

Research article

How Culture is Affecting Women's Health

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Abstract

Women's health and the importance placed on it has been an ongoing global issue for many years. The laws of basic human rights for some reason have left women in a very vulnerably and unhealth state which is directly caused by certain societal standards, cultural practices, and religious beliefs. Women's health and life's value in certain areas of the world are not as highly regarded as that of a man. Some of the women's health violations that are having a large effect on women's health today are: female genital mutilation, gavage, eating disorders, and female feticid. These violations have arisen from partrichial religious favoritism, societal pressures that have been established through media and law, and ideologies surrounding family honor. In countries like North Amerca across to Asia, traditions and the value on women are causing serious global health issues that are burdening the health care system and further more increasing the amount of preventable diseases and deaths accounted for every year. In health care it is important to identify these challenges women are facing globally and how organizations can provide a safer and healthier future for women worldwide. Education is the most effective way to promote health and prevent the reoccurrence of current health issues women are facing today. Registered Nurses are on the frontlines of health care and education. Holding true to what our roles are as nurses and what we can do as a whole to promote health and wellness to women in need is a very important aspect in providing women with a safer and healthier future.

Keywords: women's health, nursing, global health, health promotion, culture, religion, & education.

Diversity in society has never been more vast and complex than it is today. Our civilization is multi-cultural and as a result many differing views are competing to exist alongside one another. There are many traditions from other cultures that are sacred and hold great importance but there are also some that violate basic human rights. Women's health in particular is greatly impacted by some of these cultures and traditions in a negative way causing an increase in disease, illness, and death. Is there a line being crossed if the values of a society or the beliefs of certain cultures affect the quality of a woman's life? "The United Nations defines violence against women as any act of gender-based violence that results in, or is likely to result in, physical, sexual or mental harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life" (World Health Organization (WHO), 2015, para. 1). There are traditions that exist which are causing global health concerns and inspiring government organizations to enforce changes that will encourage greater respect for the value of a woman's life.

The cultural and traditional practices that will be described in this article are: female genital mutilation in Northern Africa and the Middle East, gavage in Northern Africa, eating disorders in North America, and female feticide in India and China. The origin of cultural beliefs and practices affecting women's health will be identified, as well as the illnesses or diseases caused by these practices. Eradicating these issues through health promotion and education strategies will also be described in addition to the impact women's health has on the roles of Registered Nurses in health care.

Female Genital Mutilation

Female genital mutilation (FGM) is a well-known human rights violation that has been occurring for many years. There are four variations of FGM that are specific to the region in which they are being practiced. The WHO (2015) identified the four types of FGM as being: clitoridectomy, excision, infibulation, and 'other'. They describe a clitoridectomy as the partial or total removal of the clitoris; excision is the partial or total removal of the clitoris and labia minora; infibulation is described as the manipulation of the outer or inner labia by sewing the opposite sides together creating a seal and may or may not include the removal of the clitoris. The category of 'other' that the WHO (2015) referred to includes all other possible procedures that are harmful to a female's genitalia, for example cauterizing or scraping. Female genital mutilation is not traditionally performed by a health care professional but instead is typically performed by other women in the community at home in an unsterile environment.

There are genuine intentions for why this procedure is performed but it has many negative consequences. FGM occurs predominantly in Africa and in some areas of the Middle East (Appendix A). "FGM is generally believed to curb a woman's sexual desire and many assume it is required for religious reasons; it is also done to confer social acceptance on the family, as well as a rite of passage from childhood to adulthood" (Ouldzeidoune, Keating, Bertrand, & Rice, 2013, p. 2). The preservation of family respect and honor plays a big part in these African and Middle Eastern cultures. Unfortunately a woman's sexuality and lifestyle is the largest determination of a family's worth and social standing. This procedure can be performed on young girls as early as a few weeks after birth up to the age of 15 (Ouldzeidoune, Keating, Bertrand, & Rice, 2013). Many women are in support of FGM because of what it represents in their culture. Some advantages of FGM are: social recognition, decreased sexual desire, following religious beliefs, improved hygiene, increased chances of getting married, and increased sexual appeal (Ouldzeidoune, Keating, Bertrand, & Rice, 2013).

