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Reasons behind female genital cutting
- a literature review

Degree project in sexual, reproductive and perinatal health, 15p
(Advanced level), 2014

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Skälen bakom kvinnlig omskärelse

- en litteraturstudie

Examensarbete i sexuell, reproduktiv och perinatal hälsa, 15p

(Avancerad nivå), 2014

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ABSTRACT

Background: The practice of female genital cutting (FGC) is also known by various names such as female genital mutilation, female genital surgeries or female circumcision. It implies partial or total removal of the external female genitalia or other injury to the female genital organ for non-medical reasons. More than three million girls and women are subjected to female genital cutting worldwide every year. Although it is banned in several countries, this tradition still continues with major health risks.

The procedure is mostly done on girls from infancy to 15 years of age. It signifies trauma both physically and mentally.

Aim: The aim of the study is to investigate the underlying reasons for FGC.

Material and method: The approach of the study is literature review based on eleven scientific articles in which qualitative studies were included.

Results: Six major themes emerged in the result: virginity, marriageability and family honour, femininity and perception of beauty, sexuality, religion, social pressure and mysticism and magic. In addition, the author has introduced a seventh heading, "Multiple reasons and other findings", where references which are a combination of the reasons already mentioned under the six major themes are included, together with some other findings, in order to fully illustrate the complexity of the issue.

Conclusion: Female genital cutting is a multifaceted process, which is constantly negotiated in a diversity of social settings. A variety of socio-cultural myths, religious, hygienic and esthetic concerns can be found behind the decision to subject a girl to the practice. The prevalence of FGC remains high despite many abandonment campaigns, sometimes in combination with legislation. According to research a large proportion of the participants supported the continuation of the practice.

Keywords: Female Genital Mutilation, Female Genital Cutting, Reasons, Perceptions and Culture.

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SAMMANFATTNING

Bakgrund: Kvinnlig omskärelse också kallad kvinnlig könsstympning, innebär borttagande av hela eller delar av de yttre kvinnliga könsorganen eller andra skadliga ingrepp på de kvinnliga könsorganen av icke-medicinska skäl. Över 3 miljoner flickor och kvinnor utsätts för kvinnlig omskärelse varje år runt om i världen. Trots att det är förbjudet i flera länder, fortsätter traditionen fortfarande med allvarliga hälsorisker som konsekvens. Ingreppet utförs på flickor från spädbarn till 15 års ålder. Det innebär trauma både fysiskt och mentalt.

Syfte: Syftet med studien är att undersöka de underliggande orsakerna till kvinnlig omskärelse.

Material och Metod: Det här är en litteraturstudie baserat på elva vetenskapliga kvalitativa artiklar.

Resultat: Sex huvudtemata framkom i resultatet - Jungfrulighet, äktenskapsintresse och familjeheder, Kvinnlighet och föreställning om skönhet, Sexualitet, Religion, Socialt tryck och Mystik och magi. Författaren introducerade ytterligare en rubrik, "Multipla orsaker och andra rön", där referenser som är kombinationer av skälen redan nämnda under studiens huvudtemata är inkluderade, tillsammans med övriga rön. Detta för att tydligt beskriva ämnets komplexitet.

Slutsats: Kvinnlig omskärelse är en mångfacetterad process, ständigt diskuterad i många olika sociala sammanhang. En variation av sociokulturella myter, religiösa, hygieniska och estetiska samband kan finnas bakom beslutet att utsätta en flicka för omskärelse. Förekomsten av kvinnlig omskärelse förblir hög trots många kampanjer för att få stopp på förfarandet, ibland i kombination med lagstiftning. Generellt, finns det stöd bland en stor del av deltagarna att hålla fast vid traditionen.

Nyckelord: Kvinnlig könsstympning, Kvinnlig omskärelse, Anledning, Uppfattning och Kultur.

CONTENTS

INTRODUCTION

Sweden has become a society characterized by a multicultural population. Daily meetings occur between patients and health workers with different cultural backgrounds. The transcultural field is of much interest to me, not only because I represent a different cultural background as an African, but it is also an area that I explored in my thesis for Bachelor Degree of Nursing, 2006. My cultural and professional background has led to a deepened understanding concerning the challenges that can arise in the care of patients with foreign backgrounds. Caring for patients especially women in the labor ward and maternal care unit awakens several questions particularly if they have undergone female genital cutting.

Female Genital Cutting (FGC) frequently appears in media debates on public health, morals and women's rights. One is confronted by pictures showing mutilated genital organs, listening to various experts in TV debates describing the practice of FGC as primitive and the women subjected to this tradition as victims of religious and ethnic traditions. In my clinical practice, I have met many women who have undergone FGC in the labor ward and maternal health care unit. This has led me to want to learn more about this tradition and women’s reasons practicing circumcision, in order to provide culturally and medically appropriate care and support.

In spite of many abandonment campaigns conducted over the years, it has proved difficult to abolish the practice of FGC. During this work, I will pay attention to traditional views of female genital cutting and how these contribute towards the resistance to change the custom.

The traditional practice, involving the removal of the female external genitals, namely female genital cutting (FGC) or female circumcision (FC) are the terms used in this degree paper.

BACKGROUND

Historical and Cultural

The history of FGC is not known but the practice is dated back at least 2000 years. It is not known when or where the tradition of female genital cutting originated. It was believed that it was practiced in ancient Egypt as a sign of distinction amongst the aristocracy. Some believe it started during the slave trade when black slave women entered ancient Arab societies. Others believe FGC began with the arrival of Islam in some parts of sub-Saharan Africa and some believe the practice developed independently among certain ethnic groups

in sub-Saharan Africa as part of puberty rites. Overall, it was believed that FGC would ensure women´s virginity and even reduce female desire. The practice is supported by traditional beliefs, values and attitudes. In some communities it is valued as a rite of passage to womanhood. Other value it as a means of preserving a girl´s virginity until marriage, for example in Sudan, Egypt and Somalia. In most of these countries FGC is a pre-requisite to marriage and marriage is vital to a woman´s social and economic survival. The practice is supported by traditional beliefs, values and attitudes, and has been guided by taboos from generation to generation.
(" Historical & Cultural," 2007- 2013).

Prevalence of female genital cutting

Female genital cutting (FGC) is a global health concern and is most common in the western (Senegal, The Gambia, Burkina Faso, Mali, Sierra Leone, Guinea) eastern (Djibouti, Somalia, Sudan, Ethiopia, Eritrea) and north-eastern (Egypt) regions of Africa, in some countries in Asia (Pakistan, Malaysia, Indonesia) and the Middle East (Oman, Yemen, Iraqi Kurdistan), and among migrants from these areas. FGC is recognized internationally as a violation of human rights against women and girls and is an extreme form of discrimination that leads to impaired health with pain and major health risks (Kaplan, Hechavaria, Martin, & Bonhoure, 2011; Talle, 2008, P. 13).

