

A Content Analysis Study Describing Information Regarding Female Genital Mutilation Present in US Medical Textbooks

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Abstract

This study examines the depth of information regarding Female Genital Mutilation (FGM)/Female Cutting (FC) present in US medical textbooks. According to Klein *et al.* (2018) [1], despite substantial attention regarding the effects of FGM, this practice is still ongoing all over the world. Healthcare providers are very important actors who need to understand FGM in order to provide care to girls and women subjected to it, but the small amount of existing work in this area shows a low level of knowledge and training about FGM/FC among U.S. physicians. The Center for Disease Control and Prevention (CDC) first published the estimated number of girls at risk of FGM/FC in the U.S. to be about 168,000 in 1997; that number had increased to 513,000 girls in the US by 2012 (according to Goldberg *et al.*) In this study, a small sample of medical textbooks were analyzed for the degree to which the textbooks include information regarding FGM/FC. The results of this study show that US medical textbooks do not include information regarding FGM/FC, suggesting that most medical providers don't have knowledge and training about FGM/FC. The inadequate information on FGM/FC in medical textbooks reflects a culturally biased lack of recognition of the number of girls and women affected in the US. This maintains an ongoing pattern of silence that reinforces gender inequality. Considering the inadequate information covered in US medical textbooks on FGM/FC, and the concordant lack of provider training to provide advice and care to affected girls and women, incorrect and missed diagnoses may lead to harm to victims of FGM/FC. Providers would be better equipped to care for women and girls if their medical training included information regarding FGM/FC.

Keywords

Female Genital Mutilation, Textbook Analysis

1. Background

According to the World Health Organization (WHO) [2], “Female genital mutilation (FGM) comprises all procedures that involve partial or total removal of the external female genitalia, or other injuries to the female genital organs for non-medical reasons.” According to the United Nations Children’s Fund [3], “FGM is a violation of girls’ and women’s human rights.” Although it is difficult to state the exact number of women and girls who have undergone this procedure, available data reveals that millions of girls have undergone the procedure in several countries [2]. A facts sheet from WHO states that “more than 200 million girls and women alive today have undergone female genital mutilation (FGM) in 30 countries in Africa, the Middle East, and Asia where FGM is practiced. FGM is mostly carried out on young girls between infancy and age 15” [2].

WHO has classified FGM as four types: The first type is the partial or total removal of the clitoral glans (the external and visible part of the clitoris, which is a sensitive part of the female genitals), and/or the prepuce/clitoral hood (the fold of skin surrounding the clitoral glans). The second type of FGM is the partial or total removal of the clitoral glans and the labia minora (the inner folds of the vulva), with or without removal of the labia majora (the outer folds of skin of the vulva). The third type is also known as infibulation, this is the narrowing of the vaginal opening through the creation of a covering seal. The seal is formed by cutting and repositioning the labia minora, or labia majora, sometimes through stitching, with or without removal of the clitoral prepuce/clitoral hood and glans. The fourth type includes all other harmful procedures to the female genitalia for non-medical purposes, e.g., pricking, piercing, incising, scraping, and cauterizing the genital area. [2]

A U.S. bill was passed in 1996 to outlaw FGM procedures. In the US Code 116, whoever initiates or performs FGM on a minor (less than 18 years) is to be fined, imprisoned for not more than 10 years, or both. This includes parents, guardians, and caretakers who transport the child for the procedure on the person. It also stated that whether FGM is required as a matter of religion, custom, tradition, ritual, or standard practice, it is also subject to prosecution. Practitioners could be imprisoned if they engaged in or performed any type of FGM for non-medical reasons and were subjected to prosecution. Despite its illegality in the US FGM/Female Cutting still occurs [4].

The inadequate information on FGM in medical textbooks perpetuates customs that seek to control female bodies and sexuality, and this maintains an ongoing pattern of silence that reinforces gender inequality. Female genital mutilation reinforces traditional gender norms in which men are viewed as superior and women as inferior. It’s seen by most as a way to control women and get them to comply with these roles by reducing their sexual drive and making them more “manageable.” This study examines the inclusion of FGM/FC in US medical textbooks. I seek to answer the question: To what degree do medical text-

books in the U.S. include information regarding FGM? Without the information on FGM in textbooks, providers will not have the necessary knowledge to provide advice to the victims. Also, the FGM procedure will be less known by individuals and families, hence, such cases may not be reported. Adequate information about FGM in medical textbooks will help to promote the health of women and girls, prevent stigmatization of victims affected by the practice, and promote gender equality.

