Critical Thinking and experiences of women who have suffered female genital mutilation: A case study

José Siles-González¹, María Reig-Alcaraz², Ana L. Noreña-Peña³, Carmen Solano-Ruíz⁴

¹Departament of Nursing. University of Alicante. Spain. Jose.siles@ua.es; mariareigalcaraz@gmail.com; ana.norena@ua.es; carmen.solano@ua.es

This project is part of the "Social Challenges Europe 2020 strategy" program, which considers the current political priorities in the field of European strategy, constituting a priority line: health, demographic change and well-being, integrating a gender analysis which is inherent in the subject treated: Female Genital Mutilation. Objective: Identify the factors that affect FGM and its impact through the experiences experienced by women who have suffered it.

Paradigm and theoretical-methodological approach: It is part of the hermeneutical paradigm for the first phase of the project, given that it is about interpreting, understanding and describing the characteristics of the problem in question (Siles-González, 2016). Likewise, it has been considered appropriate to use the principles of the socio-critical paradigm since it is expected to integrate both women subject of research and health professionals in the active fight against FGM. The phenomenological theory and those theories integrated in "Culture of Care", understanding by culture the set of behaviors, ideas, beliefs, feelings and meanings that a human group develops in the course of its process of satisfaction of needs (Siles and Solano, 2009).

Cultural moments and practice of the M.G.F. as categories of analysis: These cultural moments (multiculturalism, interculturalism and transculturalism) are categories that serve to analyze the moment that women live in relation to female genital mutilationLikewise, from this theoretical perspective, the cultural moments in which the participants in the study are considered considering the gender perspective will be identified and analyzed (Pacquiao, 2003).

The Dialectical Structural Model of Care for categorization and analysis of data: This model has been used to analyze the data by dividing it into three broad categories: functional unit (beliefs, values, myths, norms, traditions) that motivate the practice of female genital mutilation; functional framework (spaces, places or scenarios where the socializing process is practiced and developed); functional element (actors involved in the practice).

Results and its discussion:
Causes and consequences of Female Genital Mutilation: religious factor, tradition, community and cultural pressure.

Female Genital Mutilation as the spearhead of gender violence: This tradition constitutes a significant sample of gender violence in which physiological, psychological, social and cultural aspects converge (Berger & Luckman, 2017; Chartier, 2009).

Cultural Moments: The interviewee is in a transcultural moment, because she has known other cultures where the role of women is different.

The dialectical structural model of care facilitates the identification of: the ideas and beliefs that motivate this tradition; the scenarios where it is done; the people directly involved in the rite.

Conclusions: The experiences of women who have suffered female genital mutilation are a source to know the factors that facilitate or hinder this practice. This tradition constitutes a significant sample of gender violence in which physiological, psychological, social and cultural aspects converge. Factors such as religious, hygiene or purity of women affect the realization of female genital mutilation, but
the cultural determinant given the mechanisms of cultural pressure established for the maintenance of such practice.

**Keywords:** Dialectical structural model of care, Qualitative research, Female genital mutilation, Critical thinking.

**References**


