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GENITALLY MUTILATED
WOMEN IN THE
WELLINGTON REGION: A
STUDY OF THEIR HEALTH
NEEDS

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ABSTRACT

The purpose of this study was to explore the health care needs of a group of Somali women in the Wellington region. Using a qualitative research method, two open-ended questions were put to Somali women in a focus group setting. The health care needs of the Somali women in relation to female genital mutilation were explored. The data generated in the group discussions were recorded. Thematic content analysis was applied to the data. Categories and major themes were extracted from the data, which constituted the findings of this study.

The findings of the study demonstrated that the identity of Somali women is defined by female genital mutilation (fgm). The findings also included physical health and childbirth perspectives that emerged and shaped the discussion. The findings are supported by some of the literature on female genital mutilation except that the Somali women in this study consider the consequences of fgm as a very normal part of their life and that of women. The Somali women do not view their health consequences as 'problems'. The findings also demonstrated a need for bridging the gap between the understanding of the cultural practice of female genital mutilation and the related health effects and the ways in which the health professionals can meet the health care needs of Somali women living in Wellington.

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*"Om bhur bhuvah swah. Tatsavitur varenyam bhargo
devasya dhi-mahi. Dhiyo yo nah pracodayat".*

PREFACE

A CRUEL CUT OF CULTURE

Female Genital Mutilation (FGM) or Female Circumcision

In New Zealand, health professionals work with an increasingly multicultural population. I have chosen to look at a specific cultural practice, female genital mutilation (fgm). Through this study I have sought to understand the health needs of Somali women who have been genitally mutilated.

In 1995 I participated in a conference entitled 'New Zealand's Role in Africa', held by the Africa Association of New Zealand. In one of the workshops dealing with ethical issues, a discussion developed between two New Zealand women and an African man. They confronted him about the atrocity of female genital mutilation. He stated amongst other things that the community he belonged to did not view this cultural practice as mutilation.

At that stage I knew little about female genital mutilation. I entered this study with the knowledge that fgm was practised in some cultures as a way of maintaining the virginity of young girls so that they are marriageable. This is slightly similar to the Indian culture where it is vital for a girl to be a virgin when she marries (however in recent times this is not an important requirement as it once used to be). I had little knowledge of the complexity of the procedure of fgm or its consequences as they emerged during this study. The discussion between the New Zealanders and the African man signified for me that there were distinctly different views on this practice. I realised then that I

would like to explore this topic further. My aim gradually began to take shape as I found out more about the practice. During the period 1995 - 1999, New Zealand experienced an increase in numbers of migrants and refugees from North African countries where the practice of genital mutilation is prevalent. The media, both local and overseas, highlighted this practice, as more and more countries around the world came into contact with women who had been genitally mutilated.

Emotive media headlines focused attention on this subject. For example, in 1997 *The Dominion* ran an article entitled, 'Cutting at the heart' (25 October 1997). The *Sunday Star-Times* featured an article on 'Culture battle over a cruel mutilation' (15 November 1998). The magazine *She and More* presented Joanna Wane's report with the introduction: 'Why would a woman hold down her daughter while a midwife cut away her clitoris with an unsterilised razor blade? - Every 15 seconds a girl is mutilated' (October 1998). *The Evening Post* featured an article headlined 'A cruel cut of culture' (2 December 1998). In February 1999 the *Evening Post* ran two articles headed 'Genital mutilation trial starts' (3 February 1999) and 'Paris court jails female circumciser, parents' (17 February 1999). One reason for the media attention may be that female genital mutilation (fgm) is increasingly becoming an immigrant health and human rights issue for western nations.

I work in a department of nursing and health studies at a Polytechnic in New Zealand. The nursing students I work with are exposed to clinical experiences at the public hospital with patients who are drawn from the multicultural population of Wellington. The population includes women who come from Africa and may have been genitally mutilated. Students who have encountered women from Africa with genital mutilation are not sure how to respond or react. In some cases students asked to perform

catheter care for patients who have been genitally mutilated, are unprepared by the appearance of genitalia different from their own, or for the effects of cultural practices different from their own, and are often surprised. These incidents, the media coverage and the students' experiences, led me to explore this area of women's health.

The study is presented in six chapters. Chapter one provides an orientation to the study and presents the historical background and definition of fgm. The different types of female genital mutilation and the procedure are described. The law relating to female genital mutilation is presented and the chapter concludes with the perceptions and roles of health professionals. Chapter two presents an overview of literature that relates to the incidence of genital mutilation, a number of studies describing the reasons for the continuation of the practice of fgm, the implications for health and a comparison of such implications with those occurring as a result of other cultural practices such as male circumcision. In chapter three the method and methodological aspects of this study are presented while chapters four and five relate to the findings. Chapter six presents with the discussion, current research findings, and implications for midwifery, other health professionals, education and further research.