

“I felt helpless” – A qualitative study on females’ experiences with Female genital mutilation

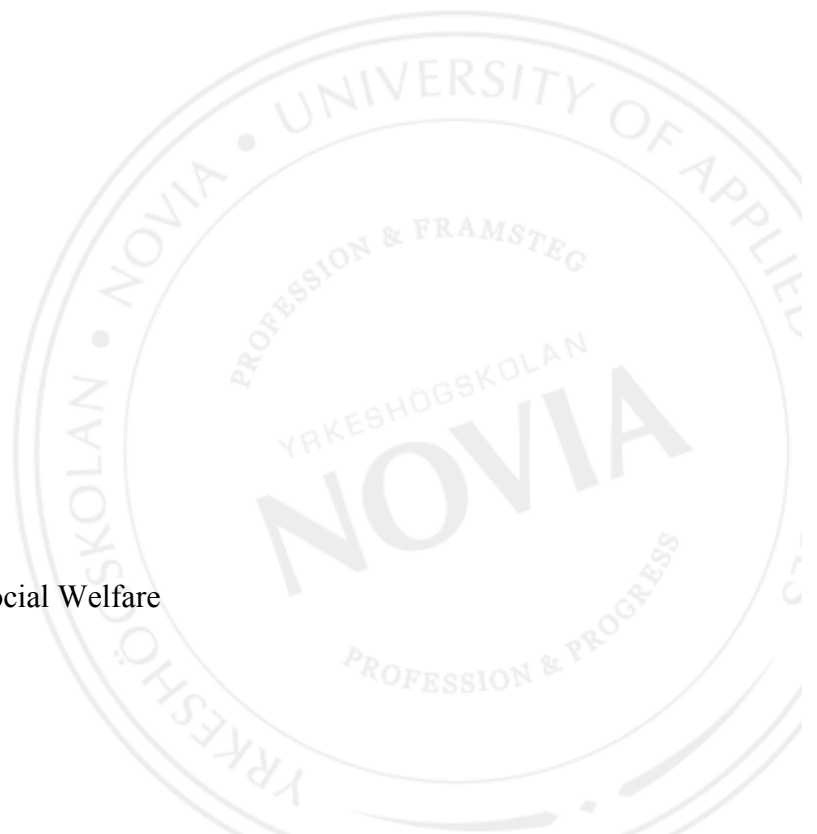
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Summary

While asylum seeking increases throughout Europe, the Finnish health care faces new challenges on how to approach or treat people from certain backgrounds. This was a leading point to discuss female genital mutilation issues. The aim of this study is to describe the health effects of FGM and to describe those females' care experiences from Finnish health care providers. Concepts of health by Levine (1995), Roy & Andrews (1999), Barker (1999), Eriksson (1994) and Johnson (1990) and caring by Martinsen (1993), Gaut (1983), Tountas & Dalla-Vorgia (1994), Halldorsdottir (1996), were chosen as a framework to fit the subject. As a qualitative study, the data was collected through a semi-structured interview. Five females with foreign backgrounds were interviewed and the collected data was then analysed in a deductive way.

The result shows the effect of FGM on females' health physically, psychologically and socially. It also highlights females care experiences with healthcare providers regards FGM which were both positive and negative. The study shows the thoughts of females who undergone FGM and gives also a sight on how to approach them in holistic caring manner.

Language: English Key words: Female genital mutilation, FGM Finland,
Female circumcision, FGM complication.

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1 Introduction

Female genital mutilation (FGM) is practiced in many countries in the world. The World Health Organization (WHO) estimates there are millions of women who have undergone Female genital mutilation, which is mostly practiced in Africa, Middle East and some parts of Asia. These practices are mostly taking place without any proper guidance. FGM is brought to Europe through migration from those regions. Some children living in Europe who originated from those regions might be subjected to female genital mutilation during a visit to their home country. Female genital mutilation considered as the mutilation of the female genital part for any of the nonmedical reasons. It includes changing the natural structure of the female genitalia by removing its parts partially or completely. (WHO, 2016).

