter when her doctor told her that her infibulated vulva was preventing the blood flow and causing her suffering" (Johansen, 2002, p. 330)</p> <p>"when they examine you, they cry...the nurses look [at you] and get all shocked...I'm afraid they will react like that" (Palm et al., 2023, p. 9)</p>
--	--	---

	<p>“I had more contact with many women from other countries...I found many friends but none of them [were not undergone FGM]...when I talk with them about this practice, they were shock and were sorry for me...it was a bad feeling for me” (Farnoosh, 2013, p. 51)</p> <p>“when I compare myself with Swedish women, I feel humiliated, why I had to do this practice?” (Farnoosh, 2013, p. 52)</p> <p>“it is wrong to circumcise girls because FC is prejudicial to their health” (Gele et al., 2012, p. 11)</p> <p>“I consider FC to be an unacceptable practice” (Gele et al., 2012, p. 11)</p> <p>“I agree that uncircumcised girls are healthier“ (Gele et al., 2012, p. 13)</p> <p>“the practice does not bring any honor to women” (Farnoosh, 2013, p. 47)</p> <p>“I do not think that FGM plays a role in Somalia women’s identity...it is not true...it has affected our lives and has no played an important role in our identity” (Farnoosh, 2013, p. 48)</p> <p>“interviewees condemned FGC, referring to it as dangerous, traditional, and cultural” (Palm et al., 2023, p. 5)</p> <p>“I think it is just in the culture, I am against this practice...it is just harmful and not more...how can I accept that it plays an Important role in my identity?” (Farnoosh, 2013, p. 48)</p> <p>“this tradition is bad and harmful” (Farnoosh, 2013, p. 52)</p> <p>“we/women should not be treated like fun toys by our parents” (Haddi, 2003, p. 38)</p> <p>“I think, there is no effect of religion on FGM...they did not write that women have to undergo FGM...it is a bad tradition that</p>
--	--

		<p>people made for themselves under the name of religion” (Farnoosh, 2013, p. 49)  “I think God knows better what He created...God created a woman with a clitoris and if clitoris was ugly and bad for body as is claimed by the tradition, then why did He create it?” (Farnoosh, 2013, p. 48)</p> <p>“it is inhuman to cut the most sensitive genital/clitoris organ of a young girl” (Haddi, 2003, p. 38)</p> <p>“I wish that a day will come soon when no woman will undergo FGM, it is bad violence against women” (Farnoosh, 2013, p. 52)</p> <p>“we believed that cutting the hood of the clitoris of woman can reduce the sexual needs of the woman” (Farnoosh, 2013, p. 59)</p> <p>“this practice is not a religious requirement, and therefore we have to stop it” (Gele et al., 2012, p. 11)</p> <p>“personally, I think it is not a good tradition and it should be abolished” (Farnoosh, 2013, p. 45)</p> <p>“this tradition is a part of culture and it is hard to eliminate this practice” (Farnoosh, 2013, p. 58)</p>
<p>Good experiences</p> <p>State of confusion</p> <p>Loss of sense of self</p> <p>The need to belong</p> <p>Cultural and religious obligations</p>	<p>Impacts on Self-esteem</p>	<p>“as I’m not pharaonic, I cannot speak [for women with FGC] and don’t want to speak for someone else who has real problems” (Palm et al., 2023, p. 6)</p> <p>“well my [FGC], it’s much better, or you know, it’s not sewn all together...it’s just like with the boys...they just cut a bit and then they didn’t touch anything” (Palm et al., 2023, p. 6)</p> <p>“this sunni, they just cut a tiny bit, so you mustn’t feel sorry for me, and I don’t think it can be compared with those who are sewn” (Palm et al., 2023, p. 6)</p>

