



# Understanding female genital mutilation through transcultural nursing and diatopic hermeneutics

*A hermenêutica diatópica e a enfermagem transcultural: um olhar para a prática da mutilação genital feminina*

*Hermenéutica diatópica y enfermería transcultural: una mirada a la práctica de la mutilación genital femenina*

Maria José Guedes Gondim Almeida<sup>1</sup>

Ieda Maria Ávila Vargas Dias<sup>2</sup>

Camila Messias Ramos<sup>2</sup>

Marina Severino Garelli<sup>2</sup>

Cassiane de Assis Peixoto<sup>2</sup>

Zuleyce Maria Lessa Pacheco<sup>2</sup>

1. Universidade Federal de Juiz de Fora, Faculdade de Medicina. Juiz de Fora, MG, Brasil.

2. Universidade Federal de Juiz de Fora, Faculdade de Enfermagem. Juiz de Fora, MG, Brasil.

## ABSTRACT

**Objective:** to discuss the dialogical tensions generated by female genital mutilation (FGM) and to establish an intercultural dialogue between transcultural nursing and diatopic hermeneutics (DH). **Method:** this is a theoretical-reflective study anchored in Boaventura de Sousa Santos's DH and Madeleine Leininger's theory of diversity and universality of cultural care (TDUCC). **Results:** the DH presents itself as a new paradigm capable of transcending the dichotomy between universalism and cultural relativism, fostering an emancipatory policy of human rights by recognizing the incompleteness of all cultures and facilitating intercultural dialogue. The TDUCC emphasizes culturally congruent care, adapting health actions to patients' beliefs and values, which is essential for nurses working with migrant women affected by FGM. **Final considerations and implications for practice:** the medicalization of FGM and educational initiatives are important elements in intercultural dialogue, as they seek to reduce the health consequences for affected women. When integrated, DH and TDUCC provide a dialogic basis for expanding the range of care and assistance for migrant women arriving in Brazil, promoting a deeper and more respectful understanding.

**Keywords:** Circumcision, Female; Cultural Diversity; Gender-Based Violence; Human Rights; Transcultural Nursing.

## RESUMO

**Objetivo:** discorrer sobre as tensões dialógicas geradas pela mutilação genital feminina (MGF) e estabelecer um diálogo intercultural entre a enfermagem transcultural e a hermenêutica diatópica (HD). **Método:** estudo teórico-reflexivo ancorado na HD de Boaventura de Sousa Santos e na Teoria da Diversidade e Universalidade do Cuidado Cultural (TDUCC), de Madeleine Leininger. **Resultados:** a HD emerge como um novo paradigma para superar a dicotomia entre universalismo e relativismo cultural, promovendo uma política emancipatória dos direitos humanos ao reconhecer a incompletude de todas as culturas e facilitar o diálogo intercultural. A TDUCC enfatiza o cuidado culturalmente congruente, adaptando as ações de saúde às crenças e aos valores dos pacientes, o que é essencial para enfermeiros que lidam com mulheres migrantes afetadas pela MGF. **Considerações finais e implicações para a prática:** a medicalização da MGF e as ações educativas são ferramentas importantes no diálogo intercultural, buscando minimizar as repercussões à saúde da mulher. A HD e a TDUCC, ao serem integradas, oferecem uma possibilidade dialógica essencial para ampliar o campo de cuidado e a assistência às mulheres migrantes que chegam ao Brasil, promovendo um entendimento mais profundo e respeitoso da situação delas.

**Palavras-chave:** Circuncisão Feminina; Direitos Humanos; Diversidade Cultural; Enfermagem Transcultural; Violência de Gênero.

