

# Female Genital Cutting (FGC) in The Eyes of American Healthcare Providers: We Care and Want to Help

## Overview of FGC

### What is FGC?

The World Health Organization (WHO) defines FGC as "all procedures involving partial or total removal of the female external genitalia or other injury to female organs whether for cultural or other non-therapeutic reasons" (WHO, 2014).

### Terminology:

- There are various terms describing the practice of FGC that have evolved over years to recount different social and cultural justifications.
- **Female Circumcision:** It was introduced in 1970s. The term has been criticized because it is perceived as parallel to male circumcision.
  - **Female Genital Mutilation:** it was used in early 1980s to mid 1990s to distinguish the practice from male circumcision. The term "mutilation" emphasizes the level of violation and the degree of complications that are associated with the practice.
  - **Female Genital Cutting:** The United State Agency for International Development (USAID) introduce it in late 1990s as official term.

## HISTORICAL FACTS & REALITIES

### Female Genital Cutting

It is not clear whether FGC originated in one area and spread to other areas or whether it occurred concurrently and independently in various regions (WHO, 2013, Boyle, 2002; Wassunna, 2000). It is reasonable to assume that FGC arose from equatorial, sub-Saharan Africa



(Slack, 1988) during middle stone ages and spread to the old Kingdom of Egypt. The practice was disseminated as a social ideology that had various subcultural justifications throughout history.

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## FGC in the American Context

- It is a public health and human rights issue because it affects at least 200 million women worldwide.
- Increasing migration to the USA and elsewhere precedes the care of women with FGC to become a global human right issue.
- In the U.S. more than 507,000 females who underwent or at risk to undergo FGC migrated to USA

## Purpose & Objectives

The purpose is to integrate culturally and clinically competent perinatal care for vulnerable women and their families within the American healthcare context.

Identify the major socio-cultural challenges that impede optimal healthcare for pregnant women with FGC.

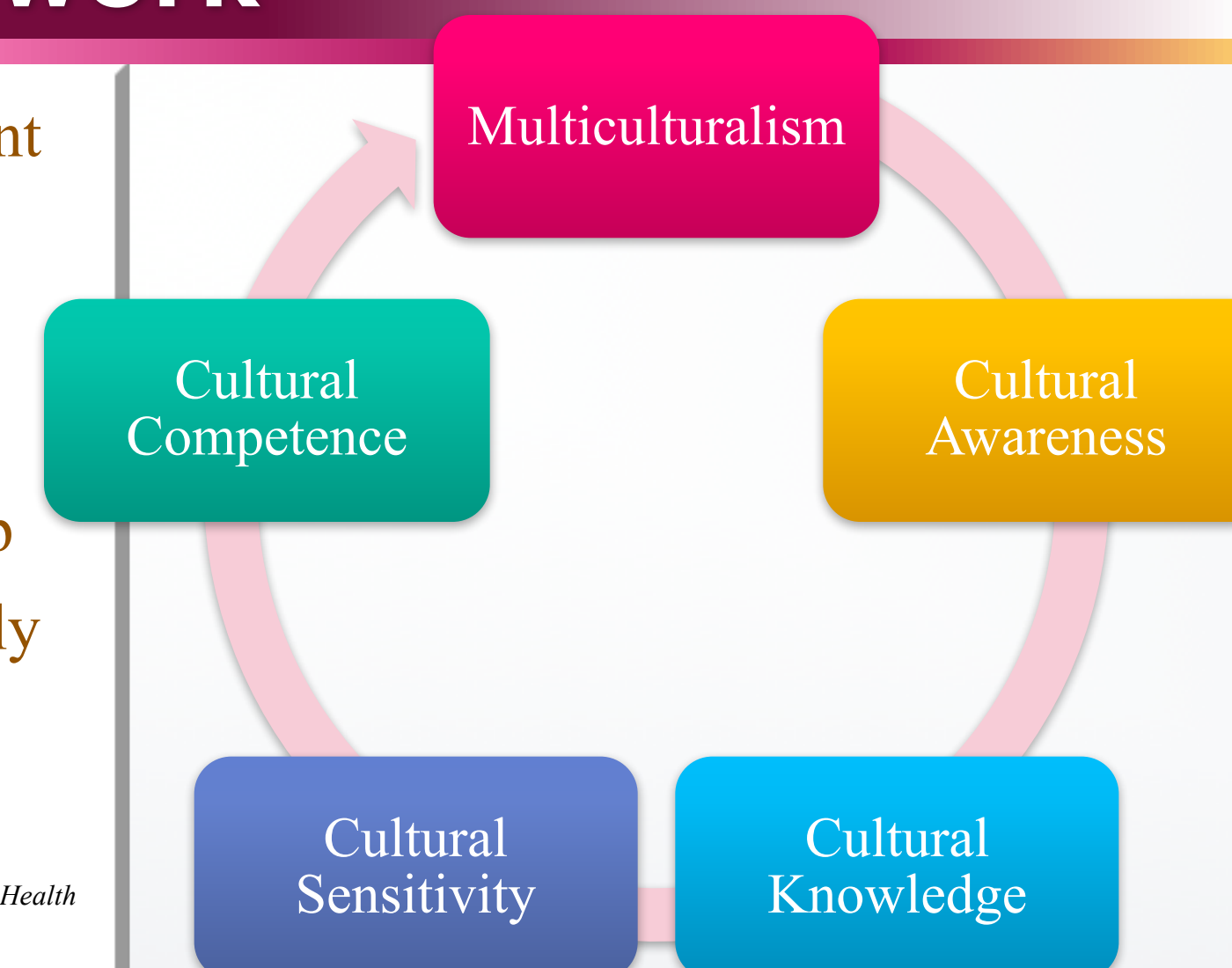
Explore culturally competent healthcare strategies to overcome these challenges.