Between 100 and 140 million girls and women worldwide are estimated to have undergone the practice of FGC and about three million girls and women are subjected to FGC every year. Although it is banned in several countries, this tradition still continues with major health risks. Female genital cutting is practiced as a cultural ritual by ethnic groups in 27 countries in sub-Saharan and Northeast Africa, and to a lesser extent in Asia and the Middle East (WHO, 2010). The prevalence of FGC is highest in Somalia (97.9%) with 80% being infibulated (type III the most severe form) - closely followed by Guinea (95.6%) and Djibouti (93.1%). The prevalence ranges significantly amongst other countries on the African continent. Prevalence rates of 70% to 90% have been documented in eight other African countries, involving girls and women between 15 and 49 years old (WHO, 2014).

Terminology

The correct terminology that should be used when discussing the procedure is well debated and remains unclear. The author has chosen to use the term "female genital cutting" (FGC) in this thesis to refer to all forms of female circumcision, female genital mutilation, and the removal of any part of the female genitals at any age. Rahman, & Toubia, (2002) write that proponents of the term "female circumcision" argue that the term "female genital mutilation" is often offensive and insulting to the circumcised women and their culture. Furthermore these women do not view their bodies as mutilated. Rahman, & Toubia (2002) continue that the term "female circumcision" was used in the literature until about 1980, when the term "female genital mutilation" was introduced and became more widely used. According to WHO (2008), the word "mutilation" makes a clear linguistic distinction from male circumcision, which emphasizes the seriousness and the injury of the practice. The use of the word "mutilation" reinforces the fact that the procedure is a violation of women's rights, and thus helps to promote national and international efforts against the practice (ibid). Alo, & Gbadebo, (2011) describe the term mutilation as mischievous and hypocritical and poses the question of nobody talks about "male genital mutilation".

UNICEF (2013) writes that in an effort to become more culturally sensitive the term female genital cutting has become widely used among researchers and as well as various international development agencies. UNICEF and the United Nations Population Funds (UNFPA) currently use a hybrid term female genital mutilation/cutting FGM/C. This is meant to capture the significance of the term "mutilation" at the policy level and highlight that the practice is a violation of the rights of girls and women but at the same time it recognizes the importance of employing respectful terminology when working with practicing communities.

Definition of Female genital cutting (FGC), clarification and procedure

Female genital cutting (FGC) is a surgical modification of the female genitalia involving partial or total removal of the external female genitalia or other injury to the female genital organs for cultural or nontherapeutic reasons. (Yirga, Kassa, Gebremichael, & Aro, 2012).

WHO, (2008) classifies Female Genital Cutting into four major types:

1. Sunna circumcision, Clitoridectomy: partial or total removal of the clitoris (a small, sensitive and erectile part of the female genitals) and, in very rare cases, only the prepuce (the fold of skin surrounding the clitoris). The clitoris is composed of a small amount of cylindrical erectile tissue supplied by sensory nerve endings that is involved in sexual pleasure and orgasm. The extent of sexual disruption in the woman's sexual arousal is linked to the amount of tissue removed.

2. Excision: partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora (the labia are "the lips" that surround the vagina).

3. Infibulation: narrowing of the vaginal opening through the creation of a covering seal. The seal is formed by cutting and repositioning the inner, or outer, labia, with or without removal of the clitoris.

4. Unclassified: all other harmful procedures to the female genitalia for non-medical purposes, e.g. pricking, piercing, incising, scraping and cauterizing the genital area. Corrosive substances may also be introduced into the vagina to cause bleeding or herbs into the vagina to tighten or narrow the vagina; or any other type of genital mutilation.

The physical impacts of FGC

The physical impacts of female genital cutting can be incredibly harmful to a girl's health and are likely to affect a woman over the course of her lifetime. The procedure is often performed on young girls between infancy and 15 years old, and occasionally on adult women. The circumcision is often carried out with the help of razor blades or non-sterilized instruments, e.g. a knife or even a piece of glass by a midwife or an elderly, respected woman from the community. The use of anesthesia is very rare and the procedure can lead to psychological shock as a result of the severe pain. It always signifies a trauma, both physically and mentally (Socialstyrelsen, 2002; "Female genital mutilation," 2014).

The consequences of infibulation, in particular, are especially harmful and can lead to bleeding, infections and sepsis. The practice can result in difficulty passing urine due to pain or some obstruction, and damage to other, closely positioned, organs. Severe pain when urinating, pain during intercourse and other sexual problems are some of the lifelong effects

of FGC. Cysts, abdominal pain and complications during pregnancy and labour are also common long-term health consequences. But not only infibulation (type III) has consequences for health. All the other types can lead to scar tissue which may be an obstruction during labour. Infections and inflammations in connection with the execution of type I and II can reduce the opening of the vulva, which can also complicate labour and births (Socialstyrelsen, 2002).

Laws and regulations against female genital cutting in Sweden and other Western countries

All forms of female genital cutting are banned in Sweden. It was the first western country to do so and has since then gradually strengthened by additional legislation in 1998 and 1999. The law against female genital cutting was introduced in 1982. The act was supported by guidelines issued by the National Board of Health and Welfare. Those who break the law shall be sentenced to imprisonment not exceeding four years, but if the offense has resulted in loss of life, serious illness or otherwise involved a highly reckless conduct, it is deemed to be grave and gives a minimum of two and maximum of ten years in prison (Socialstyrelsen, 2002).

UK adopted a law against FGC in 1985 following pressure from various women´s organizations. According to French law the parents of a girl with a French passport can be penalized even if the cutting is done outside of France. The law in both the UK and France includes legal possibilities to stop minors from being taken out of the country should there be reason to suspect that they will be at risk of being hurt in any way. Norway introduced a law against FGC in 1996. (Socialstyrelsen, 2002).

As of 2013 anti-FGC legislation has been passed by 33 countries outside Africa and the Middle East (UNICEF, 2013).

CONCEPT

Culture

Culture has been defined as "a complex whole made up of knowledge, belief, art, morals, law, custom and any other capabilities and habits acquired by a man as a member of society". Cultures are never homogenous, which means that generalizations should be avoided when it comes to explaining the behaviours and beliefs of people (Helman, 2007). Gruenbaum, (2005) concurs that it is a misunderstanding to assume that culture is homogenous or unchanging and that cultural values can reinforce tradition. Culture can also help promote new ideas and challenge the old cultural practices. She points to the vitality of culture and writes that meaningful insights about culture do not come from generalizing, but from listening to the different points of view of individuals, families and other members of the society. This is how one can find out more about their views and what lies behind their reasoning and their choices, writes Gruenbaum, (2005). Culture works like a social system that contains a number of different elements such as norms, laws, values and rules, which add to meaningful social functions within the society (Stier, 2004).

OUTLINE OF THE PROBLEM

In recent decades, immigration to Sweden has generated more encounters amongst midwives and health practitioners in their practices with women who have undergone some type of FGC. Detailed guidelines on how to meet and treat these women with respect and understanding are available for health professionals in Sweden. But some frequently asked questions still remain "why do they do it", and "why do they continue doing it"? Genuine tolerance and willingness to consider different cultural views and norms may be the first step to bridge the gap between "us" and "them". It is therefore important for health practitioners, who meet these women to understand the complexity behind this tradition in order to give culturally and medically appropriate care and support.

AIM OF THE STUDY

The aim of the study is to investigate the underlying reasons for FGC.