## RESUMEN

**Objetivo:** discutir las tensiones dialógicas generadas por la mutilación genital femenina (MGF) y establecer un diálogo intercultural entre la enfermería transcultural y la hermenéutica diatópica. **Método:** este es un estudio teórico-reflexivo anclado en la hermenéutica diatópica (HD) de Boaventura de Sousa Santos y la Teoría de la Diversidad y Universalidad del Cuidado Cultural (TDUCC) de Madeleine Leininger. **Resultados:** la HD emerge como un nuevo paradigma para superar la dicotomía entre universalismo y relativismo cultural, promoviendo una política emancipadora de Derechos Humanos al reconocer la incompletitud de todas las culturas y facilitar el diálogo intercultural. La TDUCC enfatiza el cuidado culturalmente congruente, adaptando las acciones de salud a las creencias y valores de las pacientes, lo cual es esencial para las enfermeras que trabajan con mujeres migrantes afectadas por la MGF. **Consideraciones finales e implicaciones para la práctica:** la medicalización de la MGF y las acciones educativas son herramientas importantes en el diálogo intercultural, buscando minimizar las repercusiones en la salud de las mujeres. Cuando se integran, HD y TDUCC ofrecen una oportunidad dialógica esencial para ampliar el alcance de la atención y asistencia a las mujeres migrantes que llegan a Brasil, promoviendo un entendimiento más profundo y respetuoso.

**Palabras-clave:** Circuncisión Femenina; Derechos Humanos; Diversidad Cultural; Enfermería Transcultural; Violencia de Gênero.

### Corresponding author:

Zuleyce Maria Lessa Pacheco.  
E-mail: zuleyce.lessa@ufjf.br

Submitted on 08/16/2025.

Accepted on 12/15/2025.

DOI:<https://doi.org/10.1590/2177-9465-EAN-2025-0125en>

## INTRODUCTION

Female circumcision, or female genital mutilation (FGM), is a cultural practice and rite of passage from childhood to adulthood carried out in 28 African countries, as well as among specific groups in Asia and the Middle East, where it remains socially accepted.<sup>1</sup> The World Health Organization defines FGM as procedures involving injury to, or partial or total removal of, the external female genitalia for cultural or other non-therapeutic reasons. Internationally, FGM violates the human rights of girls and women and constitutes gender-based violence under international human rights conventions.<sup>2-4</sup>

Currently, some countries criminalize this practice, whereas in others it remains accepted, creating tensions that often hinder intercultural dialogue.<sup>5,6</sup> This discernible tension between universalist and relativist conceptions of human rights is exacerbated by migration and globalization, at times leading to a clash between civilizations.<sup>2,7</sup>

Transnational migration has made Brazil a highly diverse society. Between 2010–2024, the country received 1,700,686 migrants, of whom 682,330 were women. The expanding sub-Saharan immigrant population suggests a likely increase in the number of women and girls at risk of FGM.<sup>8</sup>

As with other forms of gender-based violence, FGM requires a multisectoral response. Nursing professionals are often the first to encounter women at risk or affected by FGM-related conditions.<sup>9</sup> The literature indicates that they must deliver care across different cultural contexts and be shaped by acculturation and social integration.<sup>10-14</sup>

The Theory of Diversity and Universality of Cultural Care (TDUCC), proposed by Madeleine Leininger, emphasizes culturally congruent care based on the practices of each cultural group.<sup>15</sup> Formulated by Boaventura de Sousa Santos, diatopic hermeneutics (DH) provides a framework for promoting emancipatory human rights through intercultural dialogue that respects cultural difference and resists assimilation.<sup>7</sup>

Accordingly, this study aimed to discuss the dialogical tensions surrounding FGM theoretically and to promote dialogue between transcultural nursing and DH.