Disseminate research plans and findings that focus on FGC and perinatal care in the American context.

## Theoretical Framework

The Transcultural Skills Development Model (TCSDM) is the major theoretical framework for this study. Papadopoulos, Tilki and Taylor developed this model in 1998 to help healthcare providers deliver culturally competent care, which ultimately ensures high quality care for all.

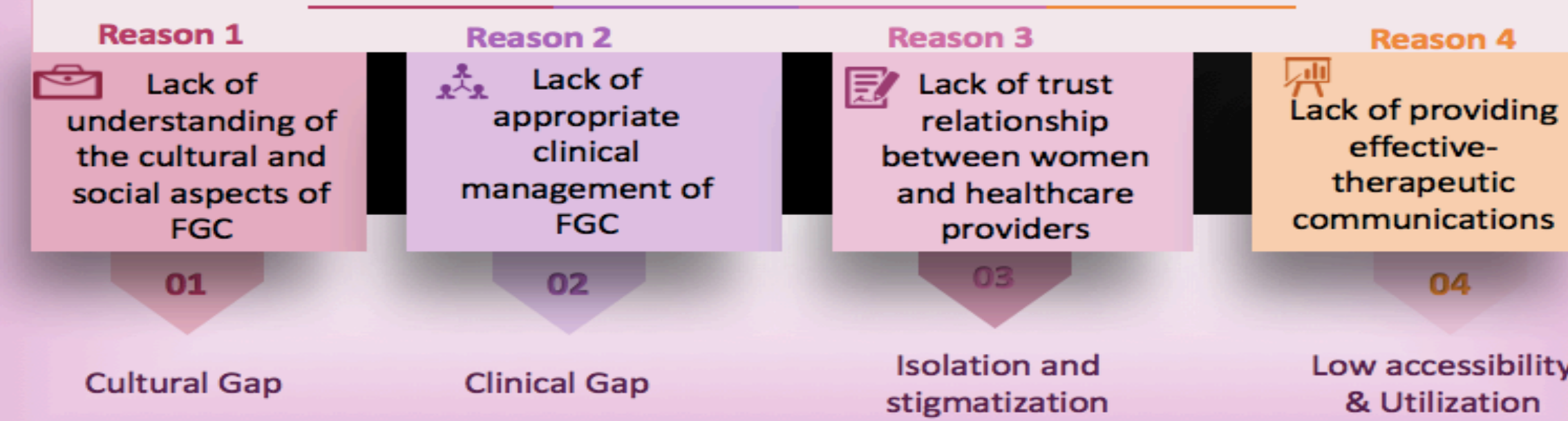
\* Papadopoulos, I., Tilki, M., & Taylor, G. (1998). *Transcultural Care: A guide for Health Care Professionals*. Quay Books. Wilts. (ISBN 1-85642-051-5)