MATERIAL AND METHOD

In order to shed light and understand the practice of Female Genital Cutting, the author has conducted a literature review based on qualitative articles related to the subject of FGC. The purpose of the literature review is to obtain a critical summary of the research on the subject matter, and to put the research in context and enable comparison (Polit, Beck, & Hungler, 2001). A literature review aims to compile already existing knowledge through examination of several articles, thus reaching a higher level of knowledge (Forsberg, & Wengström, 2013). The findings in the literature review were categorized and common themes were identified in order to reach the underlying reasons for FGC. Danielson, (2012) writes that a category consists of a group of codes with similar content, which should also be exclusive to each other (Danielson, 2012, p. 333). It was difficult to draw a distinct line between the categories in consideration since they often overlapped. For example, when analyzing the data, the author found that the theme of virginity could be a category, but this was also a theme related to sexuality, marriageability and family honour. Danielson, (2012) states that in this case it is important not only to describe the categories but also interpret them in order to identify common themes which connect these different categories (Danielson, 2012, p. 333).

Data collection

The author searched for articles through PubMed and checked that these were available in full text in the database of Karolinska Institutet, University Library. A manual search was also conducted for relevant articles mentioned in the references of the already chosen articles (Boyden, 2012, & Plo, Asse, Sei, & Yenan, 2014), which resulted in two more articles for the study. Using the term FGC in the search did not yield sufficient number of articles that corresponded with the aim so the search was expanded by also using the term FGM. Other keywords used were: tradition of FGM, female genital circumcision and its tradition, attitudes of FGC and FGM cutting.

If the heading of the article corresponded with the subject, the author read the abstract to see whether it was relevant to the aim. Relevant articles were downloaded and then decided on selection for further examination. Articles published earlier than 2000 were not included in order to have the most recent findings on the subject. Eleven articles corresponded with the purpose of the study and were included. The articles have been entered in a matrix to provide an overview of their contents.

Table 1- Keywords and path to locate articles relevant in the result.

Data base	Key word	Hits	Titles read	Examined in abstract	Included/chosen articles
PubMed	Tradition of FGM	28	28	15	3
PubMed	Attitudes of FGC	34	34	10	3
PubMed	Female genital cutting	384	100	7	3
Manual search in references			2	2	2

Qualitative methods

Ethnographic qualitative research is used in the three of the selected articles. The researchers have used a cultural perspective and observed groups of people in their own environment in relation to FGC in an effort to understand the participants' worldview. Ethnographic qualitative method may be used to access a deeper understanding of the informants and their communities (Polit, Beck, & Hungler, 2001). Participant observation coupled with field notes, interviews and surveys in the form of semi-structured and open-ended questionnaires are typically used in this research method. Inductive analysis, where reasoning from specific observations to more general conceptualizations (Polit, Beck, & Hungler, 2001) has been used by Isman, Ekéus, & Berggren, (2013), when exploring how women from parts of the world where FGC is normative perceive FGC after immigrating to Sweden.

In contrast to quantitative research, where random sampling of a larger population is the basis, qualitative study provides the opportunity to gain an understanding of people's experiences, expectations and attitudes (Malterud, 2009). With this approach the

informants can be selected on the basis of their connection with communities, where the practice of FGC is prevalent. This includes where they live, what they do for a living or like in one case, people with a specific knowledge of the practice. Kaplan, Hechavaria, Mariola, & Bonhoure, 2013 had the aim to examine the knowledge, attitudes and practices regarding FGC among health care professionals working in rural settings in The Gambia, where interviews of key informants together with open and closed-ended questionnaires were the methods used to explore FGC in-depth.

Ethical considerations

The author has only selected peer-review articles that have been authorized by an ethics committee or where careful ethical considerations have been used. To further increase the scientific value, it is important to include only items that have permission from the ethics committee or demonstrate that they have made careful ethical considerations (Forsberg, & Wengström, 2013). All the articles that met with the aim have been included in the result. It has also been important for the author to keep to the original text as much as possible to avoid the risk of allowing subjective interpretation to distort the content.

RESULTS

The literature review encompasses 11 selected articles (numbered from 1 - 11), which have been published between 2002 and 2014. The articles are presented in alphabetical order in the matrix below. Most of the studies referred to have been carried out in countries on the African continent (Ghana, Ethiopia, Sudan, The Gambia, Nigeria, Egypt, Ivory Coast,

Senegal), whilst two of the studies have been done in Sweden. The aims of these studies all relate to the practice of FGC and deal with various aspects of this subject that are relevant to the aim of exploring the underlying reasons for this practice.

	Author Title Year	Aim	Selection	Data collection method	Execution/ Analysis	Result Categories Themes	Conclusion
1	Ako, M. A. Akweongo, P. (2009) The limited effectiveness of Legislation against female genital mutilation and the role of community beliefs in Upper East Region, Ghana.	To analyse the Ghanian state´s approach to the eradication of FGM, and the reasons for the continuous resistance to state intervention by practising communities, and from the evidence recommend how better to confront and eliminate the practice.	6 state officials, 1 circumciser, 1 president of woman´s advocacy organisation, 32 community members.	Focus group discussions, in-depth interviews and semi-structured interviews.	Qualitative analysis	FGC is performed at puberty, during pregnancy or childbirth, or at death. Serves as a rite of puberty for young girls, who after circumcision are confined and taught how to become "women". Or at death, to ensure acceptance into ancestral world.The police were the sole authority for all FGC cases. To avoid legal prosecution, perpetrators have adopted strategies such as circumcising girls at infancy or in secrecy. Others invite circumcisers from neighbouring countries to circumvent the law.	A key body is required to carry out gender-based activities, empowerment programs and anti-FGC education to promote welfare & development of women. For interventions to be effective, legal measures need to be combined with social measures.
2	Alo, O. A. Gbadebo, B.(2011) Intergenerational attitude changes regarding female genital cutting in Nigeria.	To investigate the prevalence of FGC, the correlates of FGC, why the practice still continues and how best and how quickly to eliminate the practice.	420 women aged 15-49 years who hade at least one surviving daughter of FGC	Individual interviews with women of childbearing age, group discussions and in-depth interviews wih clinical and traditional practitioners of FGC.	Qualitative analysis	The study indicated that the practice is rooted in tradition despite the awareness of the health hazards of FGC. Educated mothers were found to be less likely to favour the cutting of their daughters. FGC is practiced in all the states of Southwest Nigeria and has a prevalence rate of 75% and 71% for mothers and daughters.	It is suggested that educational campaigns aimed towards parents should be intensified. Legal recourse, prohibitions of operations, improvement in women´s status, and sex education are also suggested as means of eradicating the practice.
3	Boyden, J. (2012). Why are current efforts to eliminate female circumcision in Ethiopia misplaced?	To examine the case of female circumcision in Ethiopia .	3000 boys and girls in two age groups (born.1994 & 2001) from households located in 20 sentinel sites	A panel study, conducted over a period of 15 years.	Qualitative analysis	Marriageability & financial considerations: (1) Circumcised girls are more likely to have an arranged marriage and economic advantage for parents as in form of bride wealth. (2) To be considered fully mature and ready for marriage, females should	Intervention to stop FGM has often resulted in transformation, rather than elimination, of the practice, the exchange of one type of risk for another, or even increased risk to girls. Needs:

	Author Title Year	Aim	Selection	Data collection method	Execution/ Analysis	Result Categories Themes	Conclusion
			distributed across the country.			display feminine attributes and be accomplished in domestic tasks all of which are associated with circumcision. (3) Uncircumcised girls are sometimes stigmatised, hence less likely to be considered for marriage.	Education, reproductive healthcare, health information and alternative rites of transition for girls.
4	Gruenbaum, E. (2006).” Sexuality issues in the movement to abolish female genital cutting in Sudan”.	To investigate the role of morality and sexuality as fetters, holding people back from abandoning FGC,	20 Sudanese movement activists, midwives, leaders and community members in 7 Sudanese communities	Open-ended interviews , group discussions and participant-observation.	Ethnographic research	(1) Magic: The belief is that touching the clitoris can lead to death of the children and the spouse. (2) Beauty: After FGC the female body is considered clean, hygienic and beautiful. (3) Sexuality: Infibualtion plays important role in male sexual pleasure, (4) Virginity & Sexuality: The woman remains virtuous, a virgin and chaste, which retains her honor and in turn makes it more easy for her to find a husband.	Body image, aesthetics, and beliefs about sexual consequences of infibulation are powerful factors in resistance to change. How infibulated and uninfibulated vulvas are imagined and how sexual response of both males and females is conceived stand as obstacles to change efforts.
5	Gruenbaum, E (2005). Socio-cultural dynamics of female genital cutting: Research findings,gaps, and directions in Sudan.	To review the sociocultural dynamics of persistence and change in FGC and the conceptual and methodological issues in research on FGC.	Previous studies on variation in and complexity of cutting practices and their cultural correlates.	Literature and the author´s previous ethnographic research in Sudan.	Ethnographic research	(1) Gender identity and feminity: Feminity ideals are reinforced by aesthetic values. (2) Virginity and marriageability: The preservation of virginity before marriage is a common goal, connected to preserve family honour and morality of girls and women, rite of passage to adult womanhood, hence a precursor to marriage and child-bearing, which are vital to the long term economic and social security of most women.	A better understanding of the varying sociocultural dynamics of FGC practices can contribute to the process of gaining acceptance of the abolition of FGC by the women and girls affected. New research is needed and better sharing of existing information, comparison of change efforts, conferences, exchange of information, educational tools, web sites and other techniques to promote change.
6	Isman, E. Ekéus, C & Berggren,V.	To explore how women from parts of the world	Above 18 years of age,	Recorded interviews,	Inductive qualitative design	Reasons for FGC include (1) ensuring virginity and protecting a family´s honour, (2) avoiding shame and	FGC is viewed as an important symbol of

	Author Title Year	Aim	Selection	Data collection method	Execution/ Analysis	Result Categories Themes	Conclusion
	(2013). Perceptions and experience of female genital mutilation after immigration to Sweden: An explorative study.	where FGC is normative perceive and experience FGC after immigrating to Sweden.	origins from where FGC is normative, currently residing in Sweden and being Swedish speaking.	comprising of both semi-structured and open-ended questions.		enhancing purity, (3) enduring suffering and pain, as a sub-theme of avoiding shame, (4) valuing social purity, physical purity and religious purity; many men say they are against FGC, but do not want to marry a woman, who is not circumcised, (5) social pressure to perform FGC after immigration, (6) a symbol of the country of origin.	immigrant women´s own culture, and also as a way to maintain that culture, particularly when they live in another culture. Needed: more research on understanding the value of FGC and its determinants after immigration to Sweden.
7	Johnsdotter, S. Moussa, K. Carlbom, A. Aregai, R. & Essén, B. (2009) "Never My Daughters": A Qualitative Study Regarding Attitudes Change Toward Female Genital Cutting Among Ethiopian and Eritrean Families in Sweden	To explore attitudes toward FGC in a migration perspective involving Eritrean and Ethiopian immigrants.	33 men and women with Eritrean and Ethiopian origin in Sweden	Semistructured interviews and a snowball sampling was used in order to get contacts with immigrant organization in some places were initial contacts were scarce.	Qualitative analysis	Firm rejection of all forms of FGC. Informants failed to see any meaning in upholding the custom. Children of Ethiopian or Eritrean parents resident in Sweden run little risk of being subjected to FGC,	The practice of FGC is redundant to Eritrean and Ethiopian residents in Sweden, i.e. socially acceptable to let a girl grow up uncircumcised. The predominant collective self-image among Eritrean and Ethiopian residents in Sweden is that of a group having abandoned this tradition. A societal structure prepared to deal with suspected cases of FGC with a high level of alertness should be combined with a healthy sceptical attitude toward exaggerations of risk estimates.
8	Kaplan, A., Hechavaria, S., Mariola, B. & Bonhoure, I. (2013). Knowledge, attitudes and	To examine the knowledge, attitudes, and practices regarding FGC among health care professionals working in rural settings in The Gambia.	468 Health Care Professionals (HCP) including all nurse cadres and midwives.	Pre-tested questionnaire with open and closed-ended questions, administered face-to-face by trained	Descriptiv e study	A significant proportion of Gambian health care professionals embraced the practice of FGC. Their knowledge, attitudes and practices were shaped by sex and ethnic identity. Female HCPs showed less approval for continuation of FGC and higher endorsement of the	The findings demonstrate an urgent need to build HCP´s capacities for FGC-related complications, through strategies adapted to their specific characteristics in terms of sex and ethnicity. A

	Author Title Year	Aim	Selection	Data collection method	Execution/ Analysis	Result Categories Themes	Conclusion
	practices of female genital mutilation/cutting among health care professionals in the Gambia: a multi-ethnic study.			personnel. Multiethnic.		proposed strategies than their male colleagues. HCP belonging to traditionally practicing groups were more favourable to the perpetuation and medicalisation of FGC, suggesting that ethnicity prevails over professional identity.	culturally and gender sensitive training programme might contribute to social change, promoting the abandonment of FGC, avoiding medicalisation, and ensuring accurate management of its health consequences.
9	Mohammed, GF., Hassan, MM., & Eyada MM. (2014). Female genital mutilation/Cutting : Will it continue?	Specification of the motives behind the continuation of FGC in Egyptian community.	Cross-sectional study, which involved 2,106 sexually active female participants with FGC .	Sexual function was assessed by using the Female Sexual Function Index (FSFI) questionnaire.	Demographic survey analysis	Tradition, cleanliness, and virginity were the most common motives empowering the continuation of FGC (100%), followed by men´s wish, esthetic factors, marriage, and religion factors. Type 1 FGC was the most common, followed by type 2.	FGC remains high. A variety of socio-cultural myths, religious misbelievers, and hygienic and esthetic concerns were behind the FGC. Overall, a large proportion of the participants supported the continuation of FGC in spite of adverse effect and sexual dysfunction associated with it.
10	Plo, K., Asse, K., Sei, D., & Yenan, J. (2014). Female genital mutilation in infants and young girls: report of sixty cases observed at the general hospital of Abobo (Abidjan, Cote D´Ivoire, West Africa).	To describe the epidemilogical aspects and clinical findings related to FGC in young patients,	409 females aged from 1 to 12 years and their mothers.	Survey. FGC status was recorded at out-patient visits and complemented by a questionnaire.	Case study/Ethnographic	Their motivations were virginity, chastity, body cleanliness, and fear of clitoris being similar to penis. Majority of the young females came from muslim families and that it was a necessity that reflected religious obligations.	The study has shown the current reality of FGC in earlier age. It resulted from traditional and religious beliefs. Women having a past history of FGC, play the key role in the occurrence of FGC in their daughters. Combination of law-enforcement , information and educational efforts required to eliminate FGC as a threat to the health and wellbeing of women.
11	Shell-Duncan, B & Hernlund, Y. (2006). Are there	To consider some of the strengths and limitations of the	300 interviews, 28	Observation, interviews,	Qualitative data analysis	Main arena of decision-making is amongst parents or family members	The concept of stage of change as applied to FGC is a