Despite these perceived social advantages of FGM, there are many acute and chronic complications caused by FGM. "During and immediately following the procedure, the girl or woman is at significant risk of traumatic bleeding and infection including wound infection, septicemia, gangrene comma and tetanus" (Reisel& Creighton, 2015, para. 12). These acute complications from the procedure immediately or shortly after can lead to death. Long term complications from FGM are: infection, scarring, keloid formation, menstrual difficulties, urinary issues, psychological damage, impaired sexual function, and other gynaecological issues (Reisel& Creighton, 2015). Infection can be related to the environment that the procedure is performed in. It can also increase the woman's risk of acquiring human immunodeficiency virus (HIV), hepatitis B, or hepatitis C through transmission of contaminated instruments (Reisel& Creighton, 2015). Genital scarring and keloid formation can encourage the painful formation of extra tissue and large cysts that eventually require surgical removal (Reisel& Creighton, 2015). Menstrual difficulties occurring from FGM can include longer and more painful periods due to the narrowing of vaginal opening (Reisel& Creighton, 2015). Urinary complications can arise from damage to the urethra during the procedure and can lead to fistulas (Reisel& Creighton, 2015). Psychological disorders like depression, anxiety disorders, and post-traumatic stress disorder are linked to FGM because of the nature of how the procedure is performed. Impaired sexual function is obvious due to the unnatural manipulation of the female genitalia causing pain during intercourse and reduced sensation if the woman's clitoris was removed (Reisel& Creighton, 2015). Other

gynaecological issues include: prolonged and difficult labour, higher rate of obstetric lacerations, increased requirement for instrumental delivery, and increased rates of obstetric haemorrhage (Reisel& Creighton, 2015). Social acceptance and sexual desire do not outweigh these health risks that women face when undergoing female genital mutilation. These traditional expectations need to be changed to encourage families to refuse FGM for their daughters.

Preventative measures are being taken in hope of reducing the number of occurrences in which female genital mutilation is performed in these African and Middle Eastern cultures. Many women who have undergone FGM are opposed to the continuation of this practice. "In 11 out of 29 countries, the majority of girls and women who have been cut favour stopping the practice" (United Nations Children's Fund, 2013, p. 76). Raising awareness of the negative effects FGM can have on young girls and women will hopefully foster change. If families want to continue practicing FGM then it is much safer to have a medical professional perform the procedure. This will minimize the amount of acute complications that can occur after the procedure is performed. "A number of programming efforts have included educational campaigns aimed at raising awareness of the risks of FGM and stimulating public discussion and debate on the practice" (United Nations Children's Fund, 2013, p. 86). It is the hope that this education will persuade the people in these communities to no longer practice FGM or to at the very least to find a medical professional to perform the procedure to reduce the immediate risks that can occur.

Gavage

Gavage, a tradition in Northern Africa, is not as common of a health issue because it is only practiced in one country called Mauritania. The actual word gavage in French means force-feeding and this method is typically used to fatten up geese for foiegras. In Mauritania gavage is called Leblouh and is used to fatten up young girls (Ouldzeidoune, Keating, Bertrand, & Rice, 2013). Gavage is typically performed at fattening farms run by older women, also called matrons, to force girls as young as five years old to eat excessive amounts of food in hope that they become obese to attain happiness and increase their sexual appeal (Guerrero, 2013). The origin of this tradition stems from the prevalence of poverty and food shortages Mauritania experiences. Families with money who can afford food are more appealing for men to marry into. Therefore if a woman is obese it represents beauty and wealth which makes them more attractive to the opposite sex (Vice Media, 2015).