## The Current Challenges

### Statement of the Problem

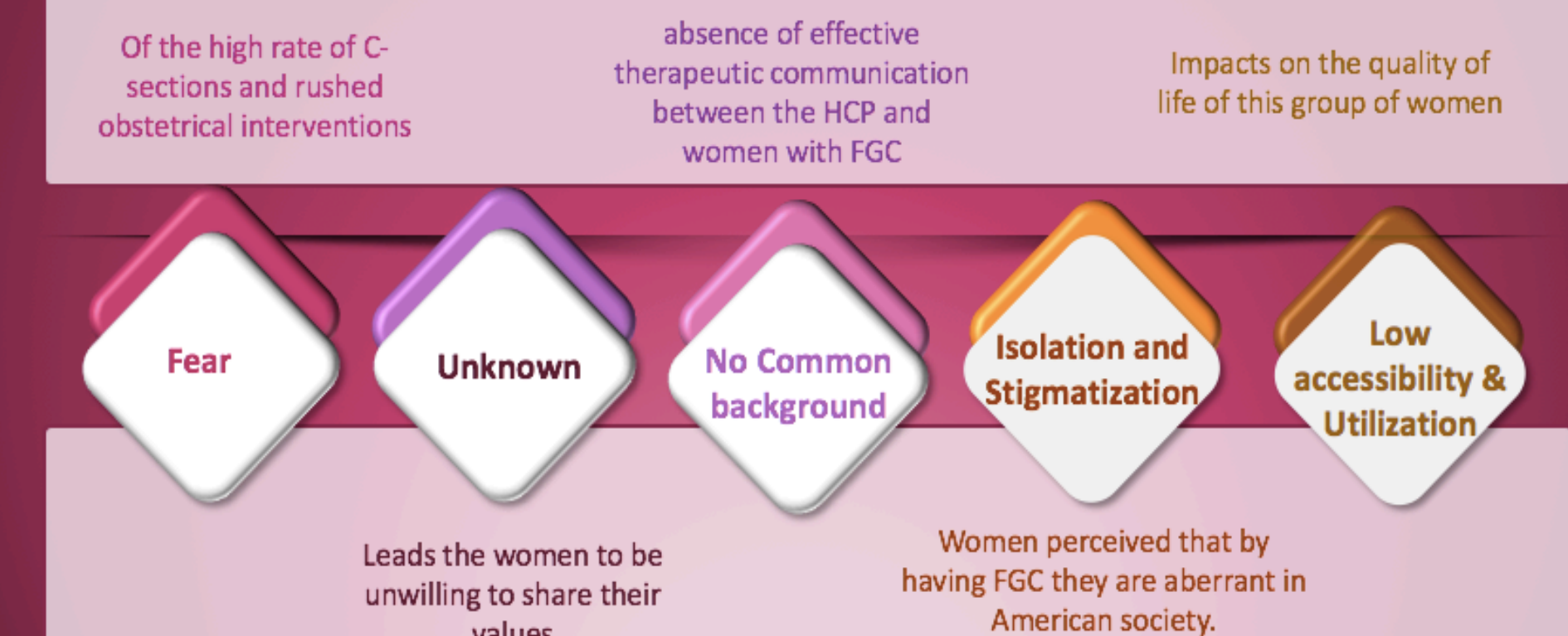
Providing culturally competent care for pregnant women with FGC, particularly during labor, is a key challenge for U.S. healthcare providers.