According to the WHO (2023), “Treatment of the health complications of FGM is estimated to cost health systems US\$ 1.4 billion per year, a number expected to rise unless urgent action is taken towards its abandonment.” The effects of FGM and the role culture plays in its prevalence have been examined by many researchers, describing the attitudes of physicians in other parts of the world. Additionally, Abdulcadir *et al.* (2016) developed a visual reference and study tool to aid doctors in their understanding of FGM and its treatment [5].

1.1. International Studies

In 2022, Mulongo and her colleagues conducted a focus group discussion with seven FGM victims receiving treatment during the COVID-19 pandemic in the UK. The interviews aimed to understand the psychological support they had during the lockdown. The study included women who had undergone FGM/FC, lived in Greater Manchester and were proficient in English. Six women had their counseling sessions online rather than face-to-face and in-person sessions. Regarding sharing experiences, some participants stated they felt comfortable knowing they were not alone in this plight; another said she didn't feel secure and felt judged when someone said she was going to therapy. All the participants said they felt their stories were heard and the counseling made them feel stronger. According to the participants, the support was great as it was tailored to their needs and would create societal awareness. Some also stated that their relationships got worse during the lockdown, so having someone to give them a listening ear was very helpful. Another expressed joy as she said she now feels like a woman, and the sessions gave her a different perception of herself. With regard to campaigns, participants believed that if they shared their story with others, it would draw attention to the harmful practices and experiences it causes. They also acknowledged that though FGM is a susceptible issue, they wouldn't give the practice the power to overcome it but rather embrace themselves and continue to seek the support they need [6].

In 2023, Proudman and Lloyd used their personal experiences to reflect on the impact of COVID-19 on victims of domestic violence in the UK. Though the lockdown was not the leading cause of domestic violence, it is evident that it increased the number of cases reported. According to a study conducted by Harvard in 2021, there was a seven percent growth in the reported cases of domestic violence from March 2019 to March 2020 [7]. Proudman and Lloyd explained that the community in the UK with prevailing rates of FGM/FC is Salford, and

there are about 6200 victims of FGM/FC in this area. The lockdown restrictions caused a lot of trauma to these victims due to inadequate information available to them and not having autonomy over their bodies [8].

According to Zurynski and her colleagues (2015), most healthcare professionals knew about FGM between the years 2000 to 2014 but couldn't identify the four types of FGM defined by WHO [2]. The researchers conducted a systematic literature review to examine health professionals' knowledge, clinical practice, and attitudes to FGM/FC. Eighteen articles were examined for the study and covered 13 different countries. Health professionals from high-income countries such as the UK (79 percent of the participants) knew about the law governing FGM and had even taken care of women with FGM. Only two studies mentioned the need to report children at risk or with FGM to authorities. Most of the providers were able to identify the consequences of FGM/FC and a few mentioned that they have had adequate training in FGM/FC. The respondents from high-income countries believed that FGM was performed for religious purposes. However, respondents from African nations stated that the procedure was performed for social, cultural, and economic purposes, "preservation of virginity," and "improving the appearance of the genitalia." The authors argue there should be much more education and guidelines for health professionals regarding FGM/FC and that the concept should be part of basic medical training and education. Zurynski and her colleagues recommended further studies be conducted to determine health professionals' attitudes in supporting the growth of educational materials and policies to prevent this practice [9].

Reig-Alcaraz *et al.* (2015) used several research methods to investigate how some healthcare practitioners perceive Female Genital Mutilation (FGM) in Spain. They explored in detail the physicians' knowledge, experiences, and opinions toward FGM using qualitative and quantitative analysis. Most health professionals couldn't give a complete definition of FGM/FC. They could identify the first two types of FGM but found it difficult to mention types 3 and 4. The providers mentioned some short and long-term consequences related to FGM. These include infections, HIV, hemorrhage, infertility, difficulty in childbirth, and death. The study showed that the providers didn't know how to identify and treat a woman who had undergone FGM/FC. Health providers also knew there was a law but didn't understand it. Despite their ignorance, they have an ethical responsibility to report any abuse that takes place. To address the issue of FGM, the authors suggested the need for providers to be educated and trained on the concept. Reig-Alcaraz *et al.* also explained the need for providers to provide competent care to the victims. The writers also highlighted the importance of campaigning and community engagement in addressing the issue of FGM and urging its renunciation. This work gave useful insights into the knowledge, experiences, and attitudes of health professionals toward FGM [10].