Prerequisite for marriage		<p>“yes, of course! You know, I’m like anyone else...only that they touched a bit, but they didn’t sew” (Palm et al., 2023, p. 6)</p>
Coerced into having FGM		<p>“I don’t feel any different, I don’t feel” (Palm et al., 2023, p. 6)</p>
Ignorance		<p>“female circumcision in our country has many aims like to keep the honor of the girl” (Farnoosh, 2013, p. 58)</p>
Showing concern about uncircumcised daughter		<p>“in our culture, a woman is worthless if she is not circumcised” (Farnoosh, 2013, p. 59)</p>
Misconceptions		<p>“some Somali women believed that being a circumcised woman is a sign of beauty” (Haddi, 2003, p. 38)</p>
		<p>“FGM is an important evolution in the life of Somalia women...I think it is very important...it shows honor of family, honor of a woman” (Farnoosh, 2013, p. 47)</p>
		<p>“of course it is part of our culture...we believe that it is part of our identity as women and without FGM, we would have no honor and it influences our lives” (Farnoosh, 2013, p. 48)</p>
		<p>“I think it is important in our life, it shows that I am a woman that can be marry, it signify my honor and show that I am pure” (Farnoosh, 2013, p. 47)</p>
		<p>“you have to show that you are a good wife and respects your religion...you have to comply with this practice” (Farnoosh, 2013, p. 49)</p>
		<p>“it is part of our culture and it is very important to do it, we have to accept it, it has a big role in our lives, without FGM, how can we marry or have good economy or honor in our community” (Farnoosh, 2013, pp. 48–49)</p>
		<p>“of course that there is pain and blood it is tradition...you know, it is part of our culture” (Farnoosh, 2013, p. 45)</p>

		<p>“I accept that it part of our culture...I just think we have to obey, we have to do it because there is benefit under this practice for us even if it is painful” (Farnoosh, 2013, p. 52)</p> <p>“I believe it because I fear punishment from God” (Farnoosh, 2013, p. 44)</p> <p>“it was just something everyone had done” (Palm et al., 2023, p. 7)</p> <p>“infibulation was described as an entrance fee to society...it is like paying house rent...you don't like it, but you have to do it” (Johansen, 2002, p. 321)</p> <p>“the fear of stigma overtook the damage that FC inflicts” (Gele et al., 2012, p. 11)</p> <p>“you know, it was we [sisters] who asked [our mom], she didn't force us to do this...we were the ones who thought we should do this, because everyone in the neighborhood would bully us if we hadn't done it” (Palm et al., 2023, p. 8)</p> <p>“imagine that uncircumcised women prohibited from doing certain community services...how should I live uncircumcised if I want to live in this community even I don't believe to FGM?” (Farnoosh, 2013, p. 60)</p> <p>“I don't feel like I'm proud that I have [FGC] but I think that this was their way, where I lived...and people are like that, that they can't do everything right all the time, so I can't say that I'm proud, or that I have had something that is beautiful or anything...that's not how I think” (Palm et al., 2023, p. 8)</p> <p>“But at the same time, I think its like, I'm not the person who thinks that oh my God, I have been through some horrible stuff!...I accept [it] because I think that they didn't know any better” (Palm et al., 2023, p. 8)</p>
--	--	---

	<p>"why should I first be circumcised and closed, just to be opened again later?" (Johansen, 2002, p. 323)</p> <p>"always I thought that why in my country women have to suffer about this practice and in other countries, women are free to choose everything for them...what are differences between us?...both of us are woman with equal feeling and rights" (Farnoosh, 2013, p. 51)</p> <p>"I don't know why we were mutilated?" (Farnoosh, 2013, p. 56)</p> <p>"the clitoris is an ugly part of my body...mother always told my sisters and me that it could be very dangerous, because if we want to deliver a child, it could cause of death for child if we are not mutilated" (Farnoosh, 2013, p. 49)</p> <p>"they do not know that it is dangerous for their bodies and think that they will be pure after FGM, but I think if they had good education, they would not do this practice" (Farnoosh, 2013, p. 50)</p> <p>"before I came to Sweden, this was something I never thought about it...I didn't think that it would affect my body in any kind of way, or affect anything, it was just something that happened to all gilrs" (Gele et al., 2012, p. 7)</p> <p>"ignorance is the main enemy for practising female Circumcision" (Haddi, 2003, p. 38)</p> <p>"I have work colleagues, fellow students, acquaintances that I meet outside, I have friends that I exercise with, I go to the sauna...and then I know that I am not like everybody, I am not like them" (Jordal et al., 2019, p. 708)</p> <p>"she slowly came to realize that none of the other girls in her school had been circumcised...she was shocked and asked herself why she had gone through all that suffering if it was possible to do</p>
--	---