	Author Title Year	Aim	Selection	Data collection method	Execution/ Analysis	Result Categories Themes	Conclusion
	"stages of change" in the practice of female genital cutting?: Qualitative research findings from Senegal and the Gambia."	application of models of readiness to change to the case of FGC; and using qualitative data from current research in Senegal and the Gambia to discern whether theme identified in content analysis can be interpreted to represent stages of change.	focus groups with 5 - 7 participants each	and focus group discussions.		regarding whether, when or how to circumcise a young daughter. Question of FGC may arise after marriage (particularly in instances of inter ethnic marriages). An uncut woman is labeled as a "solema" (local language), a highly derogatory term meaning rude, ignorant, immature, uncivilized and unclean. They also believed that FGC was required by their religion.	complex construct that rests not only on an individual´s internal motivation to proceed with change, but also with her or his willingness and ability to do so. This construct simultaneously captures behaviour, motivation and features of the environment in which the decision is made.

As the health consequences of FGC are well documented, the author has also included articles about the eradication of the practice, attempts to abolish the practice together with research of relevant methods and approaches. Sexual function amongst women with FGC is also discussed. The two Swedish studies focus on what happens with women and their perception of FGC after immigrating to Sweden from a country where FGC is considered normal practice.

The subject matter is complex with multiple factors that explain the existence of FGC, all of which are interrelated. In an attempt to obtain a clearer overview, the author has chosen to categorize these multiple reasons for FGC under six (6) major themes. In addition, the author has introduced a seventh heading, "Multiple reasons and other findings", where references being a combination of the reasons already mentioned under the six major themes are included, together with some other findings, in order to fully illustrate the complexity of the issue.

#Virginity, marriageability and family honour

#Femininity and perception of beauty

#Sexuality

#Religion

#Social pressure

#Mysticism and magic

#Multiple reasons and other findings

Virginity, marriageability and family honour

The importance of FGC in the relationship between men and women is central, as is marriageability. Gruenbaum, (2006) found that the explicit goal of many FGC practitioners was to reduce the risk of girls engaging in premarital sex by creating a physical barrier and reducing sensitivity in order to preserve the state of virginity at marriage. Virginity is considered a prerequisite for marriage in many communities and is closely related to cultural

values of family honour (ibid). The preservation of virginity before marriage is a common goal to preserve family honour, and the morality of girls and women. FGC is therefore considered a rite of passage to adult womanhood, hence a precursor to marriage and child bearing, which are vital to the long term economic and social security of most women (Gruenbaum, 2005). Mohammed, Hassan, & Eyada, (2014 found that parents, who insist that their daughters undergo FGC, are driven by fear that their daughters may never marry. An unmarried daughter is ostracized and shunned in these societies, and may be seen as unclean, unhygienic, and perhaps even labeled as a prostitute. Even in the study of Isman, Ekéus, & Berggren, (2013) it became clear that reasons for practicing FGC include ensuring virginity and protecting a family´s honor. Alo, & Gbadebo, (2011) summarize by saying that FGC is motivated by the belief about what is considered proper sexual behaviour. This is in turn linked to premarital virginity and marital fidelity. The belief is that the practice will reduce a woman´s libido, hence helping her resist what is considered illicit sexual behaviour. The approval of FGC is rooted in tradition and cut across both age and education (ibid).

Many men say they are against FGC but they do not want to marry a woman who is not circumcised (Isman, Ekéus, & Berggren, 2013). Social pressures dictate that men should prefer circumcised women and they tend to put the blame on the woman´s mother: "If your daughter isn't circumcised, she isn´t clean. You have to circumcise to prove that your daughter is clean. For the sake of the family" (ibid). Ako, & Akweongo, (2009) report that FGC mainly serves as a rite of puberty for young girls, who after circumcision are confined and taught how to become "women", manage their sexuality, marry and be a wife, carry out household responsibilities and care for children (ibid). According to Boyden, (2012) the significance of circumcision in relation to marriage is threefold. Circumcised girls are more likely than those who are not circumcised to have an arranged marriage that will bring economic advantage for parents as in form of bride wealth. She writes that to be considered fully mature and ready for marriage, females should display feminine attributes and be accomplished in domestic tasks all of which are associated with circumcision and that uncircumcised girls are sometimes stigmatized, thus less likely to be considered for marriage (ibid).

A study amongst Ethiopian and Eritrean families in Sweden documents that the practice of FGC is still ongoing and strong in their country of origin, because it is considered a crucial element in the proper parenting of a girl, a rite of passage that prepares a girl for womanhood and marriage, which subsequently confers respect and sense of belonging

(Johnsdotter, Moussa, Carlbom, Aregai, & Essen, 2009). Their research shows that women who are not circumcised experience negative consequences. They may be called 'girls' regardless of their age, denied public duties and privileges associated with being a wife, and if married, are not allowed to speak in community gatherings (ibid).

Increasing a woman's desirability is frequently cited as a reason for the persistence of FGC. (Alo & Gbadebo, 2011) write that female genital cutting will empower the young women, ensure that they get married and protect the family honour. Isman, Ekeus, &Berggren, (2013) describe female virginity as an absolute premarital requirement, and proof of virginity must be evidenced by a display of blood after the wedding night. FGC was seen as a prevention measure done in order to avoid rumours of presumed "bad behavior," meaning premarital sexual activity. The procedure therefore is important in preventing possible shame and disgrace. Their results confirm that honour and virginity are related themes and the family´s honour, in particular, is perceived as important. The girl´s virginity is seen as a means of protecting the honour of the family (ibid).

Femininity and perception of beauty

Alo, & Gbadebo, (2011) found references in their study to the external genital as unclean and if uncut will become unsightly. It is considered ugly and bulky and can grow to become wild. The most offending part is the clitoris and therefore FGC is needed to beautify the female genitalia (ibid). According to Gruenbaum, (2006) body shaping, alteration, mutilation and adornment are influenced both by culturally defined traditional aesthetic values about what is considered beautiful and sexually desirable, and by societal ideas of decency, propriety, and morality. Failure to conform to cultural ideals risks social ostracism and consequently the failure to attract a desirable sexual or marital partner. The shaping, piercing, removal, or altering of less visible parts like the genital area is also reinforced by body aesthetics, even if no one but the person herself usually sees or feels it (ibid). Gruenbaum, (2005) notes that femininity ideals are reinforced by aesthetic values. Tissue removal often eliminates what are thought of as masculine parts, or in the case of infibulation achieves smoothness considered beautiful (ibid). Mohammed, Hassan, & Eyada, (2014) maintain that the third most common motive empowering the continuation of FGC was esthetic factors.