Van Bavel (2023) examined how Western values and culture led to the prohibition of FGM in Kenya. Doctor Tatu Kamau filed a petition in 2017 to nullify

Kenya's Anti-FGM Act of 2011, which makes FGM illegal regardless of the age of the recipient or whether they gave their consent. Dr. Kamau believes that the Kenyan Prohibition Act breaches the cultural rights, health, and gender equality of women; she argues for promoting awareness rather than regulation and prosecution to prevent FGM. A multi-sited ethnography and in-depth interviews with prominent members of the transnational anti-FGM movement are used to shed light on the history of Kenya and its relationship with the United Kingdom. The effects of female genital mutilation (FGM) and the interviewees' participation in creating the Anti-FGM Act were discussed. The term "female genital mutilation" (FGM) was popularized in the 1970s by US feminist Fran Hosken but was originally used by British colonial officials in Kenya to refer to female circumcision. Efforts to end female genital mutilation in Kenya are supported by a transnational network that includes United Nations agencies, scientific evidence, and Western financing. The right to culture, which Dr. Kamau is advocating for, could derail these initiatives. In their interpretation of the anti-FGM movement, the defense prioritized gender over colonialism, racism, and sexism. By doing so, the focus was taken off the fact that racial, cultural, and colonial issues were at the heart of global feminism [11].

In March 2023, Daniella Cavallaro conducted research that seeks to examine how theatrical performances can be used to create awareness about FGM/FC. Some playwrights became aware of this issue by watching and listening to the survival stories of the victims affected by the practice. The performances inspired by the FGM survivors were written or performed to educate people who knew little or nothing about the practice. This was done with the hope that raising concerns about FGM/FC would provide the victims a platform to share their stories/experiences and finally end the practice. There were about six plays performed, and in all these, there was a discussion forum where experts shared insight about the practice and provided advice to the audience when needed. Most of the audience thought that FGM couldn't be practiced in any part of the World but only in Africa. However, the plays portrayed how a victim of FGM could be closer to them. Most women who survived FGM and had watched the plays positively reacted to the stories being told. The plays were commended by many as they said the play shed more light on the practice and made the survivors feel wanted and loved in British society. Their shows featured the stories of women who had experienced the aftereffects of FGM and called for the practice to be stopped, based on interviews with these women. However, the credibility and authority of the message were crucial; thus, the call to end FGM must come from inside the communities themselves [12].

1.2. U.S. Research

Goldberg *et al.* (2016) sought to identify the number of girls and women in the United States at risk of FGM/FC. This research came about after the CDC estimated about 168,000 women and girls were at risk for FGM/FC in 1997 [13].

Goldberg and his colleagues explained that to understand the magnitude of this problem, there was a need to create laws, initiatives, and interventions to stop FGM/FC from happening in the US. The map below indicates the number of girls at risk of FGM in various states in the US. According to the Population Reference Bureau (PRB) analysis (2013), the majority of the girls and women at risk of FGM lived in California (56,872), New York (48,418), Minnesota (44,293), Texas (33,087), Maryland (31,820), New Jersey (31,820), Virginia (31,023) and Washington (30,830) [14]. This shows the need for this issue to be discussed and addressed to bring this act to a stop and allow women to make informed decisions about their reproductive health. The study by Goldberg *et al.* revealed that about one-third of the total women at risk for FGM were younger than 18 years of age. Though the number at risk increased in 1990 from 168,000 to 513,000 in 2012, it was a result of the increase in migration from the FGM prevalence countries to the States. This increase was from individuals born to parents already living in the United States. Goldberg and colleagues point out that the revised estimates emphasize the importance of educating and raising awareness among healthcare practitioners, law enforcement, and others who come into touch with vulnerable communities about FGM/FC. They also emphasized fighting to end FGM and help the victims [15].

The literature regarding FGM in the U.S. is much more limited. Young and colleagues solicited the opinions and attitudes of health professionals in the U.S. toward FGM/Female Cutting (FC). Two hundred and sixteen pediatricians from the US filled out a survey online. More than half admitted they knew nothing about FGM/FC and had never been exposed to it in schooling. Most providers expressed confusion about discussing the topic with patients and their families and didn't know what recommendations to give to patients. The lack of awareness and training regarding FGM/FC among pediatricians hinders their ability to give adequate treatment to women and girls who have undergone surgery, as demonstrated by the study. The study underlined the need for more knowledge and training regarding FGM/FC among pediatric physicians, particularly on how to diagnose and treat issues associated with the practice. The authors advised that pediatricians should play a pivotal role in preventing FGM/FC by teaching families about the risks and repercussions of the operation and referring them to counseling and support services [16].

Levy and her colleagues surveyed Philadelphia's 229 healthcare providers to assess their knowledge and attitudes about FGM/FC (2020). Concerning the training and experience of the healthcare providers, the study's results showed that 42 percent (the majority of the providers) were resident physicians, and the others were from other fields of medicine. About 140 confirmed they had treated victims of FGM/FC; however, they were inexperienced to talk about FGM/FC, and 107 also said that professionally, they didn't feel confident serving patients who had undergone the practice. Regarding providers' background knowledge about FGM/FC, 168 said the victims migrated from West Africa and East Africa.