The process of gavage involves forcing the girls to swallow gallons of milk, balls of couscous, peanuts, oils, and cups of pure animal fat for days until they develop 'wings of fat hanging from their arms' and 'silvery stretch marks' on their skin (Guerrero, 2013). They describe a typical diet for a six-year-old girl being four and a half pounds of millet mixed with two cups of butter and five gallons of camel milk, which is very high in fat. The effects of a diet such as this can have on a child or woman's health are extremely damaging. A recommended diet for a 12-year-old girl is approximately 1,500 calories a day whereas a force-fed child is consuming about 14,000 to 16,000 calories a day (Guerrero, 2013). During a force-fed meal, it is very common for the child to projectile vomit and refuse to eat because their stomachs are so full. The matrons at the fat farms meet this type of resistance with torturous and painful methods like: rolling sticks on the girls thighs to break down muscle tissue to speed up the weight gain process, performing 'zayar' which involves the matron inserting two sticks on each side of the child's toe and squeezing them together causing pain, bending the child's finger backwards, beating her with a cane, and if she vomits the matrons force the girls to eat their own vomit as punishment (Guerrero, 2013).

Matrons resort to these violent methods to ensure their job is completed properly because fat farms cost a lot of money. Due to the costs associated with fat farms, a cheaper and more dangerous method of weight gain has become more common in Mauritania. Today women have resorted to taking certain types of black market medications in order to gain weight. These medications include anti-anorexic medications that increase appetite and cattle or bird steroids that enlarge certain body parts (Vice Media, 2015).

Both these weight gaining methods have negative acute and chronic health implications. The complications that result from the traditional fat farming process are obesity, cardiovascular disease, diabetes, cancers, and death (WHO, 2012). The complications that result from pharmaceutical gavage are renal failure, heart attacks, and death (Guerrero, 2013). Complications arising from traditional gavage can occur over a longer period of time while those of pharmaceutical gavage are much more acute and severe. In 2008 approximately 50% of female cardiovascular issues requiring medical attention were related to gavage and 12 of the 148 cases of force-feeding leading to death were related to the consumption of bird steroids (Guerrero, 2013). As a result the government made purchasing animal steroids more difficult in Mauritania, which has in turn driven up the sales of antihistamine drugs. These drugs provide the woman with the same desired outcome as anti-anorexic medication by increasing their appetite (Guerrero, 2013). Other health concerns resulting from gavage are the child abuse at the fat farms and the increase

of under aged marriages. Child obesity gives the illusion that the young girl is more physically mature further indicating she is ready for a husband (Guerrero, 2013). Underage marriages are desirable to families because it ensures marriage before the loss of virginity. Unfortunately under aged marriages and premature sexual intercourse results in early motherhood and complications during pregnancy because of the child's early developmental stage (Guerrero, 2013).

The cessation of gavage in all forms must be encouraged more strongly in this culture. Raising awareness of the complications and diseases that are attributed to obesity and steroids can help to stop gavage. A survey taken of women in Mauritania showed that educated women with jobs living in urban areas are against gavage more so than uneducated women living in rural areas (Ouldzeidoune, Keating, Bertrand, & Rice, 2013). Also the influence of Western culture has begun to change the idea of what beauty is in Mauritania. The migration of radio, media, and television programming has begun to influence women's perceptions of beauty (Guerrero, 2013). A decrease in the tradition of gavage can be achieved with proper education informing women about the potential unnecessary health risks. The contrast between notions of beauty as observed in Mauritania and the United States serves to highlight the subjective nature of beauty as a socially constructed value judgment.