Theoretical-reflective studies support the epistemological development of nursing by fostering critical engagement with the concepts underlying care. By analyzing cultural values, theoretical models, and health conceptions, such studies contribute to building a robust body of knowledge to support ethically and culturally sensitive decision-making. This approach advances understanding of complex phenomena and facilitates the development of contextually appropriate care practices.<sup>16</sup>

As global migration intensifies, its challenges become increasingly urgent and necessary, highlighting this study's relevance. This work is part of the project *O Projeto Mulheres Migrantes Negras em Diásporas no Brasil: Cartografia das Opressões* [The Black Migrant Women in Diasporas in Brazil Project: Cartography of Oppression], funded by the National Council for Scientific and Technological Development, and aligned with Sustainable Development Goal 5 on gender equality.<sup>17</sup>

## METHOD

This theoretical-reflective study examined the dialogical tensions caused by FGM, grounded on DH, which promotes dialogue among cultures while recognizing that no culture is complete in itself.<sup>3,7</sup> It also draws on TDUCC, which holds that individuals' worldviews and social and cultural structures directly affect their health, well-being, and vulnerability to disease.<sup>15,18</sup>

To theoretically analyze the dialogical tensions produced by FGM and establish a critical articulation between the transcultural nursing and DH's, this study adopted a reflective process articulating both theories around key categories: culturally congruent care, intercultural care, cultural incompleteness, and value-based health practices. This approach demonstrates how the two frameworks offer complementary perspectives on the ethical, cultural, and care-related challenges of FGM.<sup>5,15</sup>

The study presents a coherent conceptual structure developed through rigorous dialogue among concepts and assumptions in philosophy, ethics, and nursing. By deepening the reflective journey through the explicit articulation of the categories mobilized and how the theories are articulated, the study strengthened its arguments and clearly delineated the paths that sustain intercultural dialogue.

This reflection was developed using in-depth reading, comparison, and critical juxtaposition of the core concepts from both frameworks, selected for their relevance to the FGM's theoretical discussion. The following question guided the analysis: given the potential dialogical tensions associated with FGM, how can DH and TDUCC interact to provide an ethically and culturally sensitive understanding of care?

## RESULTS AND DISCUSSION

The discussion focused on the primary dialogical tensions linked to FGM and followed two main lines: (1) whether FGM should be understood as gender-based violence or as a cultural practice, and (2) the intercultural dialogue between transcultural nursing and DH.

### **Female genital mutilation: Gender violence or cultural practice?**

All cultures develop their own conceptions of human dignity, each in distinctive ways. These conceptions are inevitably incomplete and problematic, as their diversity calls for intercultural dialogue that requires sensitive and respectful communication across cultural contexts. Such dialogue must also acknowledge that beliefs, values, and meanings profoundly influence experiences of health, illness, and care. It involves recognizing cultural diversity as integral to care, appreciating the meanings individuals ascribe to their experiences, and collaboratively designing interventions that are culturally appropriate, safe, and capable of promoting dignity from the perspective of those receiving care.<sup>7,19</sup>

Human rights address women's physical integrity and autonomy over their bodies and lives. Subjecting women to non-therapeutic genital mutilation is a form of physical, psychological, and social violence.

Traditionally, FGM is carried out during childhood, often in non-sterile conditions, and threatens women's health, quality of life, and well-being. This practice violates women's autonomy, impairs their sexual and reproductive function, and undermines their dignity.<sup>20-23</sup>

A World Health Organization working group classified FGM into four types. Type I, or clitoridectomy, is the partial or total removal of the clitoris. Type II, or excision, involves the partial or total removal of the clitoris and the labia minora. Type III, or infibulation, is the most severe form and consists of suturing the vulva, leaving only a small opening for the passage of urine and menstrual blood. Finally, Type IV has no specific subcategories and refers to all other harmful procedures involving the external genitalia.<sup>2,24</sup>

The Islamic culture oppose the criminalization of FGM, arguing that criminalization itself may be a moral offense and may deny those who choose the practice the possibility of becoming "women." The FGM is also regarded by some as a rite of passage to maturity, to the extent that those who do not experience it can face discrimination. In these communities, not participating is viewed as an affront to a woman's dignity and as a deprivation of her right to have her genitals socially gendered and purified. Therefore, women accept FGM for cultural, social, and religious reasons, fully aware of its consequences and the risk of death.<sup>25,26</sup>