		<p>without...she felt bitter and awkward, different from all her friends and classmates: I felt as if it was written on my forehead that I was different down there" (Johansen, 2002, p. 330)</p> <p>"being cut troubled their sense of womanhood and made them feel incomplete" (Jordal et al., 2019, p. 707)</p> <p>"several women said they did not feel like 'full' or 'real' women" (Jordal et al., 2019, p. 707)</p> <p>"she said she felt a sense of loss...something had been removed from her, from her body and her soul, she said, pointing to her chest" (Johansen, 2002, p. 324)</p> <p>"they just threw it away...what has been cut away cannot be replaced...a part of my body is missing" (Johansen, 2002, p. 324)</p> <p>"some who had sought psychological treatment for traumas that they primarily attributed to their circumcision, claimed that it took them a long time, from one to three years, before they were able to tell their psychologists about the experience" (Johansen, 2002, p. 326)</p>
<p>Sexual dysfunction</p> <p>Severe dysmenorrhea</p> <p>Negative health impacts</p> <p>Difficult childbirth experiences</p> <p>Health complications</p>	<p>Impacts on activities of daily living</p>	<p>"I have no sex pleasure with my husband" (Farnoosh, 2013, p. 56)</p> <p>"the circumcised girls lack sexual pleasure" (Gele et al., 2012, p. 11)</p> <p>"regarding sexual feeling, they enjoy sex much better than circumcised women" (Gele et al., 2012, p. 13)</p> <p>"almost all the women understood FGC as having deprived them of something important for their sexuality" (Jordal et al., 2019, p. 707)</p> <p>"others mentioned associated impacts on sexual desire and pleasure, relating to a socially ideal gendered norm of women</p>

	<p>with infibulation as sexually modest and passive” (Palm et al., 2023, pp. 6–7)</p> <p>“when one feels that one is in a wrong body, it becomes difficult...taking pleasure without feeling guilt or thinking about it... It feels wrong with the cut genitalia” (Jordal et al., 2019, p. 710)</p> <p>“when defibulation is performed through penetration, it causes wounds and tears around the opening, which is too small to allow sufficient expansion through stretching” (Johansen, 2002, p. 318)</p> <p>“but I was circumcised, my vulva was closed, so to have sexual intercourse was impossible” (Johansen, 2002, p. 318)</p> <p>“many mentioned health complications they associated with being partially or essentially sewn closed, e.g., genital pain, pain and difficulties during menstruation and first sexual intercourse, childbirth, and/or urination” (Palm et al., 2023, pp. 6–7)</p> <p>“I was 14–15 years old when I started to feel that something was wrong when I got my first menstruation” (Jordal et al., 2019, p. 707)</p> <p>“the pain came with menstruation and peeing” (Jordal et al., 2019, p. 707)</p> <p>“interviewee E revealed that her menstrual cycles are painful as a result of being subjected to the procedure as a child” (Farnoosh, 2013, p. 44)</p> <p>“a woman in her mid-thirties, had such a tiny opening that the menstrual blood could not pass until the opening burst from the pressure” (Johansen, 2002, p. 317)</p> <p>“interviewee D said that she used to return from the bathroom having shed “more tears than urine” due to the pain and frustration arising when a full bladder had to be emptied drop by drop” (Johansen, 2002, p. 317)</p>
--	---