Female genital mutilation affects the health of the women in many ways. Damaging or removal of the healthy normal female genital tissues can cause the normal body functions to become abnormal. There are many complications which can occur during this practice such as sudden heavy bleeding, severe pain and shock. Female genital mutilation is still practiced despite the health effects it has on women and the main reason for this practice is usually tradition. There are some other reasons as well, such as culture, myths, misbelieves, preservation of virginity and enhancement of sexual pleasure for men. It is usually happened to the girls at their young ages. It can seriously affect their mental health and therefor, their life in the future. (Sauer & David, 2013).

The authors of this thesis are two final year nursing degree students, studying in Novia university of applied sciences. One of them grew up in a country where Female genital mutilation is so common. It is a socially relevant and sensitive topic. It should

be handled very seriously and carefully. The respondents got interested in this subject and chose as the topic of our thesis.

2 Aim and problem definition

The aim of this study is to describe how FGM affects the women's health and to highlight the experience of care from healthcare providers in Finland. The gathered information is meant to facilitate the work of healthcare providers when dealing with females with FGM.

The research questions are:

- 1.How does FGM affect the health of women?
- 2.What kind of care experiences do females with FGM have with the healthcare providers in Finland?

3 Background

The background gives basic understanding of FGM by explaining its definition and concepts while focusing on the history, classifications, complications and nursing interventions of female genital mutilation.

Manual search was done by searching some books from school library, Tritonia. Digital search was done by using EBSCO to search for the materials. Keywords such as Female genital mutilation (FGM), female circumcision were first used to search for needed articles, but then along the road many other titles were used. 2036 articles were found in EBSCO, but only relevant and useful articles that had needed information were used. WHO provided useful information for the background.

3.1 History of FGM

Female genital mutilation has been practiced for many years in different parts of the world. It is still not ascertained where the tradition of FGM is originated from nonetheless the practice is carried on based either on traditional or psychological perspectives to protect virginity, decrease the libido and in some cases to prevent extramarital affairs. In the early 19th century female genital mutilation was practiced as a belief to pose beneficial effects, such as purification and maintaining of virginity for non-cohabitant spouse in the society. (Bengston & Baldwin, 1993).

During a certain period in the past, slaves were mutilated to limit their sexual arousal. This has been associated to non-ideological yet illogical myths that have played a serious role throughout the history of female genital mutilation. The women were subjected to beliefs such as the first born wouldn't survive unless the women had undergone mutilation or she would pay the penalty for the deed by bleeding during childbirth. (WHO, 2014).

Female genital mutilation cannot be generalized as an Islamic practice since it has been happening in non-Islamic countries such as in the UK, USA, France and other European countries. The predisposed factors were seen as medical remedy for treating sexually obsessed women, as well as discouraging self-pleasure methods and even as a cleansing measure for ladies in high societies. (Shell-duncan & Hernlund, 2000).

3.2 Classification of FGM

Female genital mutilation is classified into four different types which are clitoridectomy, excision, infibulation and the last type which involves piercing, pricking etc.

Clitoridectomy considered as the removal of the clitoris which can be done partially or totally. This can further be classified according to the excision area, the first type consists of the clitoral hood or prepuce removal, the second type is the removal of

the clitoris with the prepuce. Excision means either complete or partial removal of clitoris and labia minora with or without excision of outer labia. This type is subdivided as three excision which are the removal of labia minora only, the removal of labia minora and clitoris, the total or partial removal of both labia and clitoris. (WHO, 2016).

Infibulation is the narrowing of vaginal opening which is made by a covering seal. The inner and outer labia is cut and sewed with or without the removal of clitoris. Usually relatives or family keep the girl in a lithotomy position. Since it is a very painful procedure, the girl might be pinned down very tightly by the surrounding people, which can cause broken bones or other complications. Often family members look at the amputated part and decide if the removal was enough or if more should be removed. The last main type is all harmful procedures done to the genitalia for non-medical procedures such as pricking, piercing etc. (WHO, 2014).

3.3 Complications of FGM

Female genital mutilation is a practice that causes many kinds of short and long term complications such as bleeding or haemorrhage, which is resulted by the cutting of clitoral artery and the associated blood vessels. The woman undergoes the agony when the practice is not performed under any anaesthetic measures. Swelling, bleeding and urinary retention are the other main possible complications. The chances of infection increase due to unsterile instrument usage, contaminated herb usage and wound contamination from urine and faeces. (Sauer & David, 2013).