Paradoxically, FGM may also be perceived as a moral offense, i.e., a form of violence compounded by a particular kind of suffering. A pain aggravated by humiliation experienced by women who are deprived of their universal human rights due to genital mutilation.<sup>20</sup> Although there are arguments against criminalizing the practice, FGM is deemed unacceptable from a medical point of view and has not been effectively addressed through criminal law in Western countries. In communities where FGM is a tradition, the belief persists that female genitalia are inherently ugly and unclean, justifying their removal as necessary for hygiene and cleanliness.<sup>25</sup>

The debate surrounding FGM exposes controversies and tensions, intensified by migratory movements, that oscillate between its classification as gender-based violence—entailing criminalization—and its understanding as a cultural form of gender recognition requiring respect for diversity (multiculturalism). Thus, diatopic dialogue is a fundamental epistemological tool to approach the topic.

Diatopic refers to the interaction among cultures, perspectives, and rationalities, on the premise that all cultures are inherently incomplete and become more intelligible through critical dialogue with one another. The DH consists of interpreting and mutually translating the meanings and values of different cultures to identify points of convergence for dialogue, cooperation, and the construction of intercultural justice.<sup>18</sup> Using DH underscores an approach that supports women's right to equality when difference renders them subordinate, and their right to be different when equality erases their identity, focusing on women's sexual and reproductive health.

## The intercultural dialogue between diatopic hermeneutics and transcultural nursing

Within a multicultural and emancipatory conception of human rights, Boaventura de Sousa Santos argues that transcending universalism depends on intercultural dialogue organized around convergent concerns.<sup>7</sup> He posits that avoiding relativism requires criteria capable of distinguishing progressive and emancipatory human rights politics from conservative ones.<sup>7</sup>

Multiculturalism is defined as the coexistence of diverse cultures and traditions within a country, region, or locality. Its primary concern lies in a strict relativist interpretation, which may exclude a universal human rights framework necessary for genuinely intercultural and egalitarian dialogue.<sup>3</sup> Conversely, a universalist perspective provides a minimal standard reference among cultures, allowing intercultural exchange and establishing a baseline of human rights to be respected by all peoples.<sup>7</sup>

Cultural relativism maintains that values, norms, social practices, and moral expressions can be understood only within the context that produced them. Therefore, no universal standard may evaluate all cultural practices; each culture defines its own criteria. Although this perspective favors diversity, it also presents a crucial limitation, as it precludes any external criticism of practices that violate human rights simply because they belong to a particular culture. As a result, in cultural policy and human rights debates, relativism hinders the development of minimum criteria for protection, since it regards all practices as equally acceptable, including those that undermine ethical principles and human dignity.<sup>7</sup>

In contrast, universalism asserts that humanity shares a set of minimum ethical standards across cultures that guide and protect human dignity.<sup>7</sup> Regarding FGM, this perspective requires defining how such universal standards should be defined when a cultural practice infringes on women's fundamental rights.

Some women contest FGM as a cultural practice within many minority communities. Despite living in societies where the practice is socially legitimized, they do not regard it as beneficial and reject the obligation imposed by tradition.<sup>26</sup> While the practice is a form of gender-based violence, other women interpret FGM as a marker of gender identity and do not view it as a violation of dignity; rather, it confers dignity by affirming their social recognition and status as women.<sup>27</sup>

The literature presents two diatopic approaches for addressing cultural incompleteness: one that expands the concept of dignity and another that develops educational or medicalized interventions.<sup>28</sup> Education, as a diatopic approach, centers on two essential tools, information and awareness. Information conveys insights into the cultural representations of the practice, addresses medical complications related to women's reproductive and sexual health, and situates concepts of human rights within both Western and Eastern frameworks. Educational initiatives directed at men can also broaden awareness and increase sensitivity, thereby supporting a more balanced view of marriage and healthier relationships.<sup>29-31</sup>

To advance and promote intercultural dialogue, the medicalization of FGM has also been proposed. This approach could transform the practice by preserving its symbolic aspects of gender identity, while safeguarding women's reproductive and sexual health. Medicalization may operate on multiple levels, including prevention through educational initiatives, treatment of medical complications, and restoration by correcting FGM-deformities.<sup>31</sup>