## FGC & Perinatal Care in USA Context

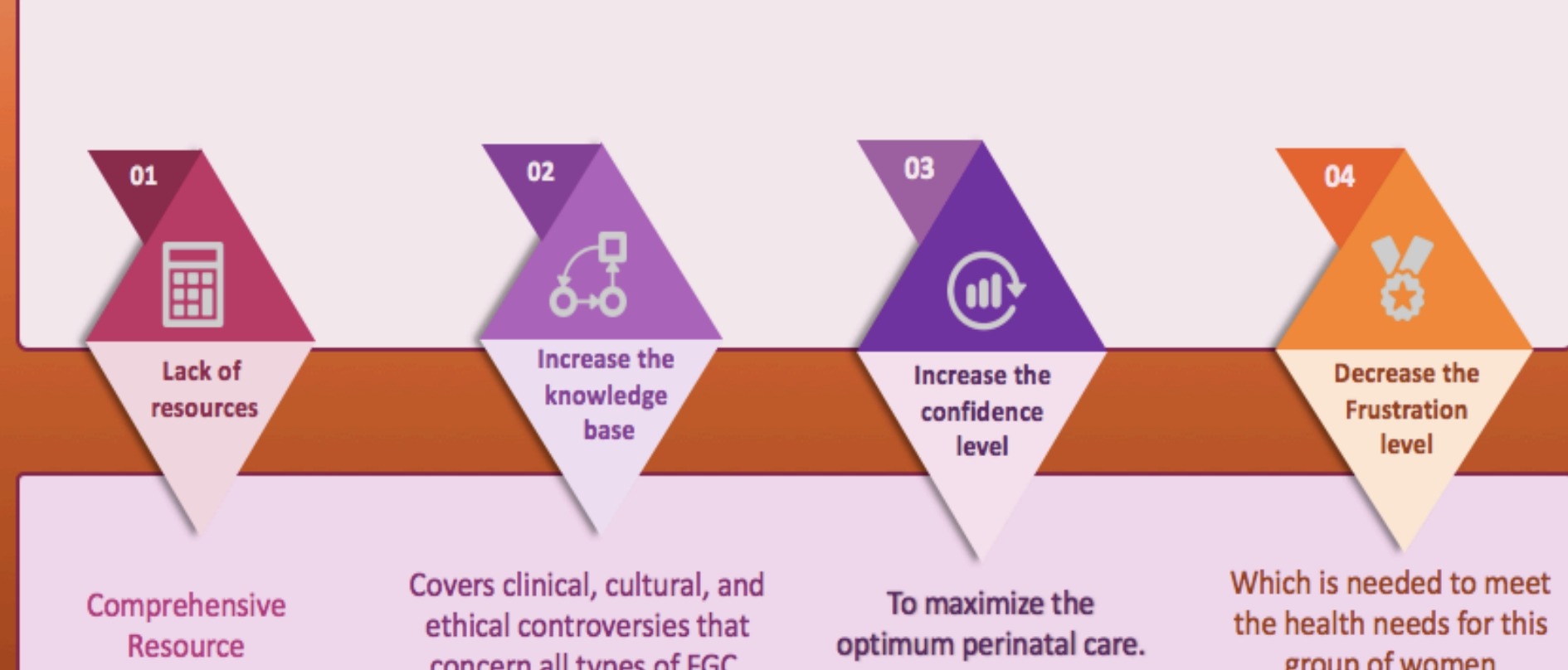
A scoping review was conducted to examine the existing evidence that concern FGC and perinatal care in the American context. Indeed, it identified the knowledge gap that concerns FGC and maternity healthcare services. It provided deeper insight about the maternal experiences of immigrant women with FGC, and the healthcare providers as well in USA