The majority of the providers (26.5 percent) said culture/ tradition was the main reason why the practice was still ongoing, followed by 15.2 percent of the providers who thought religion had a role in it. About 12.5 percent also believed that the practice is carried out to decrease the sexual urge of women but increase the sexual satisfaction of men. Eight-point-four percent also responded that it was because men dominated the societal hierarchy. With regard to the attitudes and awareness of FGM/FC by providers, 165 said the practice was harmful, and 135 believed that it wasn't harmful. The study stated that due to the increased immigration rates to the United States, providers would be seeing increased cases of FGM/FC among women. The research revealed the gap in the medical school curricula as it doesn't include training in FGM/FC. Seventy-seven-point-five percent of the participants called for training on FGM/FC as they were inexperienced in caring for and providing advice to victims of FGM/FC. Though the goal is to include FGM/FC in the curriculum and train providers on it, Levy and her colleagues believe it would take years to implement it [17]. Their research coincides with previous research by (Zurynski *et al.* 2015; Young *et al.* 2020; and Reig-Alcaraz *et al.* 2015).

Min *et al.* (2023) surveyed 231 women who moved to New York City from West Africa and had or did not have FGM or FC. They investigated the effects of FGM/FC on women's mental health and body image. Min and colleagues explained that FGM/FC is mainly performed on women as tradition/culture demands. In New York City, purposive sampling was conducted for female immigrants from areas of high FGM/FC rates, which included Gambia, Guinea, Liberia, and Sierra Leone. Data was gathered from November 2017 through May 2019; the interview was conducted using the Audio computer-assisted self-interview (ACASI). Out of the 231 women interviewed, 76 were FGM/FC victims. 32 of the victims and 92 of the non-FGM/FC group reported that they were "somewhat concerned" about a part of their bodies. Thirteen respondents reported being at least "somewhat occupied" by issues related to their genital appearance; three experienced insecurity, while others claimed difficulty with sexual activity, a lack of interest in intimacy, and a general lack of confidence. The impact of FGM/FC on body image in women from West Africa was investigated, including body anxiety. According to the findings of this study, in the setting of FGM/FC, intervention efforts should address the larger cultural contexts of the specific obstacles faced by FGM/FC-experienced women. Providers of services should be aware of the cultural contexts in which FGM/C occurs and the social pressures that women who have had FGM/FC may suffer in Western societies [18].

A study conducted by Wilkholm *et al.* (2020) explains the nature of FGM/FC and how it is used in asylum requests. This is the first time a study has been conducted on FGM/FC in the US in assessing asylum requests as well as addressing the demographic trends of the participants. A total of 121 applicants, with 84 of these women having been cut, were mostly subjected to one of the first three types of FGM/FC. It was reported that the average age for a girl who

received cutting was nine years old. About 62 were from the Physician of Human Rights Asylum Network and 59 from private practice. Most of the women feared that if they returned to their country with their daughters, the children were going to face the same treatment. Wilkholm and her co-authors note that there were long-term effects of mental and physical health consequences for these women (2020). Most of the applicants developed acute chronic illnesses as a result of FGM/FC-related issues. Wilkholm *et al.* acknowledge FGM/FC as a gender-based violence that affects women's lives and women need to be protected against it, and that FGM/FC occurred with forced marriage, child marriage, rape, and other forms of human rights violations [19].

1.3. Theory

The core cause of many types of violence against women, including FGM/FC, a public health and human rights concern, is the unequal power allocation between men and women. This behavior embodies the idea that women's sexuality and reproductive choices should be limited and restricted. The gender power gap and other types of inequalities, according to feminist perspectives, are caused by patriarchal institutions' restrictions on women's freedom of expression. Feminism promotes equal rights and privileges for women [20]. The main objective of feminism is to end patriarchy by empowering women and achieving equality for men and women in terms of chances. Over time, eliminating patriarchal institutions may reduce or eliminate gender-based violence, including FGM/FC [21].

Women's health issues, including the importance of females knowing their anatomy and sexuality, will be taken more seriously if medical textbooks include information regarding FGM and health workers receive training about it. Evidence from medical textbooks shows how harmful gender and sexuality stereotypes are perpetuated in the field. This influences whether or not FGM is regarded in medical texts as a form of violence against women. It is also easier to judge whether it addresses FGM, the related physical and mental health issues, and the associated diagnostics and treatment options for the victims. Feminism stresses how important it is for women to have equal access to healthcare and reproductive rights. It determines whether the healthcare needs and rights of women and girls affected by FGM are sufficiently represented in medical textbooks by carefully examining them. Women and men should have the same rights regarding having children and receiving medical treatment.