Given the context, could biomedical intervention adequately address the symbolic meaning of female circumcision? The medicalization of FGM cannot fully resolve the tensions involved, as it creates an ethical paradox. It may reduce immediate harm, yet it can also reinforce the social legitimacy of the practice. In an increasingly globalized and diverse world, the TDUCC offers a comprehensive approach to patient care centered on culture. It advocates for a nursing practice that integrates scientific knowledge with humanistic principles and systematically responds to individual cultural diversity.<sup>15,32</sup>

Leininger contends that integrating patients' and communities' knowledge and cultural backgrounds into care is necessary, since cultural diversity involves distinct understandings and health practices that influence how care is provided. Through her concept of culturally congruent care, she established a milestone in nursing by affirming that care should be adapted to patients' beliefs, values, and cultural practices, considered as determinants of health, illness, and death.<sup>15</sup>

Accordingly, Leininger proposes three modes of nursing care: culture care preservation or maintenance (supporting beneficial cultural practices), culture care accommodation or negotiation (adapting care to respect cultural traditions without compromising health), and culture care repatterning or restructuring (modifying harmful cultural practices through sensitive and respectful educational interventions). By integrating these modes, the theory was a milestone in nursing, as it advocated care that honors each patient's cultural particularities and respect for diversity, supporting more appropriate and humanized health outcomes.<sup>15</sup>

The TDUCC applies principles of transculturality in healthcare to enhance communication, increase trust, and improve patient adherence to treatment. In multicultural societies, differences in values, beliefs, and practices can directly affect health perceptions and treatments.<sup>33</sup> Therefore, nurses must develop cultural competence to engage respectfully with vulnerable groups such as migrant women affected by FGM, who have historically been marginalized and require greater visibility, respect, and dignity in health care settings.

Adopting a reflective orientation that questions biomedical logics and acknowledges comprehensive care as a process involving sensitive communication, cultural understanding, and conflict mediation is central to professional practice. Such competencies allow nurses to provide humanized care for migrant women and build trust and cooperation.<sup>33,34</sup>

Given these considerations, nursing education and practice must incorporate content on migration, cultural diversity, and human rights, while implementing measures that uphold the principles of the Brazilian Unified Health System. Notably, developing specific

protocols for receiving migrant women, establishing care and follow-up pathways for suspected or confirmed cases of FGM, implementing intersectoral public policies linking health, social services, and human rights, and expanding continuing education focused on cultural competence. These measures have the potential to institutionalize cross-cultural care, strengthen equity, and ensure migrant women's access to respectful, safe, and ethically committed health services.

## FINAL CONSIDERATIONS AND IMPLICATIONS FOR PRACTICE

Intercultural dialogue regarding FGM is necessary, as the practice raises human rights concerns and reflects broader tensions between Eastern and Western cultures, intensified by global migration. The DH and transcultural nursing offer promising approaches to support this dialogue and to extend the range of care to migrant women in Brazil. However, future research on the topic would further clarify the complex dimensions involved in FGM.

This theoretical-reflective study did not seek definitive or conclusive answers. Its primary limitation lies precisely in its objective: to encourage critical reflection on the dialogical tensions surrounding FGM. Thus, this study's limitation and objective was to provoke an intercultural dialogue between transcultural nursing and DH, directed toward broadening perspectives and practices of care.

## ACKNOWLEDGMENTS

We would like to thank the Graduate Program in Nursing at the *Universidade Federal de Juiz de Fora* for its support and encouragement during this study.

## FINANCIAL SUPPORT

No funding.

## DATA AVAILABILITY RESEARCH

The contents underlying the research text are included in the article.

## CONFLICTS OF INTEREST

None.

