women circumcision before and after

women circumcision before and after is a topic that encompasses complex social, cultural, medical, and psychological aspects. This comprehensive article explores the key facets of women circumcision, including its historical context, reasons for the practice, the procedures involved, and the immediate and long-term effects on women. Readers will gain insights into the physical and emotional changes that can occur before and after the procedure, as well as the broader social implications and ongoing debates surrounding women circumcision. By understanding both the before and after perspectives, readers can appreciate the multifaceted impact this practice has on individuals and communities. The article also discusses health risks, legal frameworks, and support systems for affected women. Continue reading for an in-depth analysis of women circumcision before and after, supported by factual information and expert perspectives.

- Understanding Women Circumcision: Definitions and Background
- Reasons for Women Circumcision: Cultural and Social Contexts
- Procedures Involved: Before and After the Surgery
- Physical Health Impacts: Short-term and Long-term Effects
- Psychological and Emotional Consequences
- Legal and Ethical Issues Surrounding Women Circumcision
- Support Systems and Recovery: Post-Circumcision Resources
- Global Trends and Efforts Toward Change

Understanding Women Circumcision: Definitions and Background

Women circumcision, often referred to as female genital mutilation (FGM), is a practice involving the partial or total removal of external female genitalia or other injury to the female genital organs for non-medical reasons. The procedure is performed in various cultures across

Women Circumcision Before And After

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Women Circumcision: Before and After - Understanding the Impact

The practice of female genital mutilation (FGM), often referred to as female circumcision, is a deeply complex and sensitive issue with far-reaching consequences for women's health and well-being. This comprehensive guide delves into the realities of female circumcision, examining the situation before and after the procedure, exploring the physical and psychological impacts, and highlighting the crucial need for its eradication. We aim to provide accurate, sensitive, and informative content to facilitate a better understanding of this pervasive global health concern. This post will not glorify or endorse FGM in any way; rather, it serves to inform and educate.

Understanding Female Genital Mutilation (FGM): Before the Procedure

Before undergoing FGM, girls and women typically experience a normal life, though often overshadowed by cultural pressures and societal expectations surrounding the practice. The "before" picture varies significantly depending on the individual's age, cultural context, and family dynamics.

The Social and Cultural Context

Tradition and Beliefs: FGM is often deeply ingrained in cultural traditions and beliefs, sometimes linked to ideas of purity, marriageability, and social acceptance. These traditions are passed down through generations, making it challenging to overcome ingrained practices.

Community Pressure: Families may face significant pressure from their communities to perform FGM on their daughters. This pressure can be intense, leading to feelings of fear, obligation, and isolation for those who consider alternative choices.

Lack of Education: Limited access to education and information about the health risks of FGM contributes to the continuation of the practice. Many women are unaware of the long-term physical and psychological consequences.

Psychological Well-being (Before): While seemingly normal before the procedure, the anticipation and anxiety surrounding FGM can significantly impact a girl's or woman's psychological well-being. This often goes unrecognized.

The Immediate Aftermath: After the Procedure

The immediate aftermath of FGM is characterized by severe pain, bleeding, infection, and potential complications. The intensity and type of these complications depend heavily on the type of FGM performed. The "after" picture is often one of trauma, both physical and emotional.

Immediate Physical Complications

Pain and Bleeding: Severe pain and significant bleeding are common immediate effects. The level of

pain can be excruciating and may require pain management.

Infection: The unhygienic conditions under which FGM is often performed increase the risk of infection, potentially leading to sepsis and even death.

Shock and Trauma: The procedure itself can be traumatic, leading to severe shock and psychological distress.

Urinary and Menstrual Complications: Difficulty urinating and painful menstruation are common after effects, often lasting for a lifetime.

Long-Term Physical Consequences

Scarring and Keloid Formation: Permanent scarring is almost inevitable. This scarring can interfere with sexual function and childbirth.

Sexual Dysfunction: FGM significantly increases the risk of sexual dysfunction, including difficulties with intercourse and painful sexual experiences.

Childbirth Complications: Complications during pregnancy and childbirth, such as obstructed labor, uterine rupture, and fistula formation are significantly more likely.

Chronic Pain: Many women experience chronic pain in the genital area throughout their lives.

The Psychological Impact: Before and After

The psychological impact of FGM is profound and long-lasting, affecting women's self-esteem, mental health, and overall well-being both before and after the procedure.

Psychological Impact Before the Procedure

Anxiety and Fear: The anticipation of the procedure itself can cause intense anxiety and fear in young girls.

Loss of Innocence: FGM often represents a loss of innocence and bodily autonomy.

Psychological Impact After the Procedure

Depression and PTSD: Many women who have undergone FGM experience depression, anxiety, and post-traumatic stress disorder (PTSD).

