Prospectus

The Experiences of Female Genital Mutilation on Women of Sierra Leone

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Problem Statement

An estimated 100 to 140 million women and children globally are living currently with the consequences of female genital mutilation (FGM; World Health Organization [WHO], 2010). The World Health Organization (WHO, 2014), which is the organization responsible for providing coordination and leadership on global health matters has indicated that in many parts of the world, FGM is performed from infancy through adulthood. Ninety-two million young girls have gone through this practice by age 10 (WHO, 2010). FGM is seen globally as a human rights violation of women and children. Culturally, FGM is performed on young girls to change a girl’s genital organs. Usually, an elderly woman uses a contaminated sharp tool such as a razorblade, knife, scissors, or a piece of glass to perform the circumcision (WHO, 2005). These tools are commonly used on several girls in sequence, are often not cleaned, and are notorious for transmitting a variety of diseases (HIV or hepatitis).

Health issues may arise during and after the procedure including: chronic physical problems, urinary tract infections, anemia, pain, incontinence, infertility, menstruation problems and dyspareunia. Women also have a higher risk for HIV infections, and have difficulty during pregnancy; prolonged delivery, loss of blood and infant resuscitation, physical examinations and vaginal application of medicine, wound infections, and perineal tears. In addition, long-lasting problems include sexual coldness, genital deformity, chronic pelvic difficulties, persistent urinary illness and preservation including obstetric complications such as the fetus being exposed to infections (WHO, 2005). Mental consequences after FGM include fear, feelings of incompleteness, suppression, inferiority, chronic irritability, and nightmares (Ulz-Billing, 2008).

Men are circumcised (the removal of foreskin on men’s genital organs) as well as women in most parts of the world. Three major classifications of FGM are as follows: (a) the covering
of skin that sits in excess of the clitoris is removed or the whole clitoris is detached, (b) the exterior genitals are removed and the sore sewed up together leaving a small opening to permit the channel of urine and menstrual fluid, and (c) other practices such as cutting/piecing, cauterizing, scraping or using corrosive materials are used with the intention to disfigure and thin the vagina (Kulish, 1991). Some of the beliefs surrounding FGM may involve: ensuring virginity, enhanced marriage prospects, reduced sexual craving, and emphasizing gender differences, as the clitoris is seen as a “male” organ and is detached to ensure girls do not develop “male” characteristics such as violent behavior or promiscuity (Fourcroy, 2006).

FGM has been banned and condemned by the United Nations. Organizations such as the WHO and the United Nations Children Fund (UNICEF), an organization that is concerned with improving the nutrition and health of children, have implemented many programs in countries with high prevalence rates of practicing FGM to work with communities to completely abolish this old tradition (WHO, 2005). A gap in the body of literature regards how the women that have undergone FGM perceive the practice, how they perceive the relative safety of the practice, and how the parents of the girls who go through the FGM feel about their daughters going through the procedure. While numerous studies have examined the practice and procedures of FGM, to date, no study has been done to identify the unique perspectives of the Sierra Leone women who go through the FGM procedure, their resilience to overcome the physical and emotional scars of the procedure, and their knowledge regarding the associated health consequences. I chose to examine Sierra Leone women because I am from that part of the world and almost every single girl is at risk for this practice. The purpose of this study is to explore the lived experiences, including resiliency to overcome the physical and emotional scars of the procedure, of women from Sierra Leone who have undergone FGM.
Significance

FGM has become a significant problem which concerns both men and women who believe in fairness, dignity, and justice to all individuals, despite religion, race, gender, and ethnicity. FGM should not be seen as a problem of any one culture or group, whether it be Muslim, African, Middle Eastern, or Christian. Although the scope of this study is limited to one cultural group, many cultures continue to practice FGM. This study is particularly significant because it examines the underlying cultural and traditional reasons why this practice continues, the resilience to overcome the physical and emotional scars of the procedure, and the safety and health concerns involved with the procedure from the perspective of the women who have undergone the procedure. I will also explore the parents’ perspectives of the girls who go through the procedure, and their understanding of the health consequences involved.