Sexuality

Women are primarily involved in FGC and one of their motivations was fear of the clitoris being similar to penis (Plo, Asse, Sei, & Yenan, 2014). The clitoris is described as a negative aspect of the female genitalia. Alo, & Gbadebo, (2011) write that FGC is performed to keep a woman´s virginity intact by limiting her sexual behaviour, as it stops her sexual desire and it keeps her from becoming too sexually demanding. They also write that the presence of clitoris in a woman makes her husband demand more sex (ibid). Gruenbaum, (2006) found that some communities believe that touching the clitoris can lead to death of the children and the spouse. After FGC the female body is considered clean, hygienic and beautiful. As part of the FGC, practitioners would produce a small opening, thought to be sexually more desirable by men. Both men and women believed that infibulation played an important role in male pleasure, a belief that encouraged its continuation (ibid). "If your daughter isn´t circumcised, she isn´t clean..." and further on "if you take away that little part it is kind of clean, then you are pure as a woman...there´s a lot of bacteria..." (Isman, Ekeus, &Berggren, 2013). They state that purity was expressed in three different forms: social, physical and religious and that any sexual activity before marriage would disgrace the family. There is clearly a strong relationship between femininity, marriageability and sexuality (ibid).

Religion

Plo et al., (2014) state that women with a past history of FGC play a key role in the occurrence of FGC in their daughters. They write also that the majority of the young females came from Muslim families and that it was a necessity that reflected religious obligations (ibid). Gruenbaum, (2005) found that following beliefs and practices in conformity with others of one´s faith community is a strong motivation for practices, particularly since religious leaders can play a central role. Associating genital cutting with religious doctrines has also allowed the practices to spread to converts, even without specific sanction in sacred text (ibid). Kaplan et al., (2013) report in their article that FGC is mainly performed because people believe that the practice is mandatory by religion.

Social pressure

Female genital cutting is considered an effective measure to reduce women´s sexual feelings, but also a rite of passage and a good practice, which helps to maintain virginity and reduces the rate of prostitution (Kaplan, Hechavarria, Bernal, & Bonhoure, 2013). In the two Swedish studies, where immigrants from countries where FGC is normative, there were some different findings related to social pressure due to the different ethnic origin of the participants. Johnsdotter et al., (2009*)* found firm rejection of all forms of FGC and absence of a guiding motive amongst the informants, who were of Eritrean and Ethiopian background. They failed to see any meaning in upholding the custom. The writers explain that children of Eritrean or Ethiopian parents living in Sweden run little risk of being subjected to FGC (ibid). In another Swedish study where all the respondents were from Somalia, the overall understanding was that women felt ambivalent about the practice of FGC. On one hand they recognized the negative health effects of FGC, but on the other hand they still acknowledged the positive cultural values of the tradition and in their social context having undergone FGC was perceived positively. Seven of the women were of Muslim faith and one was Christian (Isman, Ekéus, & Bergren, 2013). "Some people take their daughters to Somalia to be circumcised and then bring them back" and "...many women cut the girls, they go there for holiday and they do it on the girls. You hear it secretively" (Isman, Ekeus, &Berggren, 2013, p.96). All participants described feeling a social pressure to perform FGC on their daughters after their immigration to Sweden. All the women except one described an on-going risk that girls now growing up in Sweden might be subjected to FGC.

Mysticism and magic

Mohammed, Hassan, & Eyada, (2014) write that some societies believe that the clitoris is toxic and, if during childbirth, the clitoris touches the baby's head, the baby will die. Some societies believe that if unchecked, the clitoris will grow until it touches the ground. Thus, removing the clitoris improves survival, ensures beauty, and preserves their daughter's reputation (ibid). FGC is sometimes performed at death, to ensure that the deceased is accepted into the ancestral world, as it is believed, an uncircumcised woman is not accepted by her ancestors (Ako, & Akweongo, 2009). Furthermore, it is believed that children from uncircumcised women grow up to become stubborn and unruly; thus, circumcision may be

done at pregnancy and childbirth (ibid). Boyden, (2012) points out that uncircumcised girls are viewed as impure, unchaste, carrying waste material in their bodies and being talkative. She concludes that genital modification is still said to prevent girls from developing bad behaviour such as being emotional, out of control, restless and developing sexual desire at an early age.

Multiple reasons and other findings

(Gruenbaum, 2005) maintains that there are multiple reasons for perpetuating the practice of FGC and people who share a culture do not necessarily agree on which is the most important reason (ibid). Reasons for the continuing practice of FGC include a rite of passage, preserving chastity, ensuring marriageability, religion, hygiene, improvement of fertility and enhancing sexual pleasure for men (Mohammed, Hassan, & Eyada, 2014). An uncut woman is labeled as a "solema" (local language), a highly derogatory term meaning rude, ignorant, immature, uncivilized and unclean. These communities also believed that FGC was required by their religion, according to the Shell-Duncan, & Hernlund, (2006) study in Senegal and the Gambia. Furthermore, a study amongst health care professionals (HCP) working in rural settings in the Gambia found that a significant proportion of informants embraced the practice of FGC (Kaplan, Hechavarria, Bernal, & Bonhoure, 2013). Their knowledge, attitudes and practices were shaped by sex and ethnic identity. Female HCPs showed less approval of continuation of FGC than their male colleagues, suggesting that ethnicity prevails over professional identity (ibid).

RESULT DISCUSSION

The aim of the study was to explore the reasons behind FGC. The results demonstrates that the causes of FGC include a complex and sometimes interrelated mix of cultural, religious and social factors within families and communities. Kaplan et al., (2013) describe FGC as a social convention derived from social pressure and the desire to conform with others in the environment or culture where one resides, furthering the motivation to also continue the practice. It is often considered an obligatory part of raising a girl properly and to prepare her for adulthood and marriage. Shweder, (2000) states that the circumcision event is organized and controlled by women. Their view of what is civilized, dignified, and beautiful is

different from the Western world. It is not a matter of the parents being cruel to their daughters. African parents love their children too. No one is raped or tortured. There is a celebration surrounding the event (ibid). WHO, (2014) writes that FGC is often encouraged by beliefs about what is considered proper sexual behaviour, linking the practice to retaining virginity until marriage and subsequently to ensure marital fidelity. In many communities it is believed that the practice will reduce a woman's libido, hence helping her resist inappropriate sexual behaviour. When the opening of the vagina is covered or narrowed, the fear of pain from opening is coupled with the fear that they will be found out which may further discourage pre-marital sexual activity among these women. FGC is closely connected with cultural ideals related to femininity and modesty, which often include the idea that girls are not clean or beautiful unless they have removed the parts of the body that are considered "male" or "dirty". Although there are no religious scripts prescribing the practice of FGC, practitioners often believe that there is support for the practice in religious communities. The religious leaders adopt varying positions in regards to the practice with some promoting it, some considering it being irrelevant to religion, and others working towards its elimination (WHO, 2014).