The long-term complications of female genital mutilation include infertility, chronic pelvic infections, micturition difficulties and HIV. The clitoral removal results on decreased sexual pleasure, dyspareunia, anorgasmia, and decreased coital lubrication. Post-psychological effects are traumatic stress disorder, anxiety and depression (Maria et al., 2016).

Peggy et al., (2014) explain the severity of psychological problems, relationship crisis and the needful of support of the health care workers among the victims of female genital mutilation. Women who undergo this sort of pain have been significantly been affected to certain extent in the mental and social health difficulties.

Anke van der et al., (2013) explain that, most of the women who have undergone the female genital mutilation have many chronic mental disorders as well as psychosocial problems. The study also categorized the women into three divisions which are: women who are adapted to the incident, women who became less confident because of the incident and women who experience trauma shock. In additional migration, has been a contributing factor for the increased awareness about female genital mutilation among females.

3.4 Nursing Intervention

The nurse has many various major roles to contribute, when it comes to female genital mutilation. Female genital mutilation can cause complication like infection due to the obstruction of urine and injuries to the urethra mainly in infibulated women. If the complication worsens, the woman undergoes de-infibulation without any delay especially in expectant mothers, the issue should be resolved in a good extent. The proper closure of the vulva is also important after the situation, especially when it comes to the cultural believes. Health education and counselling are inevitable even if it contradicts cultural believes. Keloid or the formation of fibrous scar after the infibulation can obstruct the vaginal orifice. The nurse has to explain in detail about the possible troubles during intercourse, childbirth and penetration failure due to the tightness of vagina. Incision or re-infibulation can resolve the misery. (Cathleen & Julia, 2007).

The woman need to be well educated about different things associated with FGM. Nurses have an enormous responsibility in various aspects like counselling and proper health education which results in alleviating the complications. Empathetic

approach based on culturally limited social setting has led to more challenges whereas the care providers cannot get into deep cultural believes in practices. (Comfort et al., 2016).

Providing privacy, patience and non-judgmental attitude would certainly be some of qualitative advantages in nursing care. When dealing with re-infibulation the nurse can assess the chances of urinary retention, infection prevalence as well as menstrual and penetrating problems. During pregnancy, the client need to be well informed and supported through any complication that may occur. (WHO,2001).

Nurses who are taking care of their genitally mutilated patients must have appropriate knowledge about caring of the patient and the complication that arises with FGM. Health care providers should understand and feel the mind of these patients. (Anke van der et al., 2013). Health care providers have an important role in the treatment and prevention of female genital mutilation while considering the sensitivity of the issue as well as the patient's emotional feelings. (Julie et al., 2016).

3.5 Care and education

Maria et al., (2016) describes the importance of health screening among the women who are been subjected to female genital mutilation. Healthcare workers should be trained to get the proper awareness and possible recovery of the FGM. It is also important to have the regular antenatal visits. Restrictions from their society is the significant reason where FGM has gone undiagnosed or untreated, whereas young girls are intimidated for going for gynaecological check-ups. Through a goal centred, comfort oriented and non-judgmental approach, the healthcare professional can get a girl whom is likely to be entrusted on, thus she is being benefitted.

According to Tahereh et al., (2016) health education and health promotion can reduce the rate of genital mutilation. Educating the mothers is important in prevention process as they can come forward against female genital mutilation. Economic, social development and literacy can be a lay stone to it. Tesfaye et al., (2016) states that,

there are some factors that have a serious effect on the Female genital mutilation. Demography and education are the biggest influential factors, whereas wealth status and different religious practices are other contributing factors that have had significant effect on genital mutilation. Women accreditation in every social fields, religious practices can be the initial step in declining the mutilation rate.

Ronan et al., (2015) states that the view of the society has constantly been changing resulting with education and higher literacy rate hence lowering FGM where these factors challenge the cultural views and practices. Nersin et al., (2015) state that the practice of female genital mutilation should be eradicated from the society due to the underlining complication experienced that may results to being fatal for both the mother and the expectant child.

The genital mutilated girl undergoes severe trauma, and several physiological complications. In the regions practicing FGM, the decision takers are traditionally men or older people in the society. Culture and tradition have a huge influence on decision making. Through educating the people in different classes in the society there is a gradual decrease in number of female genital mutilation happening each year. (Bengston & Baldwin, 1993).

4 Framework

The framework chosen for this thesis is concepts of health and care. Theories done by many different theorists are used to describe both concepts.