The results of this study will inform practitioners and policy makers in the medical community (e.g. WHO, UNICEF, etc.) on the need for continuing education about the long-lasting physical and mental health consequences of FGM. Social change will be enhanced through the implementation of intervention strategies and programs to enhance knowledge about the health consequences associated with FGM, practitioners’ who perform the procedure, the parents of the girls, and the women who go through the procedure will get a better understanding of why FGM should be abolished. Similarly, the knowledge and information gathered from this study will promote greater understanding and awareness towards the pursuit of positive social change and will provide suggestions for the abolishment of FGM in its entirety throughout the world.
Background

The following articles relate to FGM:

1. Brown, Beechum, and Barrett (2013) provided information on FGM, also known as female circumcision or female genital cutting, as a practice that adversely affects the health and well-being of women and girls worldwide.

2. Gele, Bo, and Sundby (2013) provided information on the cultural and traditional reasons for FGM as a passage to womanhood.

3. Edwards (2002) and Fourcroy (2006) provided information on the continuance of these practices in order to ensure virginity, enhance marriage prospects, and to emphasize gender and the history of these procedures by midwives, traditional healers, birth attendants, physicians, or elderly women.

4. Finlay (2012) and Kitson and Zietz (2012) provided information on the concepts and philosophical standpoints associated with phenomenological studies. This information included the phenomenological school of thought, which places emphasis on people's unique, personal perceptions and experiences in the real world, in relation to a patients’ view of patient-centered care.


6. Little (2003) provided information on the origins and history of FGM and circumcision throughout the world.

7. Ropers-Huilam (2001) discussed the evolvement of feminist theory and the associated oppression of women worldwide in regards to FGM.
8. WHO (2005) provided information regarding ethical and safety recommendations, and discussed the abolishment of FGM practices as well as other global human rights violations to women and children.

9. WHO (2010) provided information regarding health effects of FGM.

10. Tenneks (1971) and Cassman (2007) provided information regarding cultural relativism theory and culture, ethnic, and religious rationales to the FGM practice.

**Conceptual Framework**

The theoretical framework for the current study includes Mitchell and Oakley’s (Oxford, 1986) feminism theory and Boas’ (1858-1942) theory of cultural relativism. Chapter 2 will include a discussion of the influence of each theory on the current research. Interviews will be conducted as a part of this qualitative study. Interviewees include the women and girls who undergone the procedure, and the parents of the women who have undergone the procedure. Interviews are particularly useful for getting the story behind a participant’s knowledge and experiences and their resilience to overcome the physical and emotional scars of the procedure to obtain in-depth information regarding FGM practices and procedures (Roulston, 2010). A standardized interview will be completed by the interviewer based on what the respondent says. Interviews allow for the collection of more in-depth data than would questionnaires (Qu & Dumay, 2011).

**Feminism Theory**

Feminism theory suggests that in a society, gender is the primary organizing characteristic. According to Flax (1979, 1996) the basis in assumptions of feminist theory and the way that feminist theory has evolved is by the different experiences of men and women, the oppression of women is excluded as a subset of other social relationships, and structure of the
oppression of women is because of the way the world is organized (Ropers-Huilman, 2001). The concept of feminist theory can be applied to FGM of millions of girls and women across the globe. Mugo (1997) described FGM, in the name of a ritual, as a form of physical abuse, and Baum (2004) stated that women, being fundamentally different that men, have been subjected to androcentric cultural norms that privilege men, while women are being restricted from what they can do or be. The literature on feminism theory, which exemplifies the exploitation and oppression of women, coincides with the foundational framework of this study. However, a challenge to this thinking is the consideration of the African world views and African systems of thought regarding traditional and cultural standards on the FGM practice (Ropers-Hulman, 2001).

**Cultural Relativism Theory**

Cultural relativism theory suggests that “cultures each have their own values and ways of understanding the world and therefore each ethnic group needs to be understood in its own, culture-specific terms (Tennekes, 1971). Cassman (2007) suggested that in the context of female genital cutting, unless an understanding for the ethnic, cultural, and religious rationales to the practice are considered, the international movement toward elimination of this practice is unlikely. Other research such as Martinez (2005), describe FGM as a matter of family honor and proper marriage, and argue that the patriarchal society determines that female circumcision fits within the complex social arrangement for women’s subordination. Not until the families of the women, as the keepers of the tradition, eliminate the practice of FGM, will we see the abandonment of FGM be realized, rather than being seen as the best interests of the West (Martinez, 2005). Together, feminism theory and cultural relativism will incorporate different theoretical perspectives dealing with this ritual.
Research Questions

I seek to understand and explore the perceptions and lived experiences that women have concerning the practice of FGM. Through this inquiry, I aim to shed light on the persistence of the practice and the resiliency of the women to overcome the trauma of the procedure. A thoughtful consideration of these objectives and a thorough review of the existing literature led to the development of four research questions. The research questions that will guide this study are:

RQ1 – How do Sierra Leone women who have undergone FGM perceive the practice?