Local community leaders, religious leaders, circumcisers, and health care professionals can both work towards preventing the practice and contribute to the upholding of the practice. In the majority of societies, FGC is seen as a cultural tradition, which is often being used as an argument and reason for its continuation. There are also examples of how recent adoption of the practice is linked to traditions of neighbouring groups, from which the values and practices have been copied. It may have started as part of a wider religious or traditional revival movement. In other societies, FGC comes to be practised by new groups when they move into areas where the local population practices FGC (Berg, & Denison, 2013). In summary, physical cutting is proof that a girl is granted with all necessary teachings make her worthy of belonging to her community. It is seen as a way of achieving cleanliness, femininity, beauty and purity and also a way to protect virginity, guarantee the family honor and to ensure marriageability. In many societies, FGC has been linked with the moment in which a girl becomes a woman. It is seen as a rite of passage to adulthood and a ceremony secretly kept from outsiders. Here the girls are taught about the cultural and social wealth of their community, as well as learn their roles and responsibilities as women, mothers and wives, establishing gender power relationships (Shweder, 2000).

FGC and the need for cultural competence

As stated previously, there are numerous and complex reasons behind the practice of FGC. Gruenbaum, (2006) reports that reasons for practicing FGC, what we can call ”the old paradigm,” vary across different social contexts. Proponents claim that reasons for FGC include rite of passage, preserving chastity, improving marriageability and fertility, religious requirement and enhancing sexual pleasure for men. Gruenbaum, (2006) argues against the view portrayed in popular media, where explanations for genital cutting are frequently simplistic, emphasizing a single, underlying explanation, such as "male dominance", and inferring that the purpose is to prevent women´s sexual fulfilment, and that they fail to differentiate between the many types of FGC and tend to focus on the most serious and damaging practices. A one-dimensional view may cause more harm than good when attempting to discourage the practice. She explains that once we establish that culture is a living force, it is possible to re-examine the "reasons" list for FGC and search for dynamic potential. Meaningful insights emerge from hearing differing points of view of individuals, families, health professionals, students of religion; hearing how people debate about what is right and listening to the rationales for their choices. The awareness and willingness to understand that reasons differ between cultural and social contexts, between individuals and within a society, may be a first step towards finding a way of eliminating the practice. Cultural values can be anchors that reinforce tradition, but they can also be the source of ideas for rethinking and challenging cultural practices (Gruenbaum, 2006). Traditions and values change and have their roots in our lived experience.

The perception of sexuality and sex is mentioned in several articles. As a hypothesis, can sexuality and sex possibly be the origin, a common denominator, of the other reasons listed by the authors? Acknowledging the fact that culture is a living force, and that traditions and values change, it can be argued that individuals, groups and societies develop measures to exercise control over behaviour that they may find inappropriate.

Berg, & Denison, (2013) write that understanding the forces underpinning female genital mutilation/cutting is a necessary first step to prevent the continuation of a practice that is associated with health complications and human right violations. It is important to consider current perceptions on practices of female genital cutting and on the abandonment of female genital cutting, in order to gain useful knowledge on the issue of elimination. Sensitivity

and respect for other cultures, traditions and norms, should not be at the cost of allowing the medical and psychological suffering among young women and children to continue. The women in these communities themselves are crucial to the process. Awareness and willingness to understand the complexity of the problem are necessary prerequisites for both health professionals and the women subjected to FGC to jointly find solutions aimed at the abolishment of the practice (ibid).

Isman, Ekeus, & Berggren, (2013) write that Sweden was the first country in Europe to legislate against FGC. It is still unclear to what extent the law helps girls at risk of being submitted to FGC. To be effective, laws must be aligned with education, counseling and socio-economic and attitudinal change.

Culture is living and an ever-changing phenomenon. Norms vary depending on which part of the world one lives in. Shweder, (2000) writes that cultural views vary depending on where one is in the world. He suggests the consideration that there is a real cultural divide around the world in moral, emotional and aesthetic reactions to FGC. There are different views of what is civilized, dignified and beautiful in other parts of the world compared to the Western world. He maintains that there is a need to look at our own factual beliefs and normative judgments, prior to condemning culturally endorsed practices elsewhere. He also questions the interpretation of available facts. Tolerance means setting aside our powerful negative feelings about the practices of immigrant minority groups long enough to gather factual, objective information and engage the "other side" in a serious moral dialogue (ibid).

Johnsdotter et al., (2009) state that Eritrean and Ethiopian women reject all forms of FGC and that they see no reason for continuing the practice in Sweden. A study of Isman, Ekeus, &Berggren, (2013) finds that the practice of FGC still persists after migration to Sweden and that they see this as an important link to their country of origin (Somalia). They also say that the young women also argue in favor of FGC. The theme "A symbol of the country of origin" builds on "feelings of completeness" and "feelings of belonging". Some women expressed that there could be a collision regarding what is considered beautiful and normal in one´s appearance. Being cut gave these women a sense of belonging to something familiar, their own culture and their country of origin. Working against FGC was sometimes seen as a threat to Somali culture as a whole. Isman, Ekeus, & Berggren, (2013) continues to say that young girls still may be at risk for FGC even after immigration to Sweden (ibid).

The issue of beauty and esthetics is explored further by Johnsdotter, & Essén, (2010), who

write about the trends of cosmetic surgery amongst European women, which includes genital modification. The authors found that there is a difference in attitudes in society between this type of surgery and the female genital cutting amongst girls and women from eg. African countries. How can it be that cosmetic surgery involving extensive genital modification, including reduction of labial and clitorial tissue, may be considered acceptable and legal in some European countries, while in the very same countries there is a legislation making any form of female gential cutting a crime? The question reveals a discrepancy in societal attitudes. Even the pricking of the clitorial hood on an African woman is illegal, while the reduction of clitorial and labial tissue in an European woman is both legal and accepted. The authors argue that genital modifications not only about anatomy and physiology, but is an integral part of cultural norms and ideology (ibid).

METHOD DISCUSSION OF THE ARTICLES INCLUDED IN THE LITERATURE REVIEW

Through critical and systematic evaluation, the quality of the articles can be ascertained, the result from several scientific studies may be balanced and new evidence-based knowledge may be formed (Forsberg, & Wengström, 2008). In this study of eleven articles, the author has examined selection, results, data collection and ethical consideration guided by the step-by-step checklists suggested by (Forsberg, & Wengström, 2013).

The data collection methods in the selected articles varied and the number of participants in the selections had a wide range. According to Polit, Beck, & Hungler, (2001), there is no rule regarding the size of the selection within qualitative research. In this study the groups varied between 8 and 3000 participants. Seven different methods of data collection were used in the selected articles; interviews, panel study, analysis of previously collected data, observation, survey and questionnaires, sometimes in combination with each other.