## REFERENCES

1. Ugarte I, Mazoterias-Pardo V, Melgar G, Molina-Gallego B, Mordillo-Mateos L, Gómez-Cantarino S. Nurses and health professionals facing female genital mutilation: a qualitative study. *BMC Nurs.* 2023;22(1):152. PMID:37147580.
2. World Health Organization. Female genital mutilation [Internet]. Geneva: WHO; 2025 [cited 2025 Mar 19]. Available from: <https://www.who.int/es/news-room/fact-sheets/detail/female-genital-mutilation>
3. Baillot H, Murray N, Connelly E, Howard N. Addressing female genital mutilation in Europe: a scoping review of approaches to participation, prevention, protection, and provision of services. *Int J Equity Health.* 2018;17(1):31. <https://doi.org/10.1186/s12939-017-0713-9>. PMID:29422053.

4. Johansen REB, Ziyada MM, Shell-Duncan B, Kaplan AM, Leye E. Health sector involvement in the management of female genital mutilation/cutting in 30 countries. *BMC Health Serv Res*. 2018;18(1):240. <https://doi.org/10.1186/s12913-018-3033-x>. PMID:29615033.
5. Santos BS, Martins SB. O pluriverso dos direitos humanos: a diversidade das lutas pela dignidade. Belo Horizonte: Autêntica Editora; 2019.
6. Cortizo MC. (Re)pensar os direitos humanos: do indivíduo à comunidade. *Rev Katálysis*. 2023;26(2):304-13. <https://doi.org/10.1590/1982-0259.2023.e91614>.
7. Moreira GS, Furlan FM. Pode a intercultural superar o multiculturalismo? *Rev Dir Democr Estado Mod*. 2022;3(6):45-61.
8. Secretaria Nacional de Justiça. Migração no Brasil: boletim informativo nº 4 - outubro/2024 [Internet]. Brasília: Ministério da Justiça e Segurança Pública; 2024 [cited 2024 Apr 27]. Available from: [https://www.gov.br/mj/pt-br/assuntos/secretaria-nacional-de-justica-senajus/boletim-da-migracao-no-brasil\\_10102024\\_versao-agosto-final-10-out-2024-1.pdf](https://www.gov.br/mj/pt-br/assuntos/secretaria-nacional-de-justica-senajus/boletim-da-migracao-no-brasil_10102024_versao-agosto-final-10-out-2024-1.pdf)
9. Palomino C. Mutilación genital femenina, una lacra permanente [Internet]. Madrid: El Orden Mundial; 2019 [cited 2025 Feb 26]. Available from: <https://elordenmundial.com/mutilacion-genital-femenina-una-lacra-permanente>
10. Müller MR, Lima RC, Ortega F. Repensando a competência cultural nas práticas de saúde no Brasil: por um cuidado culturalmente sensível. *Saude Soc*. 2023;32(3):e210731. <https://doi.org/10.1590/s0104-12902023210731pt>.
11. França BS, Tavares MM, Teles VR, Pinheiro PRS, Rabelo TS, Rabelo IS. O cuidado de enfermagem e a diversidade cultural: um estudo reflexivo. *Rev Praxis*. 2023;15(29):1-6. <https://doi.org/10.47385/praxis.v15.n29.3799>.
12. Mateus C, Oliveira E, Marante S, Capucho S, Ladeira S, Cordeiro R et al. Transculturalidade, uma realidade nos cuidados de saúde. *Saude Soc*. [Internet]. 2020 [cited 2025 Mar 12];327:29-35. Available from: [https://www.researchgate.net/publication/340819336\\_TRANSCULTURALIDADE\\_UMA\\_REALIDADE\\_NOS\\_CUIDADOS\\_DE\\_SAUDE](https://www.researchgate.net/publication/340819336_TRANSCULTURALIDADE_UMA_REALIDADE_NOS_CUIDADOS_DE_SAUDE)
13. Campos GWS. Sete considerações sobre saúde e cultura. *Saude Soc*. 2002;11(1):105-15. <https://doi.org/10.1590/S0104-12902002000100011>.
14. Gouveia EAH, Silva RO, Pessoa BHS. Competência cultural: uma resposta necessária para superar as barreiras de acesso à saúde para populações minorizadas. *Rev Bras Educ Med*. 2019;43(1):82-90. <https://doi.org/10.1590/1981-5271v43suplemento1-20190066>.
15. Silva BN, Lira AL, Pinto ES. Análisis de la teoría de la diversidad y universalidad del cuidado cultural de Madeleine Leininger. *Cult Cuid*. 2023;27(67):355-74. <https://doi.org/10.14198/cuid.23001>.
16. Lacerda MR, Silva RSD, Gomes NP, Souza SRRK. Reflections on theoretical framework use in nursing research. *Rev Bras Enferm*. 2024;77(3):e20230486. <https://doi.org/10.1590/0034-7167-2024-0486>. PMID:39082553.
17. Organização das Nações Unidas. Objetivo de Desenvolvimento Sustentável 5: igualdade de gênero [Internet]. 2015 [cited 2025 Aug 4]. Available from: <https://www.un.org/sustainabledevelopment/gender-equality/>
18. Santos BS. A crítica da razão indolente: contra o desperdício da experiência. Lisboa: Edições 70; 1997.