### Women's & Their Partner's Views



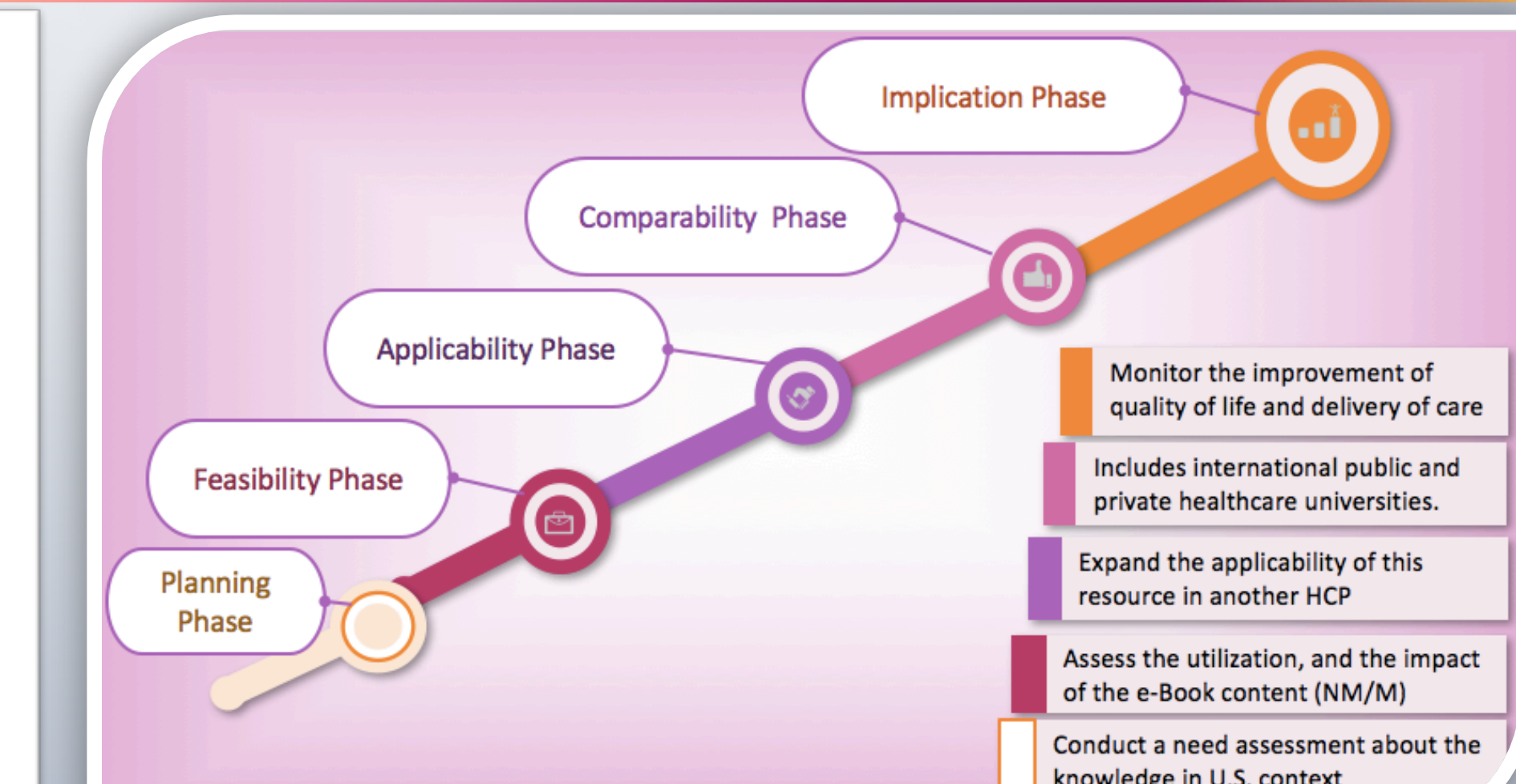
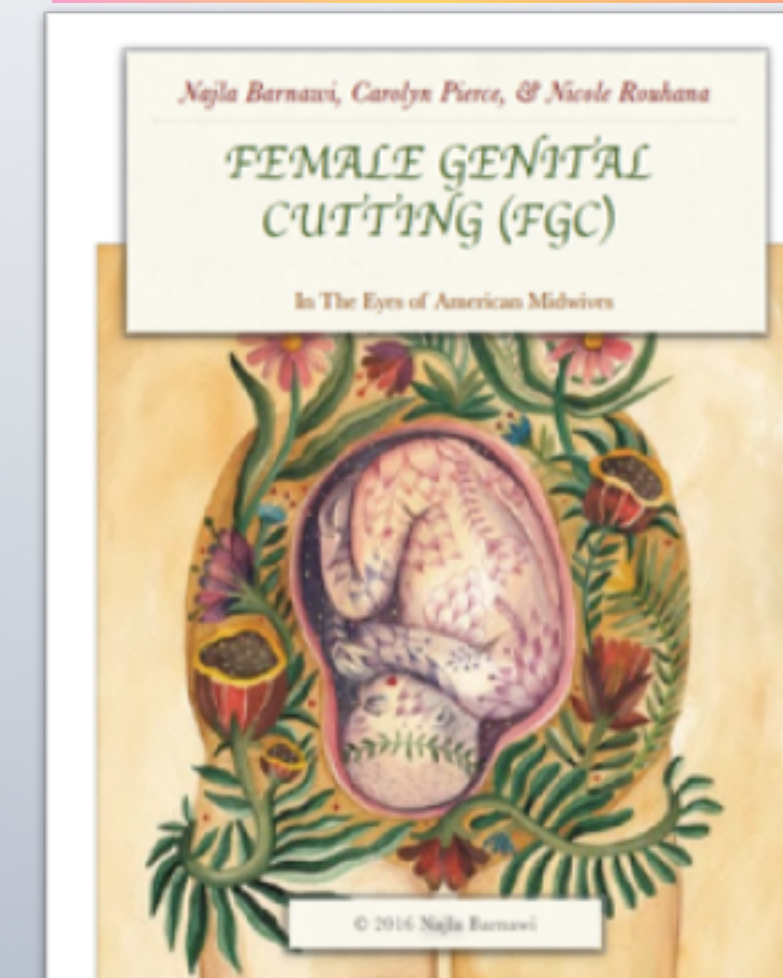
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### Healthcare Provider's Views



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## Research Plan



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