The themes corresponded well with the aims of the studies. A mixture of individual, open-ended, in-depth and semi-structured interviews was used in six of the studies (Ako, & Akweongo, 2009; Alo, & Gbadebo, 2011; Gruenbaum, 2006; Isman, Ekeus, & Berggren, 2013; Johnsdotter, Moussa, Carlbom, Aregai, & Essen, 2009, & Shell-Duncan, & Hernlund, 2006) involving groups of 40, 420, 20, 8, 33 and 300 participants respectively. Ako, & Akweongo, 2009, & Shell-Duncan & Hernlund, 2006 complemented their studies by also having focus group discussions. In two of the studies (Kaplan, Hechavarria, Bernal, & Bonhoure, 2013; Mohammed, Hassan, & Eyada, 2014) the writers used questionnaires, as a

basis for their research. Plo, et al., 2014 conducted a survey (409 participants) and complemented with a questionnaire. The remaining three articles were based on a panel study (Boyden, 2012) of 3000 participants in two age groups over a 15 year period, analysis of previous studies and analysis of previously collected data (Gruenbaum, 2005). The type of execution analysis was not always clear, as in the articles by (Ako, & Akweongo, 2009; & Alo, & Gbadebo, 2011).

The result of one article (Johnsdotter, Moussa, Carlbom, Aregai, & Essen, 2009) stood out and generated particular interest. The authors concluded that the practice of FGC is redundant to Eritreans and Ethiopian residents in Sweden. Nearly all informants expressed compact resistance and firmly rejected all forms of FGC and failed to see any meaning of upholding the custom. Against the background of the other articles in general and the article by Isman, Ekeus, & Berggren, 2013 about perceptions and experience of FGC after immigration to Sweden, in particular, a closer look at the underlying reasons for this change may be valuable for future research. Although the size of the selection was small and consisted of migrants having lived in Sweden for some time, the authors found it reasonable to expect that new migrants may adopt the abandonment in the same way as the more integrated Eritreans and Ethiopians.

Boyden, (2012) writes that the Ethiopian government has managed to create an awareness of the official ban of FGC, all of the adults and children in the selection were conscious of the ban on female circumcision and its consequences, and many supported it. A significant proportion of the study group, however, remained unsure, or highly ambivalent, about the practice, whilst some were adamant in their endorsement of FGC (ibid). Could it be that the combination of having a substantial awareness of the negative consequences of FGC from their respective home countries (Eritrea & Ethiopia) in combination with the Swedish legislation and newly adopted cultural norms, provide a millieu/environment conducive to change in behaviour and attitude towards FGC? Questions: to what extent does the legislation influence the answers from the informants? Could it be that the seemingly homogenous view and firm rejection of FGC also carry aspects of trying to "hide the secret", wishing to conform with the Swedish cultural norms, being perceived as "well assimilated immigrants" or just being scared of the legal implications? Polit, Beck, & Hungler, (2001) define snowball sampling as the selection of participants by means of referrals from earlier participants. As the issue of FGC is both controversial and sensitive, the use of snowball sampling may have influenced the result of what is concluded as "compact resistance to

FGC". It cannot be ruled out that the informants knew each other and/or have "briefed" each other in order to provide "the right" answer to the questions asked. Although most of the interviews were conducted in Swedish, some were conducted in the local language of the informants with one of the research assistants acting as an interpreter. There is a risk in any interpreting situation that information may be lost in translation. Alo, & Gbadebo, (2011) write that discussions about FGC in Africa, where issues related to sex are still considered as taboo, poses challenges. The subject of taboo is also raised in the article, but the authors mean that the silence in this respect may instead be due to the fact that the matter of FGC is being perceived as settled.

In two of the articles (Boyden, 2012; Shell-Duncan, & Hernlund, 2003) there is no specific statement regarding approval from an ethical committee, but there does not seem to be any ethical problems, so they have been included. The authors of the remaining articles have all stated and that they have considered ethical aspects, also that the participants have been informed of the purpose of the study and that the final result would be published. There was no conflict of interest reported in respect to the publication of the studies.

METHOD DISCUSSION FOR THIS LITERATURE REVIEW

Data collection

Female genital cutting was far more complex than imagined at the outset. The topic turned out to be more extensive than anticipated. The themes reported are those occurring most frequently in the articles reviewed. Therefore, it is likely that the study is not entirely comprehensive. Different keywords were combined in two databases to find relevant articles corresponding with the purpose of this study. As the same articles turned up in both Pubmed and Cinahl databases at the various searches, the author decided to use only one database (PubMed). Cinahl database was also excluded because many studies were not available in full text. It is possible that the articles, which were not available in full-text might have had relevance to the present work. Only articles available in database of Karolinska Institutet, using qualitative methods and published between 2000 and 2014, were selected in order to obtain as current research as possible. The qualitative research gives a picture of women´s experiences and feelings about female genital cutting. At the outset the author had fifteen articles, which at a first read seemed relevant to the aim of this study, but four articles were

later excluded. In one case, the writer (Shweder, 2000) had written a most relevant article, but it was an essay based on his previous work and was therefore not deemed as an original scientific article. During the continued process, the author found that two articles were actually quantitative studies (not specified in the abstract) with only a smaller amount of relevant material, which was already covered, so these articles were subsequently excluded. Another reason for the exclusion of the quantitative articles was that they conveyed percentages and statistics demonstrating the prevalence of female genital cutting and the extent of complications due to the practice, which was not relevant to the aim of the study.

SUGGESTIONS FOR FURTHER RESEARCH

Although there are carefully prepared guidelines on how to provide appropriate care and support to women with FGC, the overall perception of the practice differ between cultures. Further research into the reasons behind the practice may also contribute towards finding more appropriate ways of dealing with the issue of eradication.

It may be of interest to study the different types of FGC to establish whether all forms of the practice are a health threat and a violation against the rights of women and children. Understanding trends in FGC practice within different age groups may provide valuable information, which can be adapted and included in any abandonment process.

Johnsdotter, et al., (2014) state that the question of how Eritrean and Ethiopian Swedes look upon FGC after some time in exile has been under-researched until now. More research into this area and what are the underlying reasons for the change of attitude amongst these two ethnic groups, may also contribute towards further insight into the effects of the legislation against FGC.

CONCLUSION

The conclusion of the study is that female genital cutting is a multifaceted process, which is constantly negotiated in a diversity of social settings. The decision to subject a girl to the practice appears as the result of a complex process involving multiple reasons. A variety of socio-cultural myths, religious, hygienic and esthetic concerns were behind the FGC. The results of the study point towards virginity, marriageability and family honour, together with perception of beauty, as being major reasons. The prevalence of FGC remains high despite

many abandonment campaigns, sometimes in combination with legislation. Overall, a large proportion of the participants supported the continuation of the practice.

Clinical relevance

During the study it has become apparent that sensitivity and understanding of this complex issue is of utmost importance when meeting women who have undergone FGC. Each woman is different, and health care providers need to remember to be positive (or neutral), not judgmental or condescending about what the patient has experienced. They need to help the patient manage the long-term physical and psychological effects of the experience without attacking the procedure itself. In addition to laws and written guidelines there is a need for greater understanding and changes in attitudes not only among the patients, but also among the health care professionals.

Although FGC is illegal in Sweden since 1982, there is evidence that the practice still persists.

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