Eating Disorders

Anorexia nervosa and bulimia are very common mental illnesses among young women in North America and are predominantly driven by the ideologies of beauty as portrayed by the media. Eating disorders are considered a psychiatric condition involving extreme dissatisfaction with one's body leading to unhealthy eating patterns causing a decrease in well-being (Farley, 2011). Anorexia nervosa is a consistent pursuit to be thin by means of excessive exercise, dieting, and misuse of dieting supplements whereas bulimia consists of frequent episodes of over eating followed by counteractive behaviors such as purging, fasting, and excessive exercising (Farley, 2011). The media is not the sole source of causing young women to develop eating disorders but it does have a strong influence. The idea of what beauty looks like has constantly changed over the years but in American culture beauty primarily focuses on weight, size, and appearances (Farley, 2011). The persuasiveness of the media has continued to pressure women into believing that conventional images of beauty are what every girl should aspire to look like. The media uses different channels to pressure American women to always change and be in the pursuit of physical perfection through television shows, movies, magazines, and pop culture (Farley, 2011). "For several decades, the ideal body

image has changed from the curvy and beautiful Marilyn Monroe image, to a skinny body type like that of Victoria Beckham, which many women are not able to obtain" (Farley, 2011, p. 102).

The media's idea of beauty negatively affects women's health in America because appearances are strongly associated with success, wealth, intelligence, and sexual appeal. The media's influence begins at a young age among children who play with toys like Barbie, a slim bodily figure, and young boys who play with action figures like GI Joe, a strong, bulky figure (Farley, 2011). A study in 2011 showed that 6.1% of children and teenagers are affected by eating disorders in America (National Institute of Mental Health, 2011).

The National Institute of Mental Health estimated that over eight million Americans suffer from these types of eating disorders, seven million being women. 90% of people affected from these disorders are between the ages of twelve and twenty-five (Farley, 2011, p. 101).

In the attempt to achieve the desired bodily figure through the development of eating disorders, there are many unhealthy changes that can occur to a girl or woman's body. There are several acute and chronic complications that occur to the body if an eating disorder goes untreated. Some chronic side effects from anorexia nervosa are: thinning of the bones, brittle hair and nails, dry skin, mild anemia, muscle wasting, severe constipation, low blood pressure, damage to the heart, brain damage, drop in internal body temperature, lethargy, menstrual complications, and infertility (National Institute of Mental Health, 2014). They also list chronic side effects of bulimia as: inflamed and chronically sore throat, swollen salivary glands, worn tooth enamel, tooth decay due to exposure of stomach acid, acid reflux, intestinal distress, severe dehydration, and electrolyte imbalances.

Malnutrition can lead to many other illnesses and disturbances in the body because normal bodily function relies greatly on proper nutrition. Providing support and getting women who have these eating disorders the help they need is important in preventing many of the complications that result from untreated eating disorders. "Typical treatment goals include restoring adequate nutrition, bringing weight to a healthy level, reducing excessive exercise, and stopping binge eating and purging behaviors" (National Institute of Mental Health, 2014, p. 5). Many girls and women do not intend to cause themselves harm nor do they want to die from their eating disorders, they only want to be satisfied with their body image which is why psychotherapy is an important part of treating eating disorders. Women come in all shapes and sizes, most of which cannot be greatly altered through dieting and exercise.

Providing education and understanding the origin of the negative feelings the person has towards their appearance will help to promote good health and happiness.

Female Feticide

In many countries around the world girls and women have limited opportunities to work, financially support families, or play important roles in religious practices. In India and China girls are perceived as being financial burdens on their families until they are married off, and then their only responsibilities consist of making children, cooking, and maintaining the household. "Female feticide is a practice that involves the detection and abortion of female fetus due to the preference for male babies and from the low value associated with the birth of females" (Ahmad, 2010, p. 13). This practice has evolved from female infanticide with the progression and access to technology in these countries. Female infanticide is the murder of a newborn child based on gender preference (Wicker, 2012). Now that modern technology like ultrasound machines have made their way into third world countries, female feticide is on the rise as it is possible to determine the sex of a fetus rather than waiting nine months to find out the gender of the baby.