4.1 Health

Levine (1995) describes that health has many holistic perspectives such as physical and mental health. Health is a state of being functionally well within the possible resources regardless of spearheading only in the pathology. The definition of the

health can be different according to various factors such as societies, traits, cultures, tribes etc. Everything has its own unique view about the health. It has been carried over through many generations and the behavioural and genetic potentials has been changed during this journey of time.

According to Roy & Andrews (1999) health is a state, which is not the absence of diseases but how well the bodily functions effectively performed. It is human experience of the wholeness. The degree can be assessed by determining the severity of how extent is the loss or bodily dysfunction exists. There are some factors which happens in everyone's life at some point. Death is one of them. People cannot run away from death. Sadness, illness, and anxiety are certain in a person's life. Therefore, health is determined by how the person is adapting the situation and facing it.

Health means the wholeness of one's life. It is determined by how the person lives his or her life. This living considered in many different aspects such as physical, mental, social, cultural, financial and spiritual. Health and habit are mutually dependent therefore, it is a retrospective approach. A detailed overview to the history of past and ongoing health assessment can easily define a brief about one's overall health. Health is not something that a person find or get from outside but it is something that the person has to achieve within himself. (Barker, 1999).

According to Eriksson, Health is a meaningful concept which is highly regarded to the functionally peak existence of the body, mind and soul. Health constitutes the actual and potential capabilities for acquiring the completeness of it. Health is the wholeness and holiness of a person's life as being himself. (Eriksson, 1994).

Johnson states that health is an interrelated influential state with the several systems within the body and the external factors. The peak of wellbeing acquired when a good rhythm is maintained towards the behavioural system and resources of health achievement. Although the behavioural system implies a conservative attitude with less expenditure of energy in illness, biological, social survival and personal satisfaction. (Johnson, 1990).

Sociohistorical perspective describes the individual cop-technique towards the illness and the medical interventions. The prognosis and the ultimate results cannot be fully satisfied in every case but the degree of betterment differs with many reasons. The society contributes some desired resources in that achievement like the sensible and environmental implications. E.g. mental support and positive energy in miseries. (Martinsen, 2003).

4.2 Caring

Caring is the fundamental of nursing action (Martinsen, 1993). Gaut (1983) states caring conditions for patient, which includes awareness, knowledge, intention and means for positive change.

There are various meanings regards the concept of caring and its often linked into nursing care, which is physically or mentally. The aim of health care is a better health and well-being for patient (Tountas, Garanis & Dalla-Vorgia, 1994).

According to Halldorsdottir (1996), 'Patients want to be able to trust that nurses and other health professionals know what to do in each situation' which is an important professional caring aspect.

Halldorsdottir (1996) says the positive effects of caring encounter includes trust, connection, safety, ease and successful birth when negative effects of uncaring encounter include words such as "discouragement, unconnected, alone, insecure, afraid, distressed, out of control, hurt, bitter, angry, and sometimes a sense of failure as a woman giving birth". Uncaring encounter can affect women decision on giving birth again.

5 Methodology

in the methodology part, the methods used in this study is, qualitative method; also data collection and data analysis are described.

5.1 Qualitative method

This study is a qualitative study. The starting point of the study is to describe real-life as comprehensively as possible. Qualitative research is typically based on understanding the individual concept of the world. It discusses social “facts” and whether scientific approach can be used when dealing with human being. Qualitative method start with general questions and method which becomes more focused as the study progresses. Both qualitative and quantitative can be combined in some cases or studies (Bell, 2010).

A qualitative research is also suitable for an existing research area if it wants to gain a new perspective. (Kankkunen & Vehviläinen-Julkunen, 2015)

5.2 Data-collection

There are three types of qualitative interviews; structured, semi-structured and in depth interviews. The semi-structured interview was used as data collection method. Semi-structured interview is more used in qualitative researches than formal interview. It is an open interview but focuses on the specific theme that the interviewer wants to explore. It allows more or new ideas to be brought up but the questions are pre-planned and written. Usually valuable information that was not thought about are brought up. (Edward & Holland, 2013)

The interview focused on foreign females who have been circumcised in their countries before moving to Finland through predetermined questions. According to

Bell, (2010) is good to know the advantage and limitation of different questions. All the interviews were recorded and then manuscripted. The Finnish and Arabic interview were translated into English.