19. Larsen R, Mangrio E, Persson K. Interpersonal communication in transcultural nursing care in India: a descriptive qualitative study. *J Transcult Nurs*. 2020;32(4):310-7. <https://doi.org/10.1177/1043659620920693>. PMID:32436462.
20. Pettoello-Mantovani M, Bali D, Giardino I, Pop TL, Kostantinidis G, Ferrara P et al. The global issue of female genital mutilation. *J Pediatr*. 2024;266:113906. <https://doi.org/10.1016/j.jpeds.2024.113906>. PMID:38211724.
21. Aziz M, Elgibaly O, Ibrahim FE. Effect of parental attitudes on the practice and medicalization of female genital mutilation: a secondary analysis of Egypt Health Issues Survey, 2015. *BMC Womens Health*. 2022;22(1):259. <https://doi.org/10.1186/s12905-022-01834-7>. PMID:35761227.
22. Leão AB, Moura NS, Silva TFM. Direitos humanos e violência de gênero: a mutilação genital feminina e suas consequências para os direitos das mulheres. *REER*. [Internet]. 2023 [cited 2025 Jan 1];9(2):27-46. Available from: <https://reer.emnuvens.com.br/reer/article/view/747>
23. Rocha de Sousa M, Peres AM, Wall ML, Haddad MCFL, Sade PMC, Lowen IMV et al. Atenção à mulher em situação de violência: construção de um modelo de educação permanente em saúde. *Rev Gaúcha Enferm*. 2022;43:e20210203. <https://doi.org/10.1590/1983-1447.2022.20210203.pt>.
24. Carvalho DMT. O consentimento no delito de mutilação genital feminina. *Anat Crim*. [Internet]. 2022 [cited 2025 Mar 12];16:71-101. Available from: <https://anacrim.scholasticahq.com/article/57777.pdf>
25. Rodrigues LC, Soares VM. Os gritos de dor ignorados pelo mundo. *Rev Human Inov*. [Internet]. 2020 [cited 2024 Dec 19];7(17):210-22. Available from: <https://revista.unitins.br/index.php/humanidadeseinovacao/article/view/2114>
26. Medeiros HPS, Silva CJA, Oliveira JSA, Medeiros SM, Menezes RMP, Vitor AF. Interrelações das Epistemologias do Sul e o cuidado transcultural nas práticas em saúde e enfermagem. *Esc Anna Nery*. 2023;27:e20220443. <https://doi.org/10.1590/2177-9465-ean-2022-0443pt>.
27. Matanda DJ, Ngnie-Teta I, Alam S, Nakiyingi-Miiror J et al. What interventions are effective to prevent or respond to female genital mutilation? A review of existing evidence from 2008-2020. *PLOS Glob Public Health*. 2023;3(5):e0001855. <https://doi.org/10.1371/journal.pgph.0001855>. PMID:37192150.
28. Seima MD, Michel T, Méier MJ, Wall ML, Lenardt MH. A produção científica da enfermagem e a utilização da teoria de Madeleine Leininger: revisão integrativa 1985-2011. *Esc Anna Nery*. 2011;15(4):851-7. <https://doi.org/10.1590/S1414-81452011000400027>.
29. Awolola OO, Ilupeju NA. Female genital mutilation: culture, religion, and medicalization, where do we direct our searchlights for its eradication: Nigeria as a case study. *Tzu Chi Med J*. 2019;31(1):1-4. [https://doi.org/10.4103/tcmj.tcmj\\_127\\_18](https://doi.org/10.4103/tcmj.tcmj_127_18). PMID:30692824.
30. Leye E, Van Eekert N, Shamu S, Esho T, Barrett H. Debatendo a medicalização da mutilação genital feminina (MGF/C): aprendendo com as experiências (políticas) em vários países. *Glob Public Health*. 2023;18(1):e2205912.
31. Seifu W, Yadeta TA, Argaw GS, Abebe EW, Abdi AS, Ali SY et al. Eficácia da intervenção de educação em saúde na intenção de não realizar mutilação/corte genital feminina no futuro entre os principais tomadores de decisão: uma revisão sistemática e meta-análise. *BMC Womens Health*. 2024;24(1):581. <https://doi.org/10.1186/s12905-024-03427-y>. PMID:39472906.
32. Almeida GM, Nascimento TF, Silva RP, Bello MP, Fontes CM. Theoretical reflections of Leininger's cross-cultural care in the context of Covid-19. *Rev Gaúcha Enferm*. 2021;42(spe):e20200209. <https://doi.org/10.1590/1983-1447.2021.20200209>.
33. Baggio MA, Timoteo FPN, Silva RMM, Manfrini GC, Hirano AR. Prática cultural no cuidado parental e cuidado transcultural de enfermeiros ao recém-nascido. *Rev Enferm UFPI*. 2024;13:e4506. <https://doi.org/10.26694/reufpi.v13i1.4506>.
34. Oriá MOB, Ximenes LB, Alves MDS. Madeleine Leininger e a teoria da diversidade e universalidade do cuidado cultural: um resgate histórico. *Online Braz J Nurs*. [Internet]. 2005 [cited 2024 Sep 2];4(2):24-30. Available from: <https://pesquisa.bvsalud.org/portal/resource/pt/bde-13686>