Low Self-Esteem: The experience can significantly damage self-esteem and body image. Social Isolation: The shame and stigma associated with FGM can lead to social isolation and difficulty forming healthy relationships.

The Fight for Eradication: A Call to Action

Eradicating FGM requires a multi-pronged approach that involves education, community engagement, and legal interventions. Addressing the underlying cultural beliefs and societal

pressures is crucial for sustainable change. This requires a collaborative effort from governments, healthcare professionals, community leaders, and international organizations.

Conclusion

Female genital mutilation is a devastating practice with profound and lasting consequences for women's health and well-being. Understanding the experiences of women both before and after the procedure is crucial to effectively combating this harmful practice. The journey toward eradication requires a collective commitment to education, empowerment, and advocacy.

FAQs:

- 1. Is FGM reversible? In some cases, surgical repair is possible, but it is often complex and may not fully restore normal function.
- 2. What legal protections exist for victims of FGM? Many countries have outlawed FGM, with varying levels of enforcement. Victims may be entitled to legal support and protection.
- 3. Where can I find support if I or someone I know has experienced FGM? Numerous organizations provide support and resources for victims of FGM. A simple online search will provide relevant resources for your specific location.
- 4. What role can men play in ending FGM? Men hold significant influence within many communities and their active participation in challenging traditional practices is vital.
- 5. How can I get involved in the fight against FGM? Support organizations dedicated to ending FGM through volunteering, donations, or raising awareness.

Disclaimer: This information is intended for educational purposes only and should not be considered medical advice. Consult with a healthcare professional for any health concerns.

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women circumcision before and after: Transcultural Bodies Ylva Hernlund, Bettina Shell-Duncan, 2007-06-07 Female circumcision or, more precisely, female genital cutting (FGC), remains an important cultural practice in many African countries, often serving as a coming-of-age ritual. It is also a practice that has generated international dispute and continues to be at the center of debates over women's rights, the limits of cultural pluralism, the balance of power between local cultures, international human rights, and feminist activism. In our increasingly globalized world, these practices have also begun immigrating to other nations, where transnational complexities vex debates about how to resolve the issue. Bringing together thirteen essays, Transcultural Bodies provides an ethnographically rich exploration of FGC among African diasporas in the United Kingdom, Europe, and Australia. Contributors analyze changes in ideologies of gender and sexuality in immigrant communities, the frequent marginalization of African women's voices in debates over FGC, and controversies over legislation restricting the practice in immigrant populations.

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Gruenbaum, 2015-03-17 To the Western eye, there is something jarringly incongruous, even shocking, about the image of a six-year-old girl being held down by loving relatives so that her genitals can be cut. Yet two million girls experience this each year. Most Westerners, upon learning of the practice of female circumcision, have responded with outrage; those committed to improving the status of women have gone beyond outrage to action by creating various programs for eradicating the practice. But few understand the real life complexities families face in deciding whether to follow the traditional practices or to take the risk of change. In The Female Circumcision Controversy, Ellen Gruenbaum points out that Western outrage and Western efforts to stop genital mutilation often provoke a strong backlash from people in the countries where the practice is common. She looks at the validity of Western arguments against the practice. In doing so, she explores both outsider and insider perspectives on female circumcision, concentrating particularly on the complex attitudes of the individuals and groups who practice it and on indigenous efforts to end it. Gruenbaum finds that the criticisms of outsiders are frequently simplistic and fail to appreciate the diversity of cultural contexts, the complex meanings, and the conflicting responses to change. Drawing on over five years of fieldwork in Sudan, where the most severe forms of genital surgery are common, Gruenbaum shows that the practices of female circumcision are deeply embedded in Sudanese cultural traditions—in religious, moral, and aesthetic values, and in ideas about class, ethnicity, and gender. Her research illuminates both the resistance to and the acceptance of change. She shows that change is occurring as the result of economic and social developments, the influences of Islamic activists, the work of Sudanese health educators, and the efforts of educated African women. That does not mean that there is no role for outsiders, Gruenbaum asserts, and she offers suggestions for those who wish to help facilitate change. By presenting specific cultural contexts and human experiences with a deep knowledge of the tremendous variation of the practice and meaning of female circumcision, Gruenbaum provides an insightful analysis of the process of changing this complex, highly debated practice.