In India, Hindus greatly rely on having a son because they are the only ones capable of delivering the souls of their parents to salvation, otherwise known as moksha, and a man cannot attain moksha unless he has a son (Ahmad, 2010). It is also allowed that if a woman does not produce a son by the eleventh year of marriage that her husband may leave his marriage. These beliefs have created a preference for having male children over females. Infanticide was first documented in the 1870s by the British who observed the practice being committed in India (Ahmad, 2010). When the British found out about infanticide they decided to pass the Infanticide Act, which is a law making infanticide illegal but this was difficult for the British to enforce because the majority of births happened at home (Ahmad, 2010). Another advantage to having a male child is that when a man gets married, he receives a dowry from his wife's family that enhances his fortune (Ahmad, 2010). When a woman gets married, her family is expected to present the husband with a dowry that can include: gold, farm animals, jewelry, clothes, and other possessions. Therefore it is less expensive to raise a boy than a girl.

In China, religious values play less of a role in gender preference while population control policies and the patriarchal structure of society are the primary motivators supporting female feticide. "Boys carry on the family name. They become their parents' retirement plan in many cultures. They cost less to marry off and often have better

access to education and political influence" (Liautaud, 2012, p. 34). In a society that has a clear male preference in combination with the one-child policy, having a son is of high importance. The one-child policy states that couples are allowed to have one child. If their first child is a girl then they are permitted to have a second child in hopes that it will be a boy (Shadow Films, 2011). This policy began in 1980 and since then couples have increasingly relied on the use of illegal ultrasound technology (Liautaud, 2012).

Femalefeticideaffects women and global health because the gender ratios in China and India are off balance to the point that young men greatly outnumber the diminishing female population. "More girls have been killed in the past 50 years than men in all the wars of the 20th century" (Liautaud, 2012, p. 33). The decrease of the female population in these countries and the strong male preference has led to an increase in other violent acts such as: forced abortions, forced gender identification of the fetus, rape, kidnapping, and child trafficking (Ahmad, 2010). Preventative measures have been implemented to help end female feticide in India and China. Laws have been initiated to make sex determination testing and acceptance of dowries illegal. Education needs to be provided to these cultures so that they can learn to value the roles of women in society and to abolish traditions that encourage gender preference.

Roles of Registered Nurses

Nursing is a very fluid and broad role that is focused on providing a high level of individualized patient care. The Canadian Nurses Association (2007) defined the role of a Registered Nurse as the following:

Registered nurses are self-regulated health-care professionals who work autonomously and in collaboration with others. RNs enable individuals, families, groups, communities and populations to achieve their optimal level of health. RNs coordinate health care, deliver direct services and support clients in their self-care decisions and actions in situations of health, illness, injury and disability in all stages of life. RNs contribute to the health-care system through their work in direct practice, education, administration, research and policy in a wide array of settings.

The Canadian Nurses Association also described the characteristics of ethical nursing as: providing safe, compassionate, competent and ethical care, promoting health and well-being, promoting and respecting informed decision-making, preserving dignity, maintaining privacy and confidentiality, promoting justice, and being accountable. These characteristics provide Registered Nurses with a framework for their care delivery while also

informing the values for patient care. There are many cultures, lifestyle choices, and religions that an individual nurse may not agree with or understand but being a Registered Nurse requires us to provide non-judgemental, multicultural, and un-biased health care despite personal views. For any of the culturally based health issues women are facing in the world such as those described in this paper, there are opportunities for education, health promotion, cultural understanding, and culturally sensitive nursing interventions. Being culturally sensitive has strongly been associated with gaining mutual respect in a nurse-patient relationship and preserving the dignity of the patient/person seeking health care (Periyakoil, Stevens, & Kraemer, 2013). Positive relationship building as a Registered Nurse is extremely important because it allows for teamwork and collaboration which can lead to healthier patient outcomes. It is important to determine what the patient's needs are rather than what the health care provider thinks they need. As Registered Nurses we can provide resources, education, and support to promote wellness but should not enforce our own values and beliefs on our patients. When encountering these types of patients whose health has been negatively affected by cultures and traditions, Registered Nurses have an obligation to promote therapeutic communication and relationships so that continuity in health care is maintained regardless of the type of patient they are caring for.