## AUTHOR'S CONTRIBUTIONS

Study design. Maria José Guedes Gondim Almeida.

Data acquisition. Maria José Guedes Gondim Almeida. Ieda Maria Ávila Vargas Dias. Zuleyce Maria Lessa Pacheco.

Data analysis and interpretation. Maria José Guedes Gondim Almeida. Ieda Maria Ávila Vargas Dias. Camila Messias Ramos. Marina Severino Garelli. Cassiane de Assis Peixoto. Zuleyce Maria Lessa Pacheco.

Writing and critical revision of the manuscript. Maria José Guedes Gondim Almeida. Ieda Maria Ávila Vargas Dias. Camila Messias Ramos. Marina Severino Garelli. Cassiane de Assis Peixoto. Zuleyce Maria Lessa Pacheco.

Final approval of the manuscript. Maria José Guedes Gondim Almeida. Ieda Maria Ávila Vargas Dias. Camila Messias Ramos.

## **Transcultural perspectives on female genital mutilation**

Almeida MJGG, Dias IMÁV, Ramos CM, Garelli MS, Peixoto CA, Pacheco ZML

Marina Severino Garelli. Cassiane de Assis Peixoto. Zuleyce Maria Lessa Pacheco.

Accountability for all aspects of the work and the article's integrity. Maria José Guedes Gondim Almeida. Ieda Maria Ávila Vargas Dias. Camila Messias Ramos. Marina Severino Garelli. Cassiane de Assis Peixoto. Zuleyce Maria Lessa Pacheco.

## **ASSOCIATED EDITOR**

Rafael Silva 

## **SCIENTIFIC EDITOR**

Marcelle Miranda da Silva 