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psychological consequences for the victim, its role in tradition, the medical industry's investment, current legislative efforts, methods being implemented to safeguard children, and other topics. Annotation copyrighted by Book News, Inc., Portland, OR

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2018-10-02 Explore different perspectives and approaches to create more effective visualizations #MakeoverMonday offers inspiration and a giant dose of perspective for those who communicate data. Originally a small project in the data visualization community, #MakeoverMonday features a weekly chart or graph and a dataset that community members reimagine in order to make it more effective. The results have been astounding; hundreds of people have contributed thousands of makeovers, perfectly illustrating the highly variable nature of data visualization. Different takes on the same data showed a wide variation of theme, focus, content, and design, with side-by-side comparisons throwing more- and less-effective techniques into sharp relief. This book is an extension of that project, featuring a variety of makeovers that showcase various approaches to data communication and a focus on the analytical, design and storytelling skills that have been developed through #MakeoverMonday. Paging through the makeovers ignites immediate inspiration for your own work, provides insight into different perspectives, and highlights the techniques that truly make an impact. Explore the many approaches to visual data communication Think beyond the data and consider audience, stakeholders, and message Design your graphs to be intuitive and more communicative Assess the impact of layout, color, font, chart type, and other design choices Creating visual representation of complex datasets is tricky. There's the mandate to include all relevant data in a clean, readable format that best illustrates what the data is saying—but there is also the designer's impetus to showcase a command of the complexity and create multidimensional visualizations that "look cool." #MakeoverMonday shows you the many ways to walk the line between simple reporting and design artistry to create exactly the visualization the situation requires.

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mutilation, male victims, training, and psychological issues. The content covers the syllabi for DFCASA, MFFLM(SOM) Part 2 and the RCOG ATSM in forensic gynaecology. This book is recommended for gynaecologists, sexual health doctors and nurses, genitourinary medicine doctors and nurses, emergency medicine doctors and nurses, midwives, counsellors and psychologists who work with victims, paediatricians, forensic doctors and nurses, specialist police officers and lawyers, and those working in sexual assault referral centres and independent sexual violence advisers.

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Times Nice Leng`ete was raised in a Maasai village in Kenya. In 1998, when Nice was six, her parents fell sick and died, and Nice and her sister Soila were taken in by their father's brother, who had little interest in the girls beyond what their dowries might fetch. Fearing the cut (female genital mutilation, a painful and sometimes deadly ritualistic surgery), which was the fate of all Maasai women, Nice and Soila climbed a tree to hide. Nice hoped to find a way to avoid the cut forever, but Soila understood it would be impossible. But maybe if one of the sisters submitted, the other would be spared. After Soila chose to undergo the surgery, sacrificing herself to save Nice, their lives diverged. Soila married, dropped out of school, and had children -- all in her teenage years -- while Nice postponed receiving the cut, continued her education, and became the first in her family to attend college. Supported by Amref, Nice used visits home to set an example for what an uncut Maasai woman can achieve. Other women listened, and the elders finally saw the value of intact, educated girls as the way of the future. The village has since ended FGM entirely, and Nice continues the fight to end FGM throughout Africa and the world. Nice's journey from heartbroken child and community outcast, to leader of the Maasai is an inspiration and a reminder that one person can change the world -- and every girl is worth saving.

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dysfunctions, namely hypoactive sexual desire disorder, male erectile disorder and premature ejaculation are reviewed. A chapter on the developments in imaging of sexual dysfunction, an area that is undergoing rapid expansion, is also included. This publication, filled with a variety of clinically essential information, provides psychiatrists, psychologists, sex therapists, urologists, gynecologists, both clinically and research oriented, with the latest developments in the area of sexual dysfunction.

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women circumcision before and after: Female Circumcision Rogaia Mustafa Abusharaf, 2013-03-01 Bolokoli, khifad, tahara, tahoor, gudiin, irua, bondo, kuruna, negekorsigin, and kene-kene are a few of the terms used in local African languages to denote a set of cultural practices collectively known as female circumcision. Practiced in many countries across Africa and Asia, this ritual is hotly debated. Supporters regard it as a central coming-of-age ritual that ensures chastity and promotes fertility. Human rights groups denounce the procedure as barbaric. It is estimated that between 100 million and 130 million girls and women today have undergone forms of this genital surgery. Female Circumcision gathers together African activists to examine the issue within its various cultural and historical contexts, the debates on circumcision regarding African refugee and immigrant populations in the United States, and the human rights efforts to eradicate the practice. This work brings African women's voices into the discussion, foregrounds indigenous processes of social and cultural change, and demonstrates the manifold linkages between respect for women's bodily integrity, the empowerment of women, and democratic modes of economic development. This volume does not focus narrowly on female circumcision as a set of ritualized surgeries sanctioned by society. Instead, the contributors explore a chain of connecting issues and processes through which the practice is being transformed in local and transnational contexts. The authors document shifts in local views to highlight processes of change and chronicle the efforts of diverse communities as agents in the process of cultural and social transformation.

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