5.3 Data analysing

Content analysis was used for data analysis. It is a technique for systematically describing written, spoken or visual communication which need to be recorded and reviewed to be appropriate. Content analysis is also used to analyse new material recorded by the researchers, and to classify open-ended responses to interview or survey questions. It involves reducing, grouping and grouping concepts (Kankkunen et al., 2015, 167)

Content analysing is the breaking of the data into more specific under common conception through coding and grouping. (Polit & Beck, 2012)

Content analysis consists of three approach, which are directed, summative and conventional. The coding for the direct content analysis is coded straight from the theory or the result, while the summative content analysis is the counting and comparisons of the keywords or content followed by the interpretation of the underlying context. Conventional content analysis is the direct coding classification from the text data. (Hsieh & Shannon, 2005)

First the material was read several times and grouped to search for the material that matters and relevant to answer research questions.

5.4 Deductive approach

Deductive reasoning starts from the general to the more specific. It is usually based on rules, laws and accepted principles. It provides support for the conclusion. Sometimes it is referred to as top-down logic. The deductive approach starts with a

theory which then turns into hypothesis which is after observed and confirmed. (Trochim, 2006)

The questions that are stated in this study is answered deductively in which only needed materials will be selected to answer questions. Two head categories came out based on the research question, which then followed by categories and sub categories.

6 Result

Figure 1 is a result table which categorises the data into three headlines; head categories, categories and sub categories. Suitable concepts are chosen and put under each category.

The interview was read thoroughly several times to find similarities related to the aim questions. Two main categories came out, Negative effects of FGM on health and Care experiences from the healthcare providers regarding FGM. Negative effects of FGM on health was divided into physical, psychological and social, while there were two categories under the head category care experiences from the healthcare providers regarding FGM, which are positive and negative care experiences.

Figure 1: Result in categories

Head Categories	Categories	Sub-categories
Negative effects of FGM on health	Physical health	Painful menstrual cycle Painful sexual interaction Difficulties with birth giving No orgasm Longer menstrual cycle
	Mental health	Mentally ashamed and stressed It is like something is missing from them Nervous when menstrual cycle starts Low self confidence
	Social health	Ashamed to speak about it No sexual pleasure with the partner Low self-esteem among other girls fear dating outside the culture
Care experience from healthcare providers regarding FGM	Negative care experience	Poor nursing approach Shocked and confused Not knowing what to do Felt ashamed to talk with the nurse No information regards FGM Post-stressed from bad nursing experience No support No communication
	Positive care experience	Help from healthcare provider Excellent job from nurses and doctors Support Comforting Previous experience with females with FGM

6.1 Physical health

The physical part is to explain any complications that affects the women physically. Almost all the interviewed females had the same complications. Painful menstrual cycle is one of the most common physical complications females with FGM face.

“The worst pain is when my menstrual cycle starts”.

“I think making my period extra painful is a way of effecting my health”.

Painful and longer duration of voiding is also one of complications.

“The unbearable pain I get during my menstrual period and when I pee”.

Along the painful menstrual cycle, longer menstrual cycle was tend to be one of the most common complications.

“well as I mentioned a bit before it affected my menstrual period. My period last longer because my hole (vagina) is small so the blood comes in small drops and it causes unbearable pain”.

FGM that involves the cutting of labia minora and majora affects the production of orgasm in a female. Many of the females said that, they do not get orgasm.

“I actually think getting orgasm is part of sexual life, so I kind of feeling something is missing from me as a result of FGM”.

All the female that were interviewed said that their sexual intercourse is painful.

“Even sex feels strange until now and it hurts”.

6.2 Psychological health

Throughout out the interview, we were, able to notice the psychological effects the FGM has on women. Feeling stressed and ashamed were repeated many times in different contexts. The idea of being sexually active made some female feel ashamed and stressful. It was even expressed as something is missing in them.

“Mentally I feel ashamed and stressed to be active in my sexual life. It is like something is missing in me”.

Female genital mutilation harms women's mental health throughout their life. The women who participated in our interview express their thoughts and feelings by saying that, female genital mutilation is the worst experience they have ever had and it still traumatizes them.

“The circumcision was done in Somalia when I was small and I can still remember that day. Seriously it was the worst thing I have ever experienced in my life”.