Conclusion

There are countless religions and cultures existing in the world today all with different beliefs and practices, some of which are negatively affecting women's health. Many of these cultural traditions are not aimed at targeting women directly but are based on a clear preference for men over women. Women in North Africa are purposely bingeing and taking dangerous steroids to achieve what they believe to be beauty while women in North America are developing eating disorders for the same reason. Young girls are being mutilated to preserve the honor of their families and increase their sex appeal. Finally, because of the patriarchal built societies instilling male preference, families are unable to afford or want a baby girl because of the burdens they place on their parents. In health care, Registered Nurses will continue to encounter the implications these cultural practices have on women's health. It is not possible to eliminate the cultural beliefs of a group of people but it is possible to educate and provide them with a healthier future. Women who are negatively affected by cultural and traditional practices can be provided with ethical and culturally sensitive nursing care so that they can have a healthier life for themselves and future generations.

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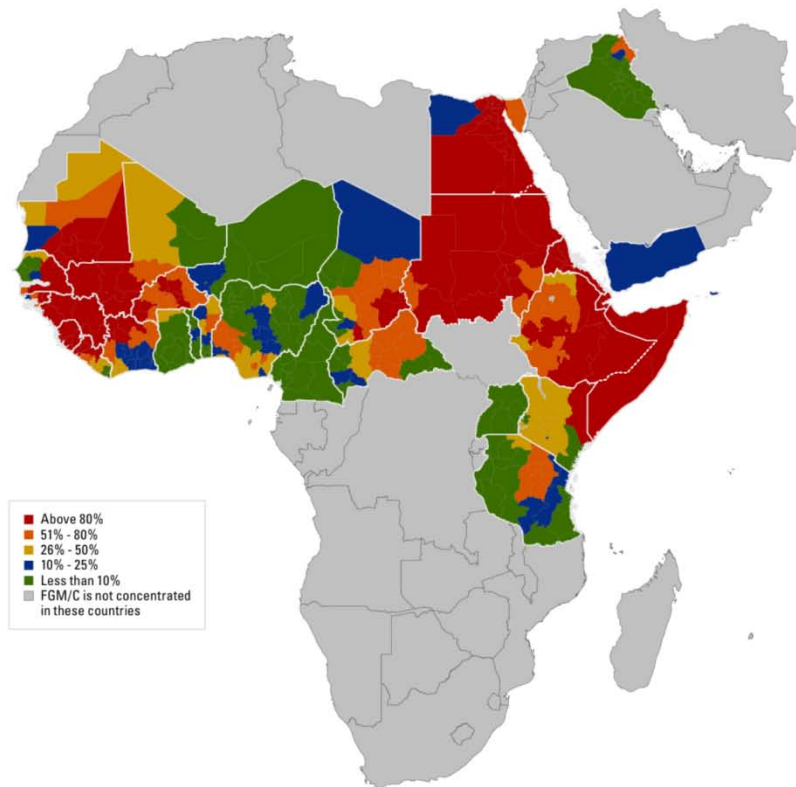
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Appendix A:



Map 4.7 Similar prevalence levels for FGM/C extend across national boundaries

Percentage of girls and women aged 15 to 49 years who have undergone FGM/C, by regions within countries



- Above 80%
- 51% - 80%
- 26% - 50%
- 10% - 25%
- Less than 10%
- FGM/C is not concentrated in these countries

Notes: This map is stylized and not to scale. It does not reflect a position by UNICEF on the legal status of any country or territory or the delimitation of any frontiers. Subnational data for Yemen could not be displayed due to discrepancies between the regional groupings in DHS and those available in the software used to create the map. The final boundary between the Republic of the Sudan and the Republic of South Sudan has not yet been determined.
Sources: DHS, MICS and SHHS, 1997-2011.

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United Nations Children's Fund, 2013. Retrieved from: http://www.childinfo.org/files/FGCM_Lo_res.pdf