		<p>“[With gudnin] there are so many bad things that can happen to your body” (Palm et al., 2023, p. 6)</p> <p>“it can impact your body, it can affect your health, it can affect how you pee, it can affect your period, everything” (Palm et al., 2023, p. 6)</p> <p>“this was extremely painful and often resulted in infections: "Every two months I had to go to the hospital because of infections" (Johansen, 2002, p. 317)</p> <p>“women reported that infections and pain were frequent and were regarded as a normal state of affairs for which they rarely sought medical care” (Johansen, 2002, p. 317)</p> <p>“it creates several health problems, and I have gone through all those complications” (Gele et al., 2012, p. 11)</p>
<p>Sorrowful experiences of loss of lives</p> <p>Post-traumatic stress experiences</p> <p>Social phobia</p> <p>Psychological challenges</p>	<p>Severe psychological problems</p>	<p>“she emphasized the harm and sorrow she felt over FGC, such as health and sexual problems (and the recollection of the loss of close ones after FGC)” (Palm et al., 2023, p. 8)</p> <p>“I always remember the same picture of the woman who cut my clitoris. This memory is still fresh for me like it happens yesterday to me. I was extremely scared when I hearing the girls screaming and shouting” (Farnoosh, 2013, p. 56)</p> <p>“interviewee H repeatedly told how she had observed her blood splashing into the face of the circumciser when her clitoris was cut, as if someone had put on a faucet, and how the circumciser had turned her face away from the spurting blood” (Johansen, 2002, p. 324)</p> <p>“interviewee M was infibulated at the age of eight, and the horror of the pain is still vivid in her memory” (Johansen, 2002, p. 323)</p>

		<p>“she also vividly remembers her mother holding her tightly, while looking away” (Johansen, 2002, p. 324)</p> <p>“interviewee F stated that memories keep coming back” (Palm et al., 2023, p. 8)</p> <p>“it was shock for me, shock” (Farnoosh, 2013, p. 56)</p> <p>“I still have nightmare” (Farnoosh, 2013, p. 56)</p> <p>“it is so hard for me to talk about my story” (Farnoosh, 2013, p. 56)</p> <p>“they are cutting your flesh...the pain of circumcision is like a heavy burden I always carry with me” (Johansen, 2002, p. 313)</p> <p>“it is like darkness in my life, in my chest...you can never forget it” (Johansen, 2002, p. 313)</p> <p>“still it is fresh for me...I am still so traumatized” (Farnoosh, 2013, p. 56)</p> <p>“the smell of her blood and the sound of her flesh being cut form important parts of the total memory” (Johansen, 2002, p. 324)</p> <p>“I still have nightmare” (Farnoosh, 2013, p. 56)</p> <p>“after years of psychological treatment, she also felt she had come to terms with her destiny...when she was pregnant with her first child, however, the memories came back in the form of nightmares in which her infibulation and expectant delivery were mixed...she feared that the experience of delivery would again revitalize the trauma of her circumcision” (Johansen, 2002, p. 330)</p> <p>“being cut affected their ability to engage with the world and their sense of freedom” (Jordal et al., 2019, p. 708)</p>
--	--	---

		<p>“I feel I wasn’t brave enough in the world, haven’t embraced the world as I should have, as a free person” (Jordal et al., 2019, p. 708)</p> <p>“the sense of difference affected her socialization with peers...she avoided swimming and communal showers with her classmates after gym, as well as relationships with boys, however innocent” (Johansen, 2002, p. 330)</p> <p>“interviewee Z experienced the sexual intercourse with her husband as rape and later divorced the man because of this experience” (Johansen, 2002, p. 317)</p> <p>“she saw this incident, together with complications after the defibulation surgery, as the cause of her present severe psychological problems” (Johansen, 2002, p. 317)</p>
--	--	--