This practice has made them to go through psychological disorders like depression, anxiety and post-traumatic stress disorders and so on.

“Well as you heard from my sister my father was against the practice but my mom supported it.. That day was a nightmare (silent) the women started the Female genital mutilation with my big sister first. I could hear her screaming.. I was so scared. I begged my mom that I don't want to go through it and she said it is shameful not to go through it. What will people say about us. So (breath deep) they basically forced me. Four females took me against my will and started whatever they did”.

As we reach to one of the results of our thesis, we came to know that women with female genital mutilation believe that they cannot have any sexual pleasure anymore, since they feel like something is missing. These women are highly stressed and tensed before their sexual Intercourse. It is mainly due to the mutilated female sex organs which results in having a hard time to get aroused.

“They cut everything including the clitoris and sewed everything and just left a small hole. So, basically the female will not feel the orgasm”.

It is common as well that these women get nervous before the menstrual cycle begins, since they experience severe painful periods due to the obstruction of the menstrual flow in the vagina.

“Well it brings pains. The worst pain is then my menstrual cycle starts. Even in sex life (laughs, shy) it hurts too”.

6.3 Social health

As a human being, maintaining social health is important. Social health is as important as physical and mental health. Having a problem with social health can affect the wellbeing of human being. There are many things that affect the social health. In the interview that was held, many women have stated that the female genital mutilation has affected their social health. As far as we came to know many women are ashamed to speak about female genital mutilation with others including health care providers.

“Actually I have not spoken about the matter with healthcare personnel because I felt ashamed to do so (laughs, shy). I have not asked them what to do and how to deal with FGM. The whole thing makes me feel ashamed up till now”.

Coming to the next social effect, they had no sexual pleasure with their partners because of the lack of orgasm and painful sexual intercourse. These women do not are satisfied with their sexual life. One of the females said that, she has low self-esteem among other females. Some believe that they will not be able to date a man or even get married by a man who belongs to another culture because they are afraid of what the man will think of them.

“The topic itself is just annoying. Well (deep breath). It makes me have low self-esteem among other girls who don’t have it. I feel like I cannot get married or date a man from another culture because I am afraid of what they will think about me if they know about my FGM”.

6.4 Negative care experience with healthcare providers

Many of the females had negative experiences with the Finnish health care providers. FGM as a topic itself is hard to talk about. Some females were not able to talk about the matter to the health care provider and hoped that the healthcare providers could have approached them better.

“I Felt ashamed to talk about the matter, the nurse should have approached me better”.

“I have not actually spoken about the matter with healthcare personnel because I felt ashamed to do so (laughs, shy). I have not asked them what to do and how to deal with FGM. The whole thing makes feel ashamed until now”.

“I think they should be interested about the matter and try to help or start a conversation because the topic is very hard for us. We want to talk about it but somebody need to start it with us”.

“For example regarding menstrual pain, they suggested me to used pain killer although I would have wanted to do surgery where they could have widened my whole (vagina)”.

A health care provider should have enough knowledge about FGM to be able to advice the victim of FGM and give them information regarding FGM. Many wants information but they rely on the health care provider to give them.

“ I have not gotten any information because I didn’t ask for it”

FGM is not common in Finland. Many health care providers do not have the caring experience when it comes to FGM. The first reactions many health care providers had in common was being shocked. In this situation, they are either confused or helpless not knowing what to do. And they tend to ask the patient what can they do, when the patient herself is helpless.

“Most of the healthcare providers are shocked at first, then they are confused because they don't know what to do or what question to ask me”.

The third stage of FGM is the worst. It can be shocking to health care providers if it comes as a surprise without knowing about it beforehand.

“I am with third stage of FGM. When the nurse saw the FGM she was shocked. She literally did not know what to do, so she started asking what to do”.

Bad experience with healthcare providers can also affect the patient mentally. Bad delivery experience with midwives caused mental stress to one of the interviewees to an extent where a therapist was needed. Too much thinking caused weight loss to one of the interviewees.

“I was always scared before each of my delivery due to the bad experience I had with midwives. I would think about it a lot and loose to weight. They also took me to a therapist to talk before each delivery”.

Support is very important before, during and after the delivery. Some females did not get any support from the healthcare providers.

“To be honest I didn't get any support”.