2. Methods

This study aims to examine the inclusion of FGM/FC in US medical training, using medical textbooks as the sample. I seek to answer the question, to what degree do medical textbooks in the U.S. include information regarding FGM?

My research design is content analysis. Content analysis study can be used in both qualitative and quantitative studies but this study only utilizes the quantita-

tive approach. In this study, content analysis is used to describe the information regarding FGM present in US medical textbooks. The following steps served as a guide in generating the results: a) I identified the textbooks to include, b) I developed a coding sheet for analysis, c) I conducted analyses according to the coding sheet, d) I reviewed the data again to prevent any errors, and e) I described in detail the results collected from the source textbooks.

2.1. Measures

In this research, “information regarding FGM” includes knowledge, data, research, or content about FGM/FC found in US medical textbooks.

In order to measure “information regarding FGM/FC” the variable was drawn from the index and glossaries of the textbooks. I identified “female cutting” and “female genital mutilation” as terms for which to search. I extracted data from the textbooks according to the information on the coding sheet (see Appendix A). This was done at least twice to make sure every piece of information was accurately captured.

2.2. Data

To obtain a sample of textbooks for FGM/FC, the following search terms were used in open access and Medline databases: “medical outline,” “medical handouts,” “diagnostics,” “treatment,” “health,” “critical care,” “obstetricians,” “physicians,” “health professionals,” This search yielded eleven textbooks. I searched the shelves of a university library for hard copies of medical textbooks, yielding one medical textbook. **Table 1** lists the textbooks with their respective titles, publishers, and release dates. To determine if they are medical textbooks, I looked at the titles of the books since most of the medical textbooks include words like “medicine,” “clinical,” “diagnosis,” “anatomy,” “physiology,” “pathology,” or certain medical specializations in their titles.

2.3. Data Coding and Analysis

The data for this project came from a manual search of the textbooks for the main variable “information regarding FGM/FC.” I analyzed the textbooks to identify the extent to which FGM is covered and also to qualitatively assess the kinds of information presented. To answer the research question, emphasis is placed on the term FGM/FC in the textbooks and whether or not it provides a detailed explanation. Appendix 1 shows the coding sheet used to assess whether or not medical textbooks address female genital mutilation. It consists of two main sections: textbook information and FGM information. The textbook information section includes fields for the title, author, publisher, and year of publication of the textbook. The FGM information section is more detailed and includes several sub-fields. Firstly, there is a field for FGM terms, where all possible terms of FGM were stated—this was to help locate the term either in the index, glossary, or summary chapter in the textbooks. Search terms used included, “female genital mutilation,” “female circumcision,” “female trauma, “female cut-

ting,” “clitoridectomy,” “infibulation,” “sunna-circumcision,” “general alteration/surgery,” and “excision.” The second field is FGM information—whether FGM was stated in the book and what type was mentioned (Type 1, 2, 3, 4, or “not specified”). The coding sheet also includes how FGM was described in the textbook (neutral, positive, negative, mixed, or not applicable) and the context in which FGM is mentioned (general discussion, specific condition or procedure, case study, or not applicable).

There is also information to indicate whether the text discusses the cultural or societal implications of FGM as well as whether there are any FGM-related pictures or photographs.

Finally, the coding sheet includes information regarding any resources or references provided for further information on FGM.

I searched through the index and glossaries of the textbooks for terms such as female circumcision and female genital mutilation. I extracted data from the textbooks according to the information on the coding sheet. This was done at least twice to make sure every piece of information was accurately captured.

Table 1. Medical textbooks used in the sample

ID	Author(s)	Title	Publisher	Year	Index	Glossary
1	Deborah Willer, Ann McPherson	Women’s Health	Oxford Medical Publications	2003	-	-
2	Lori C. Marshall, Dustin Sullivan	Mastering Patient and Family Education	Dustin Sullivan	2015	-	-
3	Anubhav Agarwal, MD, Mount Sinai South	Magill’s Medical Guide	Salem Press	2022	Female Circumcision	-
4	Cynthia Lee, Weaver Aurora	Critical Care Nursing DeMystified	McGraw Hill	2011	-	-
5	Linda Anne Silvestri, Angela E. Silvestri	Saunders Comprehensive Review for the NCLEX-RN	Julie Eddy	2023	-	-
6	Anne M. Van Leeuwen, Mickey L. Bladh	LAB and Diagnostics by Van Leeuwen	Suzanne Czehut Topy	2023	-	-
7	Joyce LeFever Kee	LAB and Diagnostics by Joyce LeFever Kee	Pearson Education	2018	-	-
8	Robert S. Porter, Justin L. Kaplan	The Merck Manual	Melissa W. Adams	2018	Female Genital Mutilation	-
9	Robert Casanova, Alice Chuang, Alice Geopfert, Nancy Hueppchen, Patrice M. Weiss	Beckmann and Ling’s obstetrics and Gynecology Eighth edition	Wolters Kluwer	2019	-	-
10	Alice Roberts	The Complete Human Body: Second edition	Lis Wheeler	2016	-	-
11	R. Douglas Collins	Differential diagnosis and treatment in primary care	Wolters Kluwer	2018	-	-
12	Betty Ackley, Gail B. Ladwig, Mary Beth Flynn, Manna Martinez-Kratz, Melody Zanwti	Nursing diagnosis Handbook—Twelfth edition	Elsevier Inc	2022	Female Genital Mutilation	-