RQ2 – What concerns, if any, do Sierra Leone women who have undergone FGM have about the relative safety of the practice?

RQ3 – How do Sierra Leone women who have undergone FGM feel about having FGM performed on their daughters?

RQ4 – To what factors do women who have undergone FGM attribute the continued persistence of the practice?

Nature of the Study

Qualitative

I will employ a qualitative phenomenological approach to explore the phenomenon of interest. I will explore the lived experiences of women from Sierra Leone who had undergone FGM to understand their perceptions concerning the practice, and their feelings toward having their daughters experience the practice. By developing a deeper apprehension of their unique perspectives, I will better understand the reasons for the continuance of FGM. Phenomenology is considered a philosophical standpoint as well as an approach to qualitative design (Finlay, 2012). Phenomenology can be described as a school of thought, placing emphasis on people's
unique, personal perceptions and experiences in the real world (Kitson & Zietz, 2012). I will develop a questionnaire comprised of open-ended questions to use as a guide when completing the interviews with women who have undergone FGM. My intent in using these questionnaires is to obtain detailed accounts of the participants’ experiences and perceptions as they relate to FGM and to understand their resilience to overcome the physical and emotional scars of the procedure. These questionnaires will serve as the sole method of data collection in this study. By synthesizing the similarities among the varied accounts offered by participants, and analyzing this composite account, I will reduce the phenomenon to its core essence (Wilson, 2011).

The target population in this study consists of women who are originally from Sierra Leone and have undergone FGM. According to estimates, approximately 60% of adult women in the country have undergone the practice (IRIN, 2012). I intend to recruit 15 participants from within this population.

**Ethical Considerations**

Key ethical considerations are applicable to the proposed study. In research with human participants, researchers follow the guidelines stipulated in the Belmont Report (US Department of Health and Human Services, 1979). The three primary ethical principles outlined in the report are: beneficence, justice, and respect for persons. Beneficence refers to the maximization of benefits and the minimization of risk to participants in research (Owonikoko, 2013). I will attempt to address this principle by protecting participant confidentiality through the use of pseudonyms (Knox & Burkhard, 2009). I will also attempt to minimize risk to participants through the informed consent process. I will thoroughly explain the purpose of the research, and the expectations of participation, prior to collecting data. Also, I do not intend to use vulnerable
populations, such as minors, pregnant women, or the mentally disabled in my research (Levine, 2004).

Justice denotes the equitable distribution of the risks and benefits associated with the research to all participants (Dresser, 2012). I will satisfy this ethical requirement by utilizing the same questionnaire for all participants, thereby ensuring that all participants are asked the same questions. I will also inform all participants that I will offer no incentive for participation in the study. Further, the benefits that may result from this study, such as increased insight into the persistence of FGM, stand to impact all women from this and other affected ethnic groups (Owonikoko, 2012).

Respect for persons refers to the researcher’s duty to respect the autonomy of the participant and his or her right to voluntarily participate in the research (Dresser, 2012). I will honor this principle through the informed consent process. During this process I will explain the purpose of the research and answer any questions the participant has in regard to the research. I will remind participants that their participation is strictly voluntary; I will also inform participants that they may withdraw from the study at any time, without adverse consequences.

Another important ethical consideration in this study is researcher bias (Chenail, 2011). As a member of the ethnic group that comprises the target population in this study, I am an insider and may possess biases in relation to this topic. To mitigate the influence of researcher bias in the present study, I will first acknowledge and examine my personal experiences and beliefs relative to FGM. As suggested by Husserl (1982), I will also practice epoché, or bracketing, to temporarily set aside my personal views and view the phenomenon from a different perspective. By making a conscious effort to bracket my views on the subject, I will be
better able to accurately collect and interpret the information which is necessary from the participants to answer the research questions (Tufford & Newman, 2010).

**Possible Types and Sources of Information or Data**

Possible types and sources of information in the proposed study include:

Interview questions completed by women from Sierra Leone who have undergone FGM.
References


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