Understanding and being understood is very vital when encountering the patient. In a situation where the patient speaks other language. An interpreter is needed in this situation. According to one of the interviewees, there was no interpreter involved during her delivery.

“I used the little English I had since there was no interpreter at that time”.

Two of the females who had naturally given birth, had a complicated and painful delivery due to lack of knowledge and experiences of health care providers regarding FGM.

“Giving birth was complicated and it hurt a lot”.

“Okay I was sent there, but even the midwives did not know what to do. They had to talk to the doctors. After all the complications, they figured out that they will (widen the vagina a bit to make it easy for birth giving. Okay on the day of the delivery, despite the pain I was going through I could see that the midwives seemed nervous. What made me mad was that they waited until the last minute to widen my vagina”.

6.5 Positive care experience with healthcare providers

Throughout the interview there were also positive experiences regards healthcare providers. Sometimes All the female with FGM needs is some to talk to. It is good that healthcare provider notices that and to offers options as it happened to one of the interviewees.

“Some tell me to talk to someone like a health counsellor or psychiatrist if I feel the need to share with someone. It helped because I can now get support”.

A good healthcare provider treats a patient professionally, with respect and takes care of the patient as a whole. One of the patient experienced had a good during her delivery.

“Finnish nurses and doctors did an excellent job”.

During the delivery, feelings such as fear and stress appears. The nurse need to be supportive and be there for the patient. Due to multiculturalism and immigration, Finnish healthcare providers have more experience with patients who have FGM.

“The Nurse I met was very supportive”.

“the nurse was comforting me the whole time that everything is under the control. They said they had many cases with female who had undergone FGM so they basically know how to deal with situation”.

7 Discussion

In this part the result is discussed mirroring it to the background, previous study and framework.

7.1 Discussion of Results

The result shows the health effects of FGM on women as well as their care experience with health care providers. FGM affects the female's health in many dimensions such as physical, psychological and social. According to Levine (1995) health is a person's state of wellbeing. Health does not simply mean the absence of diseases in the body. There are many different dimensions of health which are connected to each other. If one is not balanced, the others will also become imbalanced. All the females that were interviewed had their health physically affected from FGM. Common physical health effects were painful menstrual cycle, painful sexual interaction, difficulties with birth giving, no orgasm and longer menstrual cycle. Sauer & David, (2013) explains about the various complications of female genital mutilation. Most females who have undergone FGM have experienced a severe pain during their menstrual period.

Comfort et al., (2016) explain the clitoral removal results on decreased sexual pleasure, painful intercourse, anorgasmia, and decreased coital lubrication. Sometimes those people who are doing the FGM, don't practice it in a hygienic way. They are mostly using non-sterile equipment. The continuing use of these equipment, in multiple person will spread the infection rapidly.

Talking about FGM is stressful and shameful to most women. Many feel nervous before their menstrual cycle begins. Those who remember the time FGM was done, they describe it as a traumatic event. Compared to a study done by Anke van der et al., (2013) FGM causes chronic mental and psychosocial problems. While Comfort et al., (2016) state that post-psychological effects are traumatic stress disorder, anxiety and depression.

For some women, dating outside the culture caused fear. Some had low self-esteem among other girls when others said they had no sexual pleasure with their partners. It could be due to painful sexual intercourse or anorgasmia. This can also affect the relationship with their partners. Some describe their feelings like something is missing. Mirroring to what Eriksson (1994) said, health is a meaningful concept which is highly regarded as the functional peak existence of a body, mind and soul.

The experience with healthcare providers was both negative and positive. Negative experience tends to be more. The participated females said that healthcare providers approached them poorly. They wanted to express their feelings about FGM but they felt ashamed to do so. Some nurses were shocked at first and did not know what to do, which affected female genital mutilated females' trust of health care providers. The poor caring encounter that some got during their delivery affected their decision on giving birth again. This finding is consistent with Halldorsdottir (1996) describing both positive and negative effects of caring. Uncaring encounter can affect women decision on giving birth again. Negative caring experience includes 'discouragement, unconnected, alone, insecure, afraid, distressed, being out of control, hurt, bitter, anger and sometimes a sense of failure as a woman giving birth'.