3. Findings

Based on the analyses conducted here, only three textbook out of the twelfth sampled contained information regarding FGM, which is; *Magill's Medical Guide (9th Edition)* by Anubhav Agarwal, MD (Mount Sinai, 2022).

In Agarwal's text, the terms used for FGM are "Female Circumcision" and "Female Genital Mutilation." All four kinds of FGM were named and briefly explained. FGM was described as a "procedure." There were no illustrations or images of FGM found in the Agarwal textbook. The textbook gave a vivid description of the cultural implications of FGM, stating that the procedure was mainly done for cultural purposes and is still "ongoing in certain contemporary cultures of Africa, the Middle East, and parts of Yemen, India, and Malaysia." It further explains that from the "cultural perspective," the procedure was carried out as a "rite of passage" or proof of adulthood to raise the woman's status in her community. The textbook elaborated on how FGM/FC is prohibited in the United States and that a bill was passed in 1996 to outlaw the procedure. Lastly, some resources are provided for further information on FGM.

The second book which contained information regarding FGM is, *The Merck Manual (12th edition)* by Robert S. Porter, Justin L. Kaplan (2018). In Porter's text, the term used for FGM is "Female Genital Mutilation." All four kinds of FGM were named and briefly explained. FGM was described as a "general discussion." There were no illustrations or images of FGM found in the Porter textbook. The textbook didn't provide any resources for further information on FGM.

The third book which contained information regarding FGM is, *Nursing Diagnostics Handbook (12th edition)* by Betty Ackley, Gail B. Ladwig *et al.* (2022). In Ackley's text, the term used for FGM is "Female Genital Mutilation." The four kinds of FGM were "not specified". FGM was described as a "specific condition." There were no illustrations or images of FGM found in the Ackley textbook. The textbook didn't provide any resources for further information on FGM.

4. Discussion

This study analyzes the extent to which FGM/FC is included in US medical textbooks. Most existing literature regarding the US covers attitudes and knowledge of providers about FGM [9] [10] [16] [19] [22]. The outcome of this analysis states that there is a lack of information or inadequate information about FGM in US medical textbooks. This makes it difficult for providers to understand the concept and provide the necessary support for women. The inadequate information on FGM in medical textbooks reflects the customs and societal structures that seek to control female bodies and sexuality as well as patriarchal systems that seek to reinforce gender inequality.

The research conducted by Abdulcadir *et al.* (2016) is quite different from what other studies did, as these authors developed a visual reference and study tool to help doctors understand FGM and its treatment. The tool is used in the

United States to guide providers on the type of FGM diagnosed and is also used for training on the types and subtypes of FGM. The accompanied text can be used to train health professionals in providing an accurate diagnosis, quality patient care, and effective communication to patients affected by FGM. More of these tools will help health professionals to be able to identify a particular type of FGM and provide the necessary care and treatment as well as advice to the patients. This will ensure effective treatment of the affected victims and prevent stigmatization against women.

The inadequate information on FGM in medical textbooks reflects that health professionals do not have the necessary information regarding the treatment and diagnosis of FGM. This coincides with the literature that most health professionals couldn't give a complete definition of what FGM/FC is [9] [10]. It also provides credence to the study conducted about pediatricians where it was underlined that there was a need for more knowledge and training regarding FGM/FC among pediatric physicians, particularly on how to diagnose and treat issues associated with the practice [16].

4.1. Limitations

One major weakness of this study is the small sample size which may not represent the true state of information on FGM/FC in medical textbooks. The study did not examine the other sources of medical education and possible biases in the medical textbooks I chose. There may also be time gaps between changes in society and how they are reflected in textbooks. Finally, the study may not show how well education changes people's views on FGM/FC in the real world.