The females expressed their expectation that, the health care professionals should have adequate knowledge about FGM. Mirroring to what Cathleen & Julia (2007) explain, healthcare professional should have the responsibility to educate and advocate their clients. When the woman approaches the nurse or anyone from the health care team, she should be satisfied with the care. For that, there should be a proper knowledge regarding to FGM such as knowledge about the reason for this practice, possible complications, managements and nursing recoveries etc. It is important to keep up the ethics while dealing with FGM because it is a very sensitive

topic. It is important for the health care team to make sure that caring is possible both physically and mentally. Reflecting to what Meissner (1994) said, there are various meaning of the concept of the caring. Nursing care is both physical and mental. It is also the Health care professional's duty to consider the cultural and traditional aspects from the patient's view.

7.2 Ethical considerations

During the study, ethical issues need to be taken into consideration. It should be considered from the beginning of any study. O'Leary (2010) explains that ethics dictate what is acceptable or allowed within the profession through rules of behaviour. Ethics in general is linked to moral obligation it tends to highlight what is fair, just, right or wrong. Moral obligation consists of conscientious – which is keeping the interest of respondent or participants in any decision-making process related to conduct research. Equity – which means the research is asking only segment of population and they need to be treated also in good way while asking them. Honesty is avoiding lying about why the research is done, the process that is gone through, target group that is interviewed or the references that are used. Is just a complete honest while doing the study. (O'Leary, 2010)

There were a lot of ethical considerations to be considered, from social to cultural and religious background, while interviewing. The words were carefully selected avoiding anything that could be offensive. The topic is personal, sensitive and difficult to many. Therefore, these females were reminded to ignore any question felt difficult to answer.

7.3 Critical review

In this section the study is summarized and evaluated. This is to analyse the strength and weakness of the study. Lincoln and Guba (1985) state that credibility, dependability, conformability, and transferability are four essential elements for trustworthiness.

Credibility includes confidentiality and trustworthiness when collecting the material or the information (Polit & Beck, 2010). Credibility was earned in this study by recording the interview, writing into original language and then translating it into English. Through translating to original language, it was ensured that misunderstanding was minimal.

Dependability is the possibility of getting the required results when repeating the finding in any other time and place (Polit & Beck, 2010). This study is based on individuals' experiences in both the FGM and care providers; whereas the result would vary if it was repeated again on the health providers giving passing information to the FGM clients. Finnish healthcare providers' aptitudes in dealing with FGM are more competent now than before and have the knowledge when dealing with FGM clients.

Transferability is the possibility of shifting the findings to other contexts (Polit & Beck, 2010). The findings of this study can be used in other context since it explains the side effect of FGM and personal experiences.

Conformability is when the finding is relevant and has meaning (Polit & Beck, 2010). The result in this study is achieved by asking pre-determined questions through interviews to get accurate and relevant answers with meaning.

The inclusion is met through the following; All the chosen articles are related to the topic and focused on the same gender. Articles from different parts of the world are used, which provided good information. Most the articles are English.

The exclusion, on the other hand, is using articles that are more than 20 years old. Some of the articles are Non-English articles.

7.4 Conclusion

Female genital mutilation has a serious effect on women's health. It affects the female's health physically, mentally and socially. As it shows in the results, every woman agreed that they have at least one physical complication due to this practice. FGM results fear and anxiety in women. They are worried about the pain during their menstrual cycle, delivery and sexual intercourse. Absence of pleasure or orgasm is common among these women and can lead to upset their mental health as well as social health. These women feel that they are different from others. It makes them think that they miss something which results to a low self-esteem. Some women highlighted that the incident was a nightmare to them. The FGM commonly took place during their childhood, which could cause a serious trauma or mental shock on them.

Those females who participated in the interview had both positive and negative opinions about the health care professionals. Negative opinions that arose were the fact that, health care professionals didn't have enough awareness about the female genital mutilation and it made them worried and helpless.

Since there were only five interviewees, the study cannot be generalised. Women who had positive response said that, the health care professionals were aware about the female genital mutilation and they did a holistic care during their child delivery. There is one thing that should be noticed, all the women who had negative experiences, had their child delivery many years ago.

And the women who had positive experience had their child delivery recently, just one year before. It clearly shows that health care professionals have an increased awareness in the knowledge about FGM.

All females were expecting, that the health care professionals should have got enough knowledge about FGM. The repeated complication after delivery and not having enough advice made these females reluctant to seek for medical help.

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