4.2. Future Research

This is the first study analyzing the content of FGM/FC in medical textbooks and the limited literature available shows how this topic is under-researched. It is recommended that further research be conducted to identify the gaps in education on FGM/FC among providers as well as address the extent to which it is discussed in medical textbooks. Issues relating to women's health should be discussed often on every platform so that people including providers will have ideas or knowledge about FGM/FC as well as come up with policies to ensure better treatment for women. There should be political support for women in terms of implementing policies or laws necessary for the eradication of FGM/FC and protecting the women and girls at risk of FGM/FC. This will go a long way to reduce the number of girls at risk of FGM/FC and prevent the occurrence of further procedures on women/girls.

5. Conclusions

This study seeks to answer the question: To what degree do recent medical textbooks in the U.S. include information regarding FGM/FC? This study will be

one of only a few existing analyzing the content of FGM/FC in medical textbooks in the US. The limited research available shows this topic is very under-researched.

The significance of this research was to know whether FGM/FC is included in medical textbooks, as providers would be better equipped to care for women and girls if their medical training included information regarding FGM/FC. This helps to bring women's health issues to light and prevent stigmatization of victims affected by the practice. The study highlights the subordinate position of women in Western societies and a lack of recognition of the number of girls and women affected by FGM/FC in the US. Since FGM/FC is a social issue, this research identifies the gaps in education on FGM/FC among providers and addresses the extent to which it is discussed in medical textbooks. This will enable providers to be knowledgeable about it and provide the necessary advice, diagnosis, and treatment.

FGM/FC is a gender-related issue and can be better understood with feminist theory. The feminist theory explains how power structures influence our health-care system and the harmful treatments meted out to women because of patriarchal beliefs about women's bodies and sexuality. The result of this study shows the extent to which recent medical textbooks contain information regarding FGM. By identifying this gap, this study promotes the feminist perspective on gender equality and women's health care.

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Conflicts of Interest

The author declares no conflicts of interest regarding the publication of this paper.

References

- [1] Klein, E., Helzner, E., Shayowitz, M., Kohlhoff, S. and Smith-Norowitz, T.A. (2018) Female Genital Mutilation: Health Consequences and Complications—A Short Literature Review. *Obstetrics and Gynecology International*, **2018**, Article 7365715. <https://doi.org/10.1155/2018/7365715>
- [2] World Health Organization (2023) Female Genital Mutilation-Fact Sheet. <https://www.who.int/news-room/fact-sheets/detail/female-genital-mutilation>
- [3] UNICEF (2023) Female Genital Mutilation and Cutting: Current Status and Progress. <https://data.unicef.org/topic/child-protection/female-genital-mutilation-and-cutting/>
- [4] U.S. Government Publishing Office (GPO) Publications (1996) Public Law 104-208—SEPT. 30, 1996. <https://www.congress.gov/104/plaws/publ208/PLAW-104publ208.pdf>
- [5] Abdulcadir, J., Catania, L., Hindin, M.J., Say, L., Petignat, P. and Abdulcadir, O. (2016) Female Genital Mutilation. *Obstetrics & Gynecology*, **128**, 958-963.

- <https://doi.org/10.1097/aog.0000000000001686>
- [6] Mulongo, P., Khan, R., McAndrew, S. and McKeown, M. (2023) Female Genital Mutilation (FGM) Trauma and Mental Health Support during the UK Lockdown: Exploring Women's Experiences. *Journal of Aggression, Conflict and Peace Research*, **15**, 221-233. <https://doi.org/10.1108/jacpr-05-2022-0712>
- [7] Havard, T. (2021) Domestic Abuse and COVID-19: A Year into the Pandemic. <https://commonslibrary.parliament.uk/domestic-abuse-and-covid-19-a-year-into-the-pandemic/>
- [8] Proudman, C. and Lloyd, F. (2022) The Impact of COVID-19 on Women and Children in the UK Who Were Victims of Domestic Abuse: A Practitioner Perspective. *Journal of Aggression, Conflict and Peace Research*, **15**, 234-241. <https://doi.org/10.1108/jacpr-07-2022-0734>
- [9] Zurynski, Y., Sureshkumar, P., Phu, A. and Elliott, E. (2015) Female Genital Mutilation and Cutting: A Systematic Literature Review of Health Professionals' Knowledge, Attitudes and Clinical Practice. *BMC International Health and Human Rights*, **15**, Article No. 32. <https://doi.org/10.1186/s12914-015-0070-y>
- [10] Reig-Alcaraz, M., Siles-González, J. and Solano-Ruiz, C. (2015) A Mixed-Method Synthesis of Knowledge, Experiences and Attitudes of Health Professionals to Female Genital Mutilation. *Journal of Advanced Nursing*, **72**, 245-260. <https://doi.org/10.1111/jan.12823>
- [11] Van Bavel, H. (2022) Is Anti-FGM Legislation Cultural Imperialism? Interrogating Kenya's Prohibition of Female Genital Mutilation Act. *Social & Legal Studies*, **32**, 378-398. <https://doi.org/10.1177/09646639221118862>
- [12] Cavallaro, D. (2023) Raising Awareness of Female Genital Mutilation through Theater. *Violence against Women*, **29**, 1520-1540. <https://doi.org/10.1177/10778012231162048>
- [13] Centers for Disease Control and Prevention (2018) Female Genital Mutilation/Cutting: Data and Statistics. https://www.cdc.gov/reproductive-health/women-health/female-genital-mutilation-cutting.html?CDC_AAref_Val=https://www.cdc.gov/reproductivehealth/womensrh/female-genital-mutilation.html
- [14] Population Reference Bureau (2013) Women and Girls at Risk of Female Genital Mutilation/Cutting in the United States. <https://www.prb.org/resources/women-and-girls-at-risk-of-female-genital-mutilation-cutting-in-the-united-states/>
- [15] Goldberg, H., Stupp, P., Okoroh, E., Besera, G., Goodman, D. and Danel, I. (2016) Female Genital Mutilation/Cutting in the United States: Updated Estimates of Women and Girls at Risk, 2012. *Public Health Reports*, **131**, 340-347. <https://doi.org/10.1177/003335491613100218>
- [16] Young, J., Rodrigues, K.K., Imam, B. and Johnson-Agbakwu, C. (2019) Female Genital Mutilation/Cutting-Pediatric Physician Knowledge, Training, and General Practice Approach. *Journal of Immigrant and Minority Health*, **22**, 668-674. <https://doi.org/10.1007/s10903-019-00938-x>
- [17] Levy, A.T., Beausang, J.K., Finley, E.D. and Wolf, S.M. (2020) Provider Knowledge and Attitudes about Female Genital Mutilation/Cutting in Philadelphia. *Journal of Immigrant and Minority Health*, **23**, 45-53. <https://doi.org/10.1007/s10903-020-01018-1>
- [18] Min, M., Espinosa, A. and Akinsulure-Smith, A.M. (2022) My Body, My Culture:

Understanding Body Image Concerns among West African Immigrant Women. *Journal of Immigrant and Minority Health*, **25**, 634-642.

<https://doi.org/10.1007/s10903-022-01421-w>

- [19] Wikholm, K., Mishori, R., Ottenheimer, D., Korostyshevskiy, V., Reingold, R., Wikholm, C., *et al.* (2020) Female Genital Mutilation/Cutting as Grounds for Asylum Requests in the US: An Analysis of More than 100 Cases. *Journal of Immigrant and Minority Health*, **22**, 675-681. <https://doi.org/10.1007/s10903-020-00994-8>
- [20] Turner, S.G. and Maschi, T.M. (2014) Feminist and Empowerment Theory and Social Work Practice. *Journal of Social Work Practice*, **29**, 151-162. <https://doi.org/10.1080/02650533.2014.941282>
- [21] Obiagu, A.N. (2023) Do Women's Education and Economic Empowerment Reduce Gender-Based Violence in Nigeria? *Journal of International Women's Studies*, **25**, Article 12. <https://vc.bridgew.edu/jiws/vol25/iss4/12/>
- [22] Sherif, A., Ebrahim, A.Z. and Abolfotouh, M.A. (2015) Knowledge and Attitudes of Healthcare Providers towards Female Genital Mutilation in Egypt. *The Journal of the Egyptian Public Health Association*, **90**, 47-54.

Appendix A

Coding Sheet for Medical Textbooks and FGM/FC

1) Textbook Information

Title:
Author:
Publisher:
Year of Publication:

2) FGM/FC Terms

Female Genital Mutilation
Female circumcision
Female Trauma
Female cutting
Clitoridectomy
Infibulation
Sunna-circumcision
General alteration/surgery
Excision

3) FGM/FC Information

Is FGM/FC mentioned in the textbook?

1. YES
2. NO

If YES, what kind of FGM/FC is being discussed? (According to WHO definition)

1. Type 1
2. Type 2
3. Type 3
4. Type 4
5. Not specified

How is FGM/FC explained?

1. Neutral
2. Positive
3. Negative
4. Mixed
5. Not applicable

What setting does the mention of FGM/FC occur in?

1. General Discussion
2. Specific condition or procedure
3. Case study
4. Not applicable

4) Additional Information

Are there any illustrations or images related to FGM/FC?

1. YES
2. NO

Is there any discussion of the cultural or social aspects of FGM/FC?

1. YES

2. NO

Are any resources or references provided for further information on FGM/FC